NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

Updated 3/1/2023

March 8-9, 2023

Zoom

https://zoom.us/j/5886256671

Meeting ID: 5886256671

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

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E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: March 1, 2023

SECOND AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 8, 2023, at 9:00 am. The meeting will continue, Thursday, March 9, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety, and welfare of the public.

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control, or advisory power. Public comments may be limited to three minutes per person. Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NRS 233B.126 until the Board has rendered a decision in the contested case.

1. Call to Order and Roll Call – Establishment of Quorum

2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◈ CONSENT AGENDA ◈

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

3. Approval of the January 11-12, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

   A. Better Living Now, Inc. – Hauppauge, NY
   B. Cardinal Health at Home – Grove City, OH
   C. Sol-Millennium Medical Inc. – Suwanee, GA
   D. The Daavlin Distributing Co. – Bryan, OH

   4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

   Background Check Not Required by Law.

   4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

   4.2.2 Manufacturer (NAC 639.593(7)(d))

   E. Afaxys Pharma LLC – Charleston, SC
   F. Airgas Therapeutics, LLC – Plumsteadville, PA
   G. Genixus, Corp – Kannapolis, NC
   H. Kesin Pharma Corporation – Oldsmar, FL
   I. Kyocera Medical Technologies, Inc. – Redlands, CA
   J. Linde Gas & Equipment Inc. – Cudahy, CA
   K. Mayne Pharma Commercial LLC – Raleigh, NC
   L. Merz North America, Inc. – Raleigh, NC
   M. National Distribution & Contracting Inc. – Lavergne, TN
   N. NDC Homecare LLC – La Vergne ,TN
   O. School Health Corporation – Rolling Meadows, IL
   P. Strides Pharma, Inc. – East Brunswick, NJ
   Q. Telix Pharmaceuticals (US) Inc. – Fishers, IN
   R. Tetraphase Pharmaceuticals, Inc. – Waltham, MA

S. Valneva USA, Inc. – Bethesda, MD
T. Vifor Pharma, Inc – Redwood City, CA

4.2.3 Publicly Traded (NAC 639.593(7)(a))

U. Cardinal Health at Home – Grove City, OH
V. Specialty Pharmaceutical Services – Philadelphia, PA

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

W. Axiscare Health Logistics, Inc. – Springboro, OH
X. NextGen Pharmaceuticals LLC – Brooklyn, NY

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

Y. On Target Laboratories, Inc. – West Lafayette, IN

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

Z. BioDelivery Sciences International, Inc. – Stoughton, MA
AA. CPM Medical Consultants, LLC – Richardson, TX
BB. Embecta Medical II LLC – Parsippany, NJ
CC. Global Blood Therapeutics, Inc. – South San Francisco, CA
DD. IVERIC bio, Inc. – Cranbury, NJ
EE. LifeCell Corporation – Branchburg, NJ
FF. SpringWorks Therapeutics, Inc. – Stamford, CT

4.2.7 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.8 <u>Background checks completed in compliance with NRS 639.500.</u>

GG. PharMerica, Groveport, OH
HH. Tri-Anim Health Services, Inc. – Greenwood, IN

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

4.3.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

II. Airgas USA, LLC – Carson City, NV
JJ. Airgas USA, LLC – Elko, NV
KK. J2 Bio-Pharma LLC – Las Vegas, NV

4.3.2 Manufacturer (NAC 639.593(7)(d))

LL. Airgas USA, LLC – Sparks, NV

4.3.2 **Background checks completed in compliance with NRS 639.500.**

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

MM. Culinary Pharmacy – Las Vegas, NV
NN. ER at West Craig, an Extension of Centennial Hills Hospital – Las Vegas, NV

4.5 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-Appearance – **(FOR POSSIBLE ACTION)**

OO. RxCompoundStore.com – Miami, FL
PP. San Ysidro Pharmacy – Montecito, CA

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

QQ. Accredo Health Group, Inc. – Whitestown, IN
RR. Alumni Pharmacy of Loma Linda – San Bernardino, CA
SS. Better Dose Rx – Easton, PA
TT. Care-Fill LTC, Inc. – Greenville, PA
UU. Credena Health LLC – Portland, OR
VV. Koala Pharmacy Boston LLC – Boston, MA

4.7 Application for Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

WW. Las Vegas Institute for Advanced Surgery – Las Vegas, NV
XX. Nevada Surgical Suites – Las Vegas, NV
YY. Queensridge Recovery Suites – Las Vegas, NV

4.8 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

ZZ. iSLEEP, LLC – Las Vegas, NV

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

A. Walgreens Pharmacy #4854 (19-100-PH-S)
B. Minhquang Nguyen, RPH (19-100-RPH-S)
C. Walgreens Pharmacy #4854 (18-021-PH-S)
D. MinhQuang Nguyen, RPH (18-021-RPH-A-S)
E. Dimitris Efstathiou, RPH (18-021-RPH-C-S)
F. Maria Cruz, RPH (18-021-RPH-D-S)
G. Walgreens Pharmacy #3842 (17-105-PH-S)

H. Kristi Nguyen, RPH (17-105-RPH-A-S)
I. Cheryl Mettus, RPH (17-105-RPH-B-S)
J. Thuy Trandac, RPH (17-105-RPH-C-S)
K. Wesley Robertson, MD (21-063-CS-S)
L. Chad Hall, DO (21-108-CS-S)
M. Hernan Mok, RPH (22-095-RPH-S)
N. Jamie Leigh Sage, PTT (22-130-PT-N)
O. Ziphealth, Inc. (22-248-PH-O)
P. Gemma McKenzie Thomson, DVM (22-542-CS-N)
Q. Robert Chancellor, MD (19-003-CS-B-S)
R. Lindsay Hoffman, PA-C (19-003-CS-C-S)

6. Appeal hearing pursuant to NRS 639.2895(2) (**FOR POSSIBLE ACTION**)

   A. Joshua Schaffner (22-189-S)

7. Hearing on: (1) First Amended Stipulated Facts; Order *** Respondents Las Vegas Scripts Rx, and Nathan Edouard, RPh Only; and *(2) Stipulated* First Amended Findings of Facts, Conclusions of Law; Order *** Respondents Las Vegas Scripts Rx, and Nathan Edouard, RPh Only **(FOR POSSIBLE ACTION)**

   A. Las Vegas Scripts Rx (19-243-PH-S)
   B. Nathan Edouard, RPH (19-243-RPH-S)

8. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

   A. Adesso Therapeutics – Reno, NV
   B. Mobility Prosthetic and Orthotic Services – Las Vegas, NV

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

   Laughlin Pharmacy & Wellness Center – Laughlin, NV

10. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

    A. Josephine Pharmacy – Las Vegas, NV
    B. The Medicine Shoppe LTC Pharmacy

11. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

    A. Optum Infusion Services, 550, LLC – Cincinnati, OH
    B. Roadrunner Pharmacy, LLC – Phoenix, AZ
    C. Village Lane Apothecary, LLC – Colleyville, TX

D. Westchester Compounding Pharmacy – East Chester, NY

12. Application for Out-of-State Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. Albertsons Central Processing Pharmacy – Itasca, IL
B. Albertsons Specialty Care Pharmacy – Boise, ID
C. AllianceRx Walgreens Pharmacy #1403-1 – Orlando, FL
D. Option Care Home Care, Inc. – Sun Valley, CA

13. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

ManaMed, Inc. – Las Vegas, NV – Background Check Not Required - Manufacturer (NAC 639.593(7)(d))

14. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

Nephron Pharmaceuticals Corporation – Murray, KY – Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c))

15. Applications for Pharmaceutical Technician Registration (NAC 639.240) – Appearance. (**FOR POSSIBLE ACTION)**

A. Amazi Harris
B. Erica Wells

16. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

Tamera Graham

17. Application for Pharmacist Registration by Reciprocation (NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Heriberto Martinez Jr.

18. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance: **(FOR POSSIBLE ACTION)**

Phuong Mai

19. Application for Pharmacist Registration by Score Transfer (NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Cesar Cabrera

20. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

    A. Shouping Li
    B. Ida Washington

21. Application for Veterinarian Authority to Dispense Drugs (NAC 639.7423) – Appearance **(FOR POSSIBLE ACTION)**

    Vincent Alexis

22. Request for a waiver from the managing pharmacist pursuant to NRS 639.220 (3) – Appearance **(FOR POSSIBLE ACTION)**

    Nicolle Gunn

23. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy -Appearance **(FOR POSSIBLE ACTION)**

    KayLynn Bowman

24. Review of Regulations as required by Executive Order 2023-003 - Actionable Item **(FOR POSSIBLE ACTION)**

SECTION 3:
Prior to submitting their respective reports, every executive branch department, agency, board and commission shall hold a public hearing, after having provided reasonable notice consistent with Chapter 233B of the Nevada Revised Statutes, to key industry stakeholders, to: (i) vet their recommended changes; (ii) solicit input as to the merits of those changes and (iii) identify other regulatory changes stakeholders feel are worthy of consideration. Stakeholder input shall be reflected in the summary of findings and recommendations included in each submitted report.

25. Executive Order 2023-004 **(INFORMATIONAL ONLY)**

    Order Directing All Nevada Occupational and Professional Licensing Boards to Suspend the Issuance of Any New Regulations, Show Cause for Occupational Licensing Requirements and to Provide a Recommended Pathway for Facilitating License Reciprocity.

26. Approval of Pharmacy Technician and Pharmacy Technician in Training Applications. **(FOR POSSIBLE ACTION)**

27. Approval of Dispensing Technician and Dispensing Technician in Training Applications. **(FOR POSSIBLE ACTION)**

28. Approval of Application to Engage in the Practice of a Pharmacy outside a Licensed Pharmacy. **(FOR POSSIBLE ACTION)**

29. Approval of Prescription Drug Donation Program Application. **(FOR POSSIBLE ACTION)**

30. Approval of Automated Drug Dispensing System Application – For Pharmacies. (**FOR POSSIBLE ACTION)**

31. Approval of Automated Drug Dispensing System Application – For Reproductive Healthcare Centers. **(FOR POSSIBLE ACTION)**

32. Approval of Reproductive Healthcare Center Group Practice – Shared Inventory Application. **(FOR POSSIBLE ACTION)**

33. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

34. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. COVID-19 Response
    F. Licensing Software Update
    G. Licensing Activities Report
    H. PMP Integration
    I. Citations & Fines issued pursuant to NRS 632.2895

35. Date and Location of Next Scheduled Board Meeting:

    April 12-13, 2023 – Reno, NV

36. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

37. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Kristopher Mangosing at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit will be given for in-person attendance at this Board meeting pursuant to NAC 639.330(1)(b)(2).

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

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

• Web Page: bop.nv.gov

MINUTES

January 11-12, 2023

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 11, 2023, at 9:00 am. The meeting will continue, Thursday, January 12, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Joe Dodge
Leo Basch	Luis Curras	Dena McClish	Ken Scheuber
Darla Zarley	Rosalie Bordelove		

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present, and a quorum was established.

2. Public Comment January 11, 2023, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

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

3. Approval of the Board Meeting Minutes (**FOR POSSIBLE ACTION)**

   A. November 30- December 1, 2022
   B. December 8, 2022

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Board Meeting Minutes for November 30-December 1, 2022, and December 8, 2022.

Second: Krystal Freitas

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

   A. Eden Medical Supply LLC – Boca Raton, FL
   B. Lymphacare – Montgomeryville, PA
   C. Northeast Express – Frankford, DE

   4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

   Background Check Not Required by Law.

   4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

D. Azurity Pharmaceuticals, Inc. – Wilmington, MA
E. Bavarian Nordic Inc. – Morrisville, NC
F. Bayshore Pharmaceuticals, LLC – Short Hills, NJ
G. BWXT Medical Ltd. – Ottawa, Ontario
H. Catalent Indiana, LLC – Bloomington, IN
I. Cordis US Corp. – Miami Lakes, FL
J. Greenwich Biosciences, LLC – Carlsbad, CA
K. La Jolla Pharmaceutical Company – Waltham, MA
L. Linde Gas & Equipment Inc. – Lake Havasu City, AZ
M. Linde Gas & Equipment Inc. – Livingston, TN
N. Linde Gas & Equipment Inc. – Phoenix, AZ
O. Linde Gas & Equipment, Inc. – Salt Lake City, UT
P. Rayner Surgical, Inc. – Seattle, WA
Q. Santen, Inc. – Emeryville, CA
R. Shorla Oncology Inc. – Cambridge, MA
S. Verathon Inc. – Bothell, WA

4.2.3 Publicly Traded (NAC 639.593(7)(a))

T. Agiliti Health, Inc. – Dallas, TX
U. Agiliti Health, Inc. – Hazelwood, MO
V. Agiliti Health, Inc. – Indianapolis, IN
W. Agiliti Health, Inc. – Odenton, MD
X. Agiliti Health, Inc. – Swedesboro, NJ
Y. Amryt Pharmaceuticals, Inc. – Boston, MA
Z. Biohaven Pharmaceuticals Inc. – New Haven, CT
AA. Dentsply IH Inc. – Waltham, MA
BB. Henry Schein, Inc. – Fort Worth, TX
CC. Henry Schein, Inc. – Whitestown, IN

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

DD. Catalent Pharma Solutions, LLC – Philadelphia, PA
EE. Cochran Wholesale Pharmaceutical LLC – Monroe, GA
FF. Covetrus North America, LLC – Aurora, CO
GG. Covetrus North America, LLC – Columbus, OH
HH. Covetrus North America, LLC (Twin Creeks) – Columbus, OH
II. Covetrus North America, LLC – Fort Worth, TX
JJ. Covetrus North America, LLC – Lexington, KY
KK. Covetrus North America, LLC – Southaven, MS
LL. Covetrus North America, LLC – Tualatin, OR
MM. Covetrus North America, LLC – Visalia, CA
NN. DHL Supply Chain (USA) – Mooresville, IN

DRAFT

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

OO. Dr. Reddy's Laboratories Inc. – Princeton, NJ

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

PP. Brasseler U.S.A Medical, LLC – Savannah, GA
QQ. Sirona Dental, Inc. – Long Island City, NY

4.2.7 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.8 Background checks completed in compliance with NRS 639.500.

RR. Idorsia Pharmaceuticals US Inc. – Radnor, PA
SS. Kuehne + Nagel Inc. – Southaven, MS
TT. Life-Assist, Incorporated – Lenexa, KS
UU. Reselia Pharmaceuticals, Inc. – Atlanta, GA
VV. RHS Healthcare Solutions Inc. – Jacksonville, FL

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

4.3.1 Manufacturer (NAC 639.593(7)(d))

WW. Linde Gas & Equipment Inc. – Carson City, NV
XX. Linde Gas & Equipment Inc. – Elko, NV
YY. Linde Gas & Equipment Inc. – Henderson, NV
ZZ. Linde Gas & Equipment Inc. – Sparks, NV

4.3.2 **Background checks completed in compliance with NRS 639.500.**

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

AAA. Fremont Public Health Center Pharmacy – Las Vegas, NV

4.5 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

BBB. All Desert Respiratory – Las Vegas, NV
CCC. Diamond DME, Inc – Las Vegas, NV

4.6 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-Appearance – **(FOR POSSIBLE ACTION)**

DDD. ARX, Accurate Rx Specialty Pharmacy Corp. – Kew Gardens, NY
EEE. Covetrus North America, LLC – Houston, TX
FFF. Covetrus North America, LLC – Omaha, NE
GGG. Professional Pharmacy Resources – Pace, FL

4.7 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

HHH. Birdi, Inc. – Tempe, AZ
III. Covetrus North America, LLC – Fort Worth, TX
JJJ. Covetrus North America, LLC – Portland, ME
KKK. Elevation Pharmacy LLC – North Palm Beach, FL
LLL. Pandia Pharmacy – San Jose, CA
MMM. Williams Bros. Rx Express – Washington, IN

4.8 Application for Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

NNN. Medical and Dental Center of Nevada, LLC – Las Vegas, NV

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda.

Second: Rolf Zakariassen

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

A. CVS Pharmacy #10861 (18-008-PH-S)
B. Yuna Eun, RPH (18-008-RPH-A-S)

Jade Jacobo and Rolf Zakariassen recused themselves due to their employment with CVS.

Brian Convery, CVS Representative, and Yuna Eun appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, Assistant General Counsel of the Nevada Board of Pharmacy, prosecuted the case regarding a misfill of Tramdol 50 mg.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for CVS Pharmacy #10861 Pharmacy License No. PH03798 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The stipulated penalties for Yuna Eun Certificate of Registration No. 19627 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Convery apologized on behalf of CVS, and Ms. Eun apologized for her mistake ensuring that it will not happen again.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Stipulation and Order for CVS Pharmacy #10861 and Yuna Eun.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo and Zakariassen recused).

C. Cynthia To, RPH (18-008-RPH-B-S)

This matter was continued to a future Board Meeting.

D. Walgreens Pharmacy #4854 (19-100-PH-S)
E. Minhquang Nguyen, RPH (19-100-RPH-S)

Bill Stilling appeared as counsel on behalf of Minhquang Nguyen and Walgreen's Pharmacy #4854.

Minhquang Nguyen appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gener Tejero disclosed that he has a professional relationship with Mr. Stilling but can participate in this matter fairly and without bias.

DRAFT

Peter Keegan prosecuted the case regarding certain violations and expired drugs found at Walgreen's Pharmacy #4854 during a Board inspection where Mr. Nguyen was the Managing Pharmacist at the time of the events that occurred.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration with an amendment to include Mr. Nguyen's two prior disciplines with the Board.

The stipulated penalties for Walgreen's Pharmacy #4854 Pharmacy License No. PH01293 are the following: 1) pay a fine of $2,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The stipulated penalties for Minhquang Nguyen Certificate of Registration No. 15913 are the following: 1) pay a fine of $3,000 for the violations; 2) a probation period of one year; and 3) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued regarding concerns about Mr. Nguyen's prior discipline, violations found by the Board during the pharmacy's inspection, and the misrepresented information provided to Board staff.

Mr. Nguyen clarified that this Walgreen's pharmacy is a busy pharmacy, and he knew there was an inspection. Therefore, he delegated a certain section to his technicians to check the inventory for expired drugs. Nguyen acknowledged that it was his error not following up with his technicians.

Mr. Stilling clarified that Mr. Nguyen no longer works for Walgreen's and currently works in a low volume pharmacy.

President Park has concerns going forward with the Stipulation and Order and checked with counsel – Rosalie Bordelove, Deputy Attorney General from the Attorney General's Office.

Ms. Bordelove provided counsel on how to proceed with the case: 1) reject the Stipulation and Order and go to hearing; or 2) discuss and amend the proposed Stipulation and Order.

Board discussion ensued regarding imposing more penalties against Mr. Nguyen.

President Park offered Mr. Stilling the option to table this matter to discuss amending the Stipulation and Order.

Mr. Stilling agreed.

President Park tabled the hearing at Mr. Stilling's request.

F. Josette Spotts, MD (22-396-CS-S)

Charlotte Buys appeared as counsel on behalf of Dr. Josette Spotts.

Dr. Josette Spotts appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel of the Nevada Board of Pharmacy, prosecuted the case regarding Dr. Spotts surrendering her medical license for cause which immediately suspended her controlled substance registration.

Mr. Kandt presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Dr. Josette Spotts Certificate of Registration No. CS07110 are the following: 1) revocation of her controlled substance registration; 2) Ms. Spotts may not possess except pursuant to a lawful order of a practitioner, administer, prescribe, or dispense a controlled substance until she petitions the Board for reinstatement; and 3) Ms. Spotts may not petition for reinstatement for a period of one year from the day of the Order and must hold a valid medical license to practice medicine.

Ms. Buys commented that Dr. Spotts discipline does not deal with controlled substances. She has retired and is relinquishing her license.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dr. Josette Spotts.

Second: Rolf Zakariassen

Action: Passed unanimously.

G. Jonathan Sorelle, MD (22-027-CS-S)

This matter was continued to a future Board Meeting.

H. David Ludlow, MD (22-067-CS-S)

Nausheen Peters appeared as counsel on behalf of Dr. David Ludlow.

Dr. David Ludlow was not present for the hearing.

Brett Kandt prosecuted the case regarding discipline against Dr. Ludlow by the Nevada Board of Medical Examiners for failure of proper recordkeeping.

Mr. Kandt presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Dr. David Ludlow Certificate of Registration No. CS21847 are the following: 1) suspension of his controlled substance registration is stayed for a period of one year; 2) pay a fine of $2,500 for the violations; 3) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) shall establish and put into practice all necessary policies and procedures to ensure that all rules and regulations related to controlled substance prescription including maintaining records are complied with.

Ms. Peters commented that Dr. Ludlow has taken additional continuing education courses and has paid the fine with the Nevada State Board of Medical Examiners settlement agreement.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dr. David Ludlow.

Second: Krystal Freitas

Action: Passed unanimously.

I. Maria Regalado, MD (22-066-CS-S)

Gener Tejer disclosed that he was previously a patient of Dr. Maria Regalado but can participate in this matter fairly and without bias.

Bridget Kelly appeared as counsel on behalf of Dr. Maria Regalado.

Dr. Maria Regalado appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt prosecuted the case regarding discipline against Dr. Regalado by the Nevada Board of Medical Examiners relating to improper prescribing for chronic pain.

Mr. Kandt presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Dr. Maria Regalado Certificate of Registration No. CS09654 are the following: 1) suspension of her controlled substance registration is stayed for a period of two years and is placed on probation; 2) pay a fine of $5,000 for the violations; 3) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) shall establish and put into practice all

necessary policies and procedures to ensure that all rules and regulations related to controlled substance prescriptions including maintaining records are complied with.

Ms. Kelly commented that Dr. Regalado has taken additional continuing education courses, no longer prescribes controlled substances, and has paid the fines for the Nevada State Board of Medical Examiners settlement agreement.

Board discussion ensued.

Jade Jacobo suggested that the probation period mirror the Nevada State Board of Medical Examiners probation period.

Ms. Kelly agrees with making the probation period for Dr. Regalado coterminous with the Medical Board.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dr. Maria Regalado with an amendment that the probation period be coterminous with the Nevada State Board of Medical Examiners and would end March 4, 2026.

Second: Krystal Freitas

Action: Passed unanimously.

K. Abdel Khalek, MD (19-003-CS-A-S)
L. Robert Chancellor, MD (19-003-CS-B-S)
M. Lindsay Hoffman, PA-C (19-003-CS-C-S)

These matters were continued to a future Board Meeting.

N. Wesley Robertson, MD (21-063-CS-S)

This matter was continued to a future Board Meeting.

O. Michael Burkintas, RPH (22-063-RPH-S)

This matter was continued to a future Board Meeting.

P. Amanda Marie Wagner, MD (21-029-CS-N)

This matter was continued to a future Board Meeting.

Q. Carrie Chaney, APRN (22-167-CS-N)

This matter was continued to a future Board Meeting.

R. Julio Garcia, MD (20-142-CS-S)

John Hunt appeared as counsel on behalf of Dr. Julia Garcia.

Dr. Julio Garcia appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt prosecuted the case regarding violations of law against Dr. Garcia as the Medical Director for Image Med Spa. The owners unlawfully used his authority as a practitioner to operate Image Med Spa and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices specifically to perform cosmetic injections of dangerous drugs and to perform topical administration of dangerous drugs.

Mr. Kandt presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Dr. Julio Garcia Certificate of Registration No. CS04711 are the following: 1) suspension of his controlled substance registration is stayed for a period of one year and is placed on probation; 2) accept this Stipulation and Order as a public reprimand; 3) pay a fine of $5,000 for the violations; and 4) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Hunt commented that Dr. Garcia is no longer Medical Director of Image Med Spa and has met all conditions of the Nevada State Board of Medical Examiners settlement agreement.

Mr. Kandt clarified that the owners were sent a citation and fine by the Nevada State Board of Pharmacy, and they are also facing criminal prosecution. One owner was served and is paying the fine, and the other owner fled the state and the citation and fine was unable to be served.

Dr. Garcia apologized for this issue and will ensure that this will not happen again.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Stipulation and Order for Dr. Julio Garcia.

Second: Wayne Mitchell

Action: Passed unanimously.

S. Chad Hall, DO (21-108-CS-S)

This matter was continued to a future Board Meeting.

U. Joseph Lee Williams, MD (22-334-CS-S)

Bridget Kelly appeared as counsel on behalf of Dr. Joseph Lee Williams.

Dr. Joseph Lee Williams appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Williams prescribing on an expired registration.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Dr. Joseph Lee Williams Certificate of Registration No. CS18591 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay a fine of $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Kelly commented that COVID happened, and this was an oversight.

Dr. Williams apologized and ensured the Board that this will not happen again.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Dr. Joseph Lee Williams.

Second: Jade Jacobo

Action: Passed unanimously.

17. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

B. Joseph Lee Williams

Board discussion ensued.

DRAFT

Dave Wuest, Executive Secretary of the Nevada Board of Pharmacy, commented that Dr. Williams has a temporary license and at the time of submitting his application answered the disclosure questions truthfully.

Board Action:

Motion: Jade Jacobo moved to approve Dr. Joseph Lee Williams controlled substance application.

Second: Krystal Freitas

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

T. Alyza Ventura, PTT (22-161-PTT-N)

Rolf Zakariassen recused himself due to his employment with CVS.

Lyn Beggs appeared as counsel on behalf of Alyza Ventura.

Alyza Ventura appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Ms. Ventura's failure to disclose a conviction for – DUI Resulting in Substantial Bodily Harm – a Category B Felony on two separate pharmaceutical technician in training applications.

Dave Wuest commented that Ms. Ventura was allowed to continue working at the pharmacy but not in the capacity of pharmaceutical technician in training during this investigation, and the pharmaceutical technician fingerprint process was not in place yet during the time of the events.

Mr. Keegan requested Ms. Beggs stipulated to the admission of the Board's Exhibits 1-5, and Mr. Keegan stipulated to the admission of Respondent's Exhibits A-D into the record.

President Park admitted Exhibits A-D and Exhibits 1-5.

Mr. Keegan called Alyza Ventura as a witness.

President Park clarified Ms. Ventura is still sworn in from previously.

Mr. Keegan questioned Ms. Ventura.

Ms. Beggs cross-examined Ms. Ventura.

Mr. Keegan re-crossed Ms. Ventura.

Mr. Keegan clarified that Ms. Ventura withdrew her pharmaceutical technician application.

Mr. Keegan requested the Board find Ms. Ventura guilty of Counts One and Two.

Ms. Beggs acknowledged that Ms. Ventura did not properly disclose, and she did not take her application seriously and was confused about her convictions. They requested the Board to allow her to continue working in healthcare.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-12 of the Notice of Intended Action and Accusation.

Second: Richard Tomasso

Krystal Freitas and Gener Tejero do not find Ms. Ventura's actions as willfull.

Ms. Beggs commented that paragraph 2 in the Accusation is incorrect.

Mr. Keegan clarified that paragraph 2 is based on the information provided to Board staff.

Aye: Park, Jacobo, Mitchell, Tomasso, Zakariassen
Nay: Freitas, Tejero

Action: Motion carries.

Board Action:

Motion: Jade Jacobo moved to find the respondent guilty of Counts One and Two in the Notice of Intended Action and Accusation.

Second: President Park

Gener Tejero does not find Ms. Ventura's actions as willfull.

Rosalie Bordelove commented that there is no willful component.

Action: Passed unanimously

Mr. Keegan has no recommendations for discipline and will leave it up to the Board to decide any penalties for Ms. Ventura.
Dave Wuest commented that based on his conversations with the managing pharmacist, there were no issues with Ms. Ventura's performance as a pharmaceutical technician in training.

Board discussion ensued regarding the penalties for Ms. Ventura.

Board Action:

Motion: Wayne Mitchell moved to revoke Alyza Ventura's Certificate of Registration Nos. PT24393 and PT24687. Ms. Ventura shall not petition for reinstatement for either pharmaceutical technician in training registration for a period of two years.

Second: Richard Tomasso

Action: Passed unanimously.

Board Action:

Motion: Wayne Mitchell moved to award the attorney's fees and costs of $358.36 on the basis that they were reasonable, necessary, and actually incurred within 60 days of the Order.

Second: Jade Jacobo

Action: Passed unanimously.

J. Esan Forde, RPH (22-081-RPH-O)

Bill Stilling appeared as counsel on behalf of Esan Forde.

Esan Forde appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board clarified that Mr. Forde was able to appear by Zoom due to extenuating circumstances.

Peter Keegan prosecuted the case regarding a parallel action taken by the California Board of Pharmacy for violations of compounding pharmacy sterility regulations.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

The stipulated penalties for Esan Forde Certificate of Registration No. 20050 are the following: 1) pay $750 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 2) take remedial education courses involving at least 5 hours in pharmacy operations and pharmacy law, and 5 hours in USP 797 within 90 days of the Order; 3) respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board for three years, to run concurrently from the effective date of the California Board of Pharmacy's Decision. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within 90 days following the effective date of this Order and shall immediately thereafter provide written proof to the Board. Failure to timely divest any legal or beneficial interests or provide documentation thereof shall be considered a violation of the terms of the agreement; 4) respondent shall not compound any drugs that are intended to/or result in, the shipment into Nevada for three years, to run concurrently from the effective date of the California Board of Pharmacy's Decision; and 5) respondent shall not be the registered managing pharmacist for any business, firm, partnership, or corporation currently or herein licensed by the Board for three years, to run concurrently from the effective date of the California Board of Pharmacy's Decision.

Mr. Stilling requested an amendment to the Stipulation and Order for Mr. Forde to verify compounded prescription drugs going into Nevada.

Mr. Keegan commented that the stipulation mirrors the Stipulation entered by Mr. Forde with the California Board of Pharmacy.

Mr. Forde commented that he will do whatever the Board decides.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Stipulation and Order for Esan Forde as presented.

Second: Wayne Mitchell

Action: Passed unanimously.

Rosalie Bordelove wanted confirmation that Mr. Forde will accept the Stipulation and Order as presented.

Mr. Forde agreed.

6. Appeal hearing pursuant to NRS 639.2895(2) (**FOR POSSIBLE ACTION**)

A. Vinay Bararia (19-003-CS-S)

This matter was continued to a future Board Meeting.

B. Sierra Steger, DVM (22-356-S)

This matter was withdrawn.

C. Joshua Schaffner (22-189-S)

This matter was continued to a future Board Meeting.

7. Hearing on Motion for Leave to File Another Motion for New Hearing. If granted, then hearing will be scheduled at a later date. If denied, then hearing on partially granted Motion for Reconsideration of paragraphs 7, and 10 of the Findings of Facts, Conclusions of Law, and Order pursuant to NRS 233B.130(4). **(FOR POSSIBLE ACTION)**

A. Las Vegas Scripts Rx (19-243-PH-S)
B. Nathan Edouard, RPH (19-243-RPH-S)

These matters were continued to a future Board Meeting.

10. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) Appearance – **(FOR POSSIBLE ACTION)**

A. California Specialty Pharmacy – Whittier, CA

Phuong Nguyen, Managing Pharmacist, and Sumit Desai, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Bill Stilling appeared as counsel on behalf of California Specialty Pharmacy.

Joe Dodge, Nevada Board of Pharmacy Inspector, provided background on the application.

Mr. Stilling commented that they do not intend to do non-sterile compounding.

Mr. Dodge questioned the applicants on the change of ownership, any change in processes, products being shipped into Nevada, and Mr. Desai's disclosure.

Ms. Nguyen and Mr. Desai answered questions to the Board's satisfaction.

Mr. Dodge reviewed their inspection results and found no issues.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the change of ownership application for California Specialty Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

24. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

Jade Jacobo was excused from the meeting at 3:45 PM.

Dave Wuest provided the Executive Secretary Report to the Board's satisfaction.

Jade Jacobo returned to the meeting at 3:52 PM.

23. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

Brett Kandt and Peter Keegan provided General Counsel Report to the Board's satisfaction.

Public Comment January 11, 2023, 4:00 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning.

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen		

Board Members Absent:

Richard Tomasso

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Joe Dodge
Leo Basch	Luis Curras	Dena McClish	Ken Scheuber

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and follows the Governor's directive and Open Meeting Laws for Nevada.

Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. One Board member was absent, and a quorum was established.

Public Comment January 12, 2023, 9:00 AM

There was no public comment.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

A. Advance Pharma – Las Vegas, NV

Taylor Mendez, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Mr. Mendez from her previous employment at Roseman University but stated that she could participate in this matter fairly and without bias.

Joe Dodge provided background on the application and questioned on their business model, Mr. Mendez's experience as a managing pharmacist, and the pharmacy's location.

The Board questioned Mr. Mendez on if the owners have experience owning a pharmacy, how they plan to get business, and how did he come into business with the pharmacy.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada pharmacy license for Advance Pharma.

Second: President Park

Action: Passed unanimously.

8. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

Cranial Technologies, Inc. – Las Vegas, NV

Oumou Bah, Process Improvement Specialist, and Morgan Hick, Baby Imaging Specialist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the application for a change in ownership.

Mr. Wuest requested a Letter of Authorization for Ms. Bah and Ms. Hick to speak on behalf of the company.

Mr. Wuest questioned on what products they sell, any changes in the business, and the change of ownership.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the change of ownership application for Cranial Technologies, Inc. pending Letter of Authorization.

Second: Rolf Zakariassen

Action: Passed unanimously.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

B. Choice LV Specialty Pharmacy – Las Vegas, NV

Nikki Baniewicz and Nick Meza appeared as counsel on behalf of Choice LV Specialty Pharmacy and Choice Compounding Pharmacy.

Joe Dodge provided background on Choice LV Specialty Pharmacy application and questioned on the change of ownership and name change.

Ms. Baniewicz and Mr. Meza answered questions to the Board's satisfaction.

Ms. Baniewicz commented that Bora Shim is the new Managing Pharmacist as Jonathan Tang has been promoted.

Mr. Dodge provided details from the Nevada Board of Pharmacy inspection and commented that it was a very good inspection.

Mr. Dodge moved to address Choice Compounding Pharmacy application, which is in Torrance, CA.

Mr. Dodge questioned on the business model and products being shipped into Nevada.

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

Mr. Dodge provided details of the California Board of Pharmacy's inspection results and found no issues.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership and name change application for Choice LV Specialty Pharmacy and Choice Compounding Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

10. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

    C. Choice Compounding Pharmacy – Torrance, CA

This matter was addressed in Agenda Item 9B.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

C. Trinity Express Pharmacy – Las Vegas, NV

Mark Yu, Owner, and Laura Rongomas, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application and questioned on the business model.

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

Mr. Dodge commented that Trinity Pharmacy which is Mr. Yu's other location had prior discipline with the Board and were subject to quarterly inspections. He provided inspection details and found no discrepancies.

Mr. Dodge questioned Ms. Rongomas on her experience as a pharmacist and the pharmacy's location.

The Board questioned Mr. Yu on the security of the pharmacy.

Ms. Rongomas and Mr. Yu answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada pharmacy application for Trinity Express Pharmacy pending favorable inspection.

Second: Rolf Zakariassen

Action: Passed unanimously.

10. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

B. Cardinal Health 414, LLC – East Rutherford, NJ

Marie Boni (Pharmacy Manager), Daniel Malzone (Managing Pharmacist), Dawn Harmon (License Coordinator), and Richard Green (Director of Radiopharmacy) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application and questioned on their business model as a nuclear pharmacy and their compounding processes.

DRAFT

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

Mr. Dodge provided their 2021 inspection results and found no issues.

Mr. Green provided background on USP 825 to the Board.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy application for Cardinal Health 414, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

11. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

Innovation Compounding – Kennesaw, GA

Rebecca Emch, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application and questioned if they were licensed with the FDA.

Ms. Emch commented that they are not licensed with the FDA.

Mr. Dodge commented that the incorrect application was filled out, and they should have filled out the pharmacy application.

Mr. Dodge questioned on the change of ownership, business model, products being shipped into Nevada, their accreditation credentials, and the results of their NABP and state inspection results.

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

Board Action:

Motion: Gener Tejero moved to approve change of ownership application for out-of-state pharmacy Innovation Compounding pending the submission of the correct out-of-state pharmacy application.

Second: Jade Jacobo

Action: Passed unanimously.

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

D. Vital Care of Summerlin – Las Vegas, NV

Jerry Depa, Managing Pharmacist, and Ritesh Patel, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application with the updated changes of a new managing pharmacist and location change.

Mr. Dodge commented that he performed a pre-inspection but stopped since significant changes need to be made.

Mr. Dodge questioned Mr. Depa on the business model, products being shipped into Nevada, their plans to do sterile compounding, and Mr. Depa's experience as a pharmacist.

Mr. Dodge questioned Mr. Patel on why he wants to open a pharmacy and who will be training his staff.

Mr. Depa and Mr. Patel answered questions.

Mr. Dodge requested a complete accurate application if the Board proceeds with the application.

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, commented that she has been in contact with some of the representatives. Their intent is to apply as a retail pharmacy and get licensed, so they can start having discussions with vendors. When they are ready for sterile compounding, they will appear before the Board to request approval.

Mr. Wuest suggests that Mr. Patel work with Mr. Dodge to move forward.

Board discussion ensued.

President Park offered the option to table the application so that they could submit an accurate application and work with Board staff on how to proceed.

Mr. Patel would like to table the application.

President Park tabled the application at Mr. Patel's request.

12. Application for Ambulatory Surgery Center License (NAC 639.4992) – Appearance **(FOR POSSIBLE ACTION)**

Kidney Specialists Surgical Center – Las Vegas, NV

Mary Grear (Pharmacist Consultant), Hailee Long (Chief Operating Officer), Zar Popalzai (Center Manager), and Venugopal Botla (Medical Director) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the application and disclosure for Ms. Grear.

Ms. Grear provided background on the business model.

Mr. Wuest questioned on the ownership and procedures being done at the center.

Mr. Botla and Ms. Long answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve ambulatory surgery center application for Kidney Specialist Surgical Center.

Second: Rolf Zakariassen

Action: Passed unanimously.

13. Applications for Pharmaceutical Technician Registration (NAC 639.240) – Appearance. (**FOR POSSIBLE ACTION)**

A. Amazi Harris

Amazi Harris appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and questioned Ms. Harris on her disclosure and what occurred.

Ms. Amazi clarified that her first arrest was regarding solicitation which ended up getting dismissed, and the second arrest was for trespassing on the property where her first arrest occurred.

Mr. Wuest commented the documentation for her disclosure provided looks like she was not charged for the first arrest.

Jade Jacobo commented that her pharmaceutical technician in training application does not disclose her arrest since she marked “no” on the question, “Been charged, arrested or convicted of a felony or misdemeanor in any state?”.

Ms. Long questioned Ms. Harris on why she did not initially disclose on her pharmaceutical technician in training application.

Ms. Harris commented that Northwest Career College told her that she did not need to disclose her convictions if it’s not related to drugs.

Board discussion ensued.

President Park requested Ms. Harris if she would like to table the application so that she can talk to Northwest Career College about her not disclosing.

Ms. Harris agreed.

President Park tabled at Ms. Harris’s request.

B. Daynell White

Daynell White appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and questioned Ms. White on the events that occurred with her disclosure.

Ms. White provided clarification stating that her boyfriend would sell marijuana, and the cops raided her house. She was charged for providing a place of sale since her name was on the lease.

Ms. Long questioned why she did not initially disclose her conviction on her pharmaceutical technician application.

Ms. White commented that she thought it was referring to Nevada only, and the conviction was expunged which is why she did not disclose initially. However, she talked to Mark Sedar from the Nevada Board of Pharmacy Licensing Department who told her that it was for any state, and she provided an updated page regarding her disclosure.

Board discussion ensued.

<u>Board Action:</u>

Motion: Jade Jacobo moved to approve pharmaceutical technician application for Daynell White.

Second: Rolf Zakariassen

Aye: Jacobo, Freitas, Mitchell, Zakariassen
Nay: Park, Tejero

Action: Motion carries.

15. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Hakyung Kim

Hakyung Kim appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the application regarding disclosures with marijuana convictions and actions taken by the California Board of Pharmacy.

Mr. Kim clarified that due to his previous marijuana convictions the California Board of Pharmacy put his Intern registration on probation, and he entered the California Board of Pharmacy's recovery program. When he graduated pharmacy school, he petitioned to become a pharmacist where he was granted his pharmacist registration but was put on probation. He requested an early release of probation which was granted by the California Board of Pharmacy.

Mr. Wuest questioned why he wants a Nevada pharmacist registration, his status with marijuana and alcohol, and if his California registration has any restrictions.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve pharmacist registration by reciprocation application for Hakyung Kim.

Second: Rolf Zakariassen

Action: Passed unanimously.

14. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

B. Latrice Robinson

Latrice Robinson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on disclosure regarding a domestic violence conviction.

Ms. Robinson provided background on her conviction to the Board.

Ms. Long questioned why she wants a pharmaceutical technician in training registration.

The Board questioned Ms. Robinson on her conviction, how she's changed since this issue, and if she's ever had any other issues with the law.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve pharmaceutical technician in training application for Latrice Robinson.

Second: Krystal Freitas

Action: Passed unanimously.

19. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

Kate Gibbons

Kate Gibbons appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on appearance regarding a request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Ms. Gibbons provided the business model and what she intends to do.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Kate Gibbons request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

17. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. Alan Bolnick

Alan Bolnick appeared and was sworn in by President Park prior to answering questions and offering testimony.

Jade Jacobo disclosed that she was a patient of Dr. Bolnick but can participate in this matter fairly and without bias.

Peter Keegan provided background on the application and disclosures regarding a DUI, unlawful prescribing of drugs, and performing medically unnecessary services.

Dr. Bolnick provided background on what occurred with his disclosures.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance application for Alan Bolnick.

Second: Krystal Freitas

Action: Passed unanimously.

14. Applications for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. (**FOR POSSIBLE ACTION)**

A. Danniel Garibay

Danniel Garibay appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and disclosure regarding a DUI.

Mr. Garribay provided background on his disclosure and commented that he has complied with all the terms.

Ms. Long questioned Mr. Garribay on if he still drinks and why he wants to be a pharmaceutical technician in training.

The Board questioned Mr. Garribay on if he has issues with any other substances and what support he has to not abuse substances.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve pharmaceutical technician in training application pending a favorable PRN evaluation or equivalent.

Second: Krystal Freitas

Action: Passed unanimously.

16. Application for Pharmacist Registration by Score Transfer NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Cesar Cabrera

This matter was continued to a future Board Meeting.

18. Application for Controlled Substance Registration Renewal (NRS 453.226) – Appearance (**FOR POSSIBLE ACTION**)

Wilson Bernales

President Park recused herself from this matter since Wilson Bernales works at her current place of employment.

Jade Jacobo will be the Presiding Officer for this matter.

Wilson Bernales appeared and was sworn in by Jade Jacobo prior to answering questions and offering testimony.

Dave Wuest provided background regarding a disclosure on his renewal application dealing with fraudulently using a recommendation letter.

Dr. Bernales clarified the events that occurred with his disclosure.

Board discussion ensued.

The Board requested documentation regarding the discipline taken by other Boards.

20. Petition for Removal of Restrictions on Dispensing Veterinarian Registration issued pursuant to NAC 639.7423 – Appearance. **(FOR POSSIBLE ACTION)**

Carrie Lambert

This matter was withdrawn.

21. Approval of Pharmacy Technician Application. **(FOR POSSIBLE ACTION)**

Yenh Long provided proposed changes for the Pharmaceutical Technician and Pharmaceutical Technician in Training applications.

Wayne Mitchell was excused from the meeting at 1:30 PM.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmaceutical Technician and Pharmaceutical Technician in Training applications with proposed changes to include HS/GED name and graduation year and to include verbiage “even if expunged” for section 7, question #2.

Second: Krystal Freitas

Action: Passed unanimously.

22. Approval of Pharmacy Technician in Training Application. **(FOR POSSIBLE ACTION)**

This matter was addressed in Agenda Item 21.

26. Public Comment January 12, 2023, 2:05 PM

There was no public comment.

25. Date and Location of Next Scheduled Board Meeting:

March 8-9, 2023 – Las Vegas, NV

27. Adjournment

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☑ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☑ No

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☑ Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M P01456	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Better Living Now, Inc.

MDEG Physical Address: 185 Oser Avenue

City: Hauppauge State: NY Zip: 11788

Mailing Address (if different from physical address): 3600 Vineland Rd Ste 114

City: Orlando State: FL Zip: 32811

Telephone: (631) 348-0032 Website: NA

Email: provider.services@rotech.com

Name of MDEG Administrator (NAC 639.694): Christopher Pope

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☑ Patients by prescriptions	☑ Medical Gases**
☐ Pharmacies[a]	☑ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☑ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Christopher Pope
	Telephone: (631) 348-0032

ROTECH HEALTHCARE INC.

Products and Services Offered

Below are the products and services Better Living Now, Inc. will provide:

- Blood Glucose Monitors and/or Supplies (mail order)
- Blood Glucose Monitors and/or Supplies (non-mail order)

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8 - 12, 1 - 5	☑ Tue: 8 - 12, 1 - 5	☑ Wed: 8 - 12, 1 - 5	☑ Thurs: 8 - 12, 1 - 5	☑ Fri: 8 - 12, 1 - 5
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Medicare - 1147790002

Medicaid - 01742098

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): Rotech Healthcare Inc.

Corporation/Organization Name: Better Living Now, Inc.

Mailing Address: 3600 Vineland Rd Ste 114

City: Orlando State: FL Zip: 32811

Telephone: (407) 822-4600 Email: provider.services@rotech.com

Contact Person Name: Suzy Martinez

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**		N/A	✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Penny Lohman

Print Name of Authorized Person Submitting Application

Penny Lohman

Original signature of Authorized Person (copies or stamps not accepted)

1/24/2023

Date

Board Use Only	Date Received: 1.25.23	Amount: 500.00 CC

Better Living Now, Inc. is a 100% wholly owned subsidiary of Rotech Healthcare Inc. located at
3600 Vineland Rd Ste 114, Orlando, FL 32811

OFFICERS FOR ALL SUBSIDIARIES OWNED BY ROTECH HEALTHCARE INC

Timothy C. Pigg, CEO

Home Address:
[redacted]Lynwood Road
Sherrills Ford, NC 28673
Home No.([redacted]
Office No.(407) 822-4600
Social Security No.[redacted]
Date of Birth [redacted]

Thomas J. Koenig, CFO

Home Address:
[redacted]Stone Ridge Drive
Springboro, OH 45066
Home No.: [redacted]
Office No.: (407) 822-4600
Social Security No.: [redacted]
Date of Birth: [redacted]

Robin L. Menchen, COO

Home Address:
[redacted]Canyon View Ct
Magnolia, TX 77355-3057
Home No. ([redacted]
Office No. (407) 822-4600
Social Security No. [redacted]
Date of Birth [redacted]

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	BETTER LIVING NOW, INC.
DOS ID Number:	1665263
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/11/1992
Statement Status:	CURRENT
Statement Due Date:	09/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 15, 2022 at 01:21 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002649549 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

Department of State
Division of Corporations

Entity Information

Return to Results | Return to Search

Entity Details

ENTITY NAME: BETTER LIVING NOW, INC.
FOREIGN LEGAL NAME:
ENTITY TYPE: DOMESTIC BUSINESS CORPORATION
SECTIONOF LAW: 402 BCL - BUSINESS CORPORATION LAW
DATE OF INITIAL DOS FILING: 09/11/1992
EFFECTIVE DATE INITIAL FILING: 09/11/1992
FOREIGN FORMATION DATE:
COUNTY: SUFFOLK
JURISDICTION: NEW YORK, UNITED STATES

DOS ID: 1665263
FICTITIOUS NAME:
DURATION DATE/LATEST DATE OF DISSOLUTION:
ENTITY STATUS: ACTIVE
REASON FOR STATUS:
INACTIVE DATE:
STATEMENT STATUS: CURRENT
NEXT STATEMENT DUE DATE: 09/30/2024
NFP CATEGORY:

ENTITY DISPLAY | NAME HISTORY | FILING HISTORY | MERGER HISTORY | ASSUMED NAME HISTORY

Service of Process Name and Address

Name: NATIONAL REGISTERED AGENTS, INC.

Address: 28 LIBERTY ST., NEW YORK, NY, UNITED STATES, 10005

Chief Executive Officer's Name and Address

Name: STEVEN B. BURREES

Address: 3600 VINELAND ROAD, SUITE 114, ORLANDO, FL, UNITED STATES, 32811

Principal Executive Office Address

Address: 3600 VINELAND ROAD, SUITE 1145, ORLANDO, FL, UNITED STATES, 32811

Registered Agent Name and Address

Name:

Address:

Entity Primary Location Name and Address

Name:

Address:

Farmcorpflag

Is The Entity A Farm Corporation: NO

Stock Information

Share Value	Number Of Shares	Value Per Share
NO PAR VALUE	200	$0.00

ROTECH HEALTHCARE INC.

Owners of Rotech Healthcare Inc.

Capital Research and Management Company (privately owned company) owns 46.5% of Rotech's equity
Address: 333 South Hope Street, 55th Floor
Los Angeles, CA 90071
Tax ID: 951411037

Silver Point Finance, LLC (privately owned company) owns 32.7% of Rotech's equity
Address: Two Greenwich Plaza, 1st Floor
Greenwich, CT 06830
Tax ID: 223849636

Venor Capital Management L.P. (privately owned company) owns 20.8% of Rotech's equity
Address: 7 Times Square, Suite 4303
New York, NY 10036
Tax ID: 043816218

Capital Research and Management Company, Silver Point Finance, LLC and Venor Capital Management L.P. hold the shares of Rotech Healthcare Inc. common stock; they also are privately owned companies. Rotech Healthcare Inc. does not have any visibility to the officers or directors of these privately owned companies.

The individuals with decision-making authority for Rotech Healthcare Inc. are our CEO Timothy C. Pigg and our President Robin L. Menchen, both have 0% ownership.

ROTECH
HEALTHCARE INC.

January 6, 2023

Re: Better Living Now, Inc.
Re: In-state License Requirement and Inspection Report

To Whom It May Concern:

Please note, currently the State of New York does not regulate durable medical equipment or oxygen delivered directly to the end user (patient). New York does not require a state license or inspection for our type of facility.

Our facility Better Living Now, Inc. located at 185 Oser Avenue, Hauppauge, NY 11788, is not required to maintain a home state license and does not have an inspection report.

If any further documentation is needed please contact me at (407) 822 - 4600 or via email at provider.services@rotech.com

Sincerely,

Penny Lohman

Penny Lohman
Director of Provider Services
Rotech Healthcare Inc. as parent of
Better Living Now, Inc.

ROTEHEA-01 BRENNAGABORSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NFP Property & Casualty Services, Inc. 159 Wolf Road Suite 200 Albany, NY 12205	CONTACT NAME: PHONE (A/C, No, Ext): (518) 244-4245 FAX (A/C, No): (518) 244-4262 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State National Insurance Company Inc	12831
INSURER B : ACE American Insurance Company	22667
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Rotech Healthcare Inc.
3600 Vineland Rd., Suite 114
Orlando, FL 32811-6460

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY								
	CLAIMS-MADE X OCCUR			VGMD1021G62893	6/1/2022	6/1/2023	EACH OCCURRENCE	$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	3,000,000
	OTHER							$	
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO			ISA H25569118	6/1/2022	6/1/2023	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$	15,000,000
	X EXCESS LIAB CLAIMS-MADE			VGMUM102166973	6/1/2022	6/1/2023	AGGREGATE	$	15,000,000
	DED RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		WLR C68916057	6/1/2022	6/1/2023	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
A	E&O/Professional Lia			VGMD1021G62893	6/1/2022	6/1/2023	Each Claim		1,000,000
A	E&O/Professional Lia			VGMD1021G62893	6/1/2022	6/1/2023	Aggregate		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job Lawson # 201310
Evidence of Insurance for Rotech Healthcare Inc. and Subsidiaries.

CERTIFICATE HOLDER

Better Living Now, Inc.
DBA: Better Living Now
185 Oser Ave.
Hauppauge, NY 11788

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Better Living Now, Inc. MDEG License # (if applicable) MP01456

Physical Address 185 Oser Avenue

City Hauppauge State NY Zip 11788

Mailing Address (if different from physical address) 3600 Vineland Rd Ste 114

City Orlando State FL Zip 32811

Telephone (407) 822-4600 Website NA

Licensing Company Email provider.services@rotech.com

Section 2: Personal Information

First Christopher Middle Joseph Last Pope

Alias(es, nicknames, name changes, etc.) Chris Pope

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Miller Place Rd

City Miller Place State NY Zip 11764

Telephone [redacted] Email Christopher.Pope@Rotech.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Better Living Now, Inc			From - To (MM/YY – MM/YY): 02-2008 – Current
Business Address: 185 Oser Ave	City: Hauppauge	State: NY	Zip: 11788
Phone: 631-356-4572	Title: VP, Operations	Number of Employed Hours: 30,000+	
Description of Duties: Oversee full operations, Customer support, Medical Record collection and storage Insurance eligibility, Medical claims billing.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Smithtown Highschool East			9-2004 - 06-2008	
Address	City		State	Zip
10 School St	Saint James		NY	11780
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1-2012 - 02-2020	[redacted] Teal Way	Saint James	NY	11780
03-2020 - 10-2021	[redacted] Delaware Ct	Coram	NY	11727
11-2021 - Current	[redacted] Miller Place Rd	Miller Place	NY	11764
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following <u>*where applicable*</u>:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Christopher Pope, **certify that as the MDEG Administrator for**

Better Living Now, Inc.,

that I (initial that you have read and meet the following requirements):

1. CP Have a high school diploma or its equivalent;
2. CP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Pope
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/24/2023
Date

Board Use Only	Date Received: 1.25.23

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☒ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☒ Yes	☐ No

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC dba Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 6335 Seeds Road

City: Grove City State: OH Zip: 43123

Mailing Address (if different from physical address): 7000 Cardinal Place, Attn: QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 614-652-8970 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Chad Curran

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☒ Pharmacies[a]	☐ Respiratory Equipment**
☒ Practitioners[a]	☐ Life-sustaining equipment**
☒ Hospitals/Clinics[a]	☒ Parenteral and Enteral Equipment**
☒ Clinics[a]	☒ Assistive Equipment
☒ Wholesalers[a]	☒ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.69S4):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Please see attached explanation
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30a - 5:00p	■ Tue: 8:30a - 5:00p	■ Wed: 8:30a - 5:00p	■ Thurs: 8:30a - 5:00p	■ Fri: 8:30a - 5:00p
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
0166020001 (Medicare)
OH Medicaid #0830757
IN Medicaid #200843320 A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Allegiance Corporation (Parent Company of RGH Enterprises, LLC)

Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)

Mailing Address: 7000 Cardinal Place, Attn: QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 614-757-5000 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983	SEC Registration Number: 0000721371	Stock Exchange Symbol: CAH

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan D. Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

11/17/2022

Date

Board Use Only	Date Received: 11-28-22	Amount: 500.00 CK-10842170

Officer List

RGH Enterprises, LLC

6335 Seeds Road
Grove City, Ohio 43123

Officer Name	Title	Company	Business Address	Percentage of Ownership
Keegan David Chamberlain	Director, Quality Management	RGH Enterprises, LLC	7200 Cardinal Place, Dublin, OH 43017	0%
John Joseph Tufano, Jr.	Secretary	RGH Enterprises, LLC	7000 Cardinal Place, Dublin OH 43017	0
John Henry Martin Jr.	SVP, Tax	RGH Enterprises, LLC	7000 Cardinal Place, Dublin OH 43017	0
Brent Mathew Withrow	Assistant Treasurer	RGH Enterprises, LLC	7000 Cardinal Place, Dublin, OH 43017	0%
Ryan Gregory Truax	Facility Manager	RGH Enterprises, LLC	6335 Seeds Road, Grove City, OH 43123	0%
Ryan Gregory Truax	MDEG Administrator	RGH Enterprises, LLC	6335 Seeds Road, Grove City, OH 43123	0%

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of July, A.D. 2022.

Ohio Secretary of State

Validation Number: 202220902084

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO PROVIDE
HOME MEDICAL EQUIPMENT SERVICES

The entity named below is duly licensed,
and is entitled to conduct business in the state of Ohio until
6/30/2024.

RGH Enterprises, LLC

6335 Seeds Rd
Grove City, OH 43123-9524

License Number: HMEL.11993

Home Medical Equipment Facility License

Expiration Date: 6/30/2024

Steven W. Schierholt, Esq.
Executive Director

Designated Representative – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Designated Representative Name (Print)	Signature of Designated Representative
Ryan Truax	

Any change of facility name, address or ownership must be reported to the Board via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:	Indian Harbor Insurance Company	36940
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			RGD943716717	06/30/2022	06/30/2023	EACH OCCURRENCE	$5,000,000
	CLAIMS-MADE [X] OCCUR			AOS, PR			DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Liquor Liability Included						MED EXP (Any one person)	
							PERSONAL & ADV INJURY	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:						Liquor Liability Lim	Included
C	AUTOMOBILE LIABILITY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / HIRED AUTOS ONLY / SCHEDULED AUTOS / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR			US00092147L122A	06/30/2022	06/30/2023	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE			SIR applies per policy terms & conditions			AGGREGATE	$5,000,000
	DED X RETENTION						Products/Completed O	Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			RWD943512517 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	$5,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$5,000,000
							E.L. DISEASE-POLICY LIMIT	$5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2022 - June 30, 2023 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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Explanation Regarding Enteral supplies

In addition to any communication and advisement required pursuant to NAC 639.693 to 639.6958, inclusive, a medical products provider who provides medical gas and related equipment, or respiratory equipment, must advise the consumer receiving the medical gas and related equipment, or respiratory equipment, regarding:

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

6. For the purposes of this section, "material safety data sheet" has the meaning ascribed to it in 29 C.F.R. § 1910.1200.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R033-07, 8-26-2008)

CardinalHealth

11/14/2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC – Grove City, OH

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for Medical Devices, Equipment and Gases Applicaton. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain,
Director, Quality Management

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; MDEG License # (if applicable): New App

Physical Address: 6335 Seeds Road

City: Grove City State: OH Zip: 43123

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-652-8970 Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Chad Middle: Daniel Last: Curran

Alias(es, nicknames, name changes, etc.): N/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Oak Street

City: Columbus State: OH Zip: 43205

Telephone: [redacted] Email: chad.curran@cardinalhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Streetsboro High School		08/12 - 6/16	
Address: 1300 Kirby Lane	City: Streetsboro	State: Ohio	Zip: 44241
Diploma/Degree obtained, if any: Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/97 - 11/22	[redacted] michael Drive	Streetsboro	Ohio	44241
11/22 - Present	[redacted] Oak Street	Columbus	Ohio	43205
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home			06/16-11/22
Business Address	**City**	**State**	**Zip**
1810 Summit Commerce Park	Twinsburg	OH	44087
Phone	**Title**		**Number of Employed Hours**
330-319-5524	Lead		2600, yearly
Description of Duties			
Lead a team of 50 people to pick and pack orders. Handles medical devices and disposable diabetic, ostomy, wound care supplies, and related medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals via mail order.			

Business Name			From - To (MM/YY – MM/YY)
RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home			11/22- Present
Business Address	**City**	**State**	**Zip**
6335 Seeds Road	Grove City	OH	43123
Phone	**Title**		**Number of Employed Hours**
330-319-5524	Supv, Warehouse Operations		205, monthly (start date 12/5/22)
Description of Duties			
Outbound operations begin 02/2023			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Jessette Phaynarikone

From: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Sent: Tuesday, December 20, 2022 12:02 PM
To: Jessette Phaynarikone; GMB-HSCS-Facility Licensure
Subject: RE: MDEG Application - Edgepark Medical Supplies; Cardinal Health at Home - Grove City, OH

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

Hi Jessette,

Chad had his experience at the Twinsburg location (MP00405). He recently moved to the Grove City location in December (the address located on the application).

Yes, he has experience relating to the products provided. Specifically handles medical devices and disposable diabetic, ostomy, wound care supplies, and related medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals via mail order.

I will also send the original to the board via FEDEX.

Thanks,

CardinalHealth

Cara Belinske
Sr. Specialist, Quality Compliance
7200 Cardinal Place, QRA, Dublin, OH 43017
614.757.9495 tel

I am Essential to care

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
Sent: Tuesday, December 20, 2022 2:24 PM
To: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Subject: RE: MDEG Application - Edgepark Medical Supplies; Cardinal Health at Home - Grove City, OH

External Email – Please use caution before opening attachments or clicking links

Hello,

- **Chad Curran** – still employed at the location? If so, please update and include a resume. (the MDEG Admin app needs to be mailed to our office)

Business Name N/A			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Chad Curran, **certify that as the MDEG Administrator for** Cardinal Health at Home Grove City,

that I (initial that you have read and meet the following requirements):

1. CC Have a high school diploma or its equivalent;
2. CC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad Curran
Print Name (First, Last)

Chad Curran
Original Signature (electronic, copies or stamps not accepted)

12-16-2022
Date

Board Use Only	Date Received: 12-22-22

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number: M _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Sol-Millennium Medical Inc

MDEG Physical Address: 315 SHAWNEE NORTH DRIVE,SUITE 100

City: SUWANEE State: GA Zip: 30024

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 678-500-3271 Website: www.SOL-M.com

Email: hdoan@sol-m.com

Name of MDEG Administrator (NAC 639.694): Huy Doan

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: prescription safety and non-safety hypodermic needles and syringes, surgical respirators and surgical masks.

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	9AM - 5PM
Tues	9AM - 5PM
Wed:	9AM - 5PM
Thurs:	9AM - 5PM
Fri:	9AM - 5PM
Sat:	CLOSED
Sun:	CLOSED
Holidays:	Closed Federal Holidays

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: No Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: GEORGIA

Parent Company (if any): see attached

Corporation/Organization Name: Sol-Millennium Medical Inc

Mailing Address: 315 SHAWNEE NORTH DRIVE,SUITE 100

City: SUWANEE State: GA Zip: 30024

Telephone: 678-500-3271 Email: hdoan@sol-m.com

Contact Person Name: Huy Doan

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Huy Doan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/28/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check# 641487

Sol-Millennium Medical List of Officers	Position
Liang Lin	CEO
Hemant Kumar	CFO
Huy Doan	VP, Quality Assurance and Regulatory Affairs

Client#: 1900838 SOLMIMED1

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/09/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services NW CL 601 Union Street, Suite 1000 Seattle, WA 98101	CONTACT NAME: Leah Stuart PHONE (A/C, No, Ext): 206 676-5675 FAX (A/C, No): 610-362-8530 E-MAIL ADDRESS: Leah.Stuart@usi.com
INSURED Sol-Millennium Medical, Inc. 315 Shawnee N Drive, Ste 100 Suwanee, GA 30024	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : MEDMARC Casualty Insurance Company — 22241 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER: K1** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			36073680	12/01/2022	12/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO X OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			73625171 Phys Dmg Deductibles: Comp - $1,000 Coll - $1,000	12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			78195252 Excl Products & Completed Ops	12/01/2022	12/01/2023	EACH OCCURRENCE AGGREGATE $	$10,000,000 $10,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		2371836774	12/01/2022	12/01/2023	X PER STATUTE X OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
B	Products / Completed Ops Liability			22GA380014 Clinical Testing	12/01/2022 Medical	12/01/2023 Expense	$10MM Occ / $10MM Agg Ded: $50K / $250K Agg Each Person: $10K	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary D. Patterson

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LYSJU

Control Number : 10085126

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SOL-MILLENNIUM MEDICAL, INC.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 22380114
Date Inc/Auth/Filed	: 12/09/2010
Jurisdiction	: Georgia
Print Date	: 01/25/2022
Form Number	: 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005054 Status: Active

SOL - Millennium Medical Inc
315 Shawnee North Drive Ste 100
Suwanee GA 30024

Expires: 06/30/2023
Issued: 06/04/2021

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005054 Status: Active
SOL - Millennium Medical Inc
315 Shawnee North Drive Ste 100
Suwanee GA 30024

Expires: 06/30/2023
Issued: 06/04/2021
Real-time license verification is available at gadch.mylicense.com/verification

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Sol-Millenium Medical, Inc. MDEG License # (if applicable) _____

Physical Address 315 Shawnee North Dr, Ste 100

City Suwanee State GA Zip 30024

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 404-973-2209 Website www.SOL-M.COM

Licensing Company Email swiley@sol-m.com

Section 2: Personal Information

First Shari Middle Ti-Ta-Anna Last Wiley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Providence Circle Apt [redacted]

City Suwanee State GA Zip 30024

Telephone [redacted] Email swiley@sol-m.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
John L. LeFlore High School		08/04-05/07	
Address	**City**	**State**	**Zip**
700 Donald St	Mobile	Al	36617
Diploma/Degree obtained, if any			
Advanced High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Auburn University at Montgomery		08/07-12/14	
Address	**City**	**State**	**Zip**
7400 East Dr,	Montgomery	Al	36117
Diploma/Degree obtained, if any			
BS Physical Science			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019-Present	[redacted] Providence Circle Apt [redacted]	Lithonia	GA	30038
05/2017-05/2019	[redacted] Providence Circle Apt [redacted]	Lithonia	GA	30038
03/2017-06/2017	[redacted] N Oak Street Extension Apt [redacted]	Valdosta	GA	31605
08/2016-5/2017	[redacted] Richland Rd Apt [redacted]	Auburn	AL	36832
08/2015-08/2016	[redacted] Richard Rd Apt 9M	Auburn	Al	36832
08/2012-08/2015	[redacted] W Longleaf Drive Apt [redacted]	Auburn	Al	36832
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Sol-Millennium Medical, INC			06/2021-Present	
Business Address		**City**	**State**	**Zip**
315 Shawnee North Drive Suite 100		Suwanee	Ga	30024
Phone	**Title**		**Number of Employed Hours**	
404-973-2200	QARA Specialist		3,986.82	
Description of Duties				
The QARA specialist assures ongoing compliance with quality and industry regulatory requirements.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Shari Wiley, **certify that as the MDEG Administrator for**

Sol- Millennium Medical Inc,

that I (initial that you have read and meet the following requirements):

1. SW Have a high school diploma or its equivalent;
2. SW Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shari Wiley
Print Name (First, Last)

Shari Wiley
Original Signature (electronic, copies or stamps not accepted)

Dec 15, 2002
Date

Board Use Only	Date Received: 12-22-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Sol-Millennium Medical, Inc.

Physical Address 315 SHAWNEE NORTH DRIVE,SUITE 100

City SUWANEE State GA Zip 30024

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 678-500-3271 Website www.SOL-M.COM

Licensing Company Email hdoan@sol-m.com

Section 2: Personal Information

First Huy Middle Viet Last Doan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] SHAWNEE NORTH DRIVE,SUITE [redacted]

City Suwanee State GA Zip 30024

Telephone [redacted] Email Hdoan@sol-m.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials HD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Marquette University		08/89 - 05/96	
Address	**City**	**State**	**Zip**
1250 W. Wisconsin Ave	Milwaukee	WI	53233
Diploma/Degree obtained, if any			
BS Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
D.C. Everest High School		08/86 - 06/89	
Address	**City**	**State**	**Zip**
6500 Alderson St.	Schofield	WI	54476
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/11 - 08/22	[redacted] W. North Ave	Brookfield	WI	53045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials HO

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sol-Millennium Medical Inc.			10/18 - 08/22
Business Address	**City**	**State**	**Zip**
311 S Wacker Dr. Suite 4100	Chicago	IL	60606
Phone	**Title**		
224-804-1856	VP, Global QARA		
Description of Duties			
Executive Officer responsible for the implementation of Quality Management System, Premarket Authorization and Corporate Compliance.			

Business Name			From - To (MM/YY – MM/YY)
Abbott Laboratories			09/16 - 10/18
Business Address	**City**	**State**	**Zip**
100 Abbott Park Rd.	Abbott Park	IL	60064
Phone	**Title**		
224-667-6100	Director, Regulatory Affairs		
Description of Duties			
Global Director, Regulatory Affairs for Immunoassay Business Unit, responsible for the premarket authorization of products.			

Business Name			From - To (MM/YY – MM/YY)
GE Healthcare			09/10 - 09/16
Business Address	**City**	**State**	**Zip**
3000 N Grandview Blvd	Waukesha	WI	53188
Phone	**Title**		
262-544-3011	Director, Regulatory Affairs		
Description of Duties			
Global Director, Regulatory Affairs for Molecular Imaging-Computed Tomography Business Unit, responsible for the premarket authorization of products.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials HD

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials DD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Huy Doan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 07-SEP-2022

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Waukesha

I, Huy Doan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 07-SEP-2022

Subscribed and Sworn to before me this 7th day of September 2022

Ashley Gaszak

Notary Public Signature

ASHLEY GASZAK
Notary Public
State of Wisconsin

My Commission Expires
February 14, 2024

(Seal)

Applicant's initials HD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Sol-Millennium Medical, Inc.

Physical Address 315 SHAWNEE NORTH DRIVE,SUITE 100

City SUWANEE State GA Zip 30024

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 678-500-3271 Website www.SOL-M.COM

Licensing Company Email hdoan@sol-m.com

Section 2: Personal Information

First Liang Middle _____ Last Lin

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] SHAWNEE NORTH DRIVE,SUITE [redacted]

City Suwanee State GA Zip 30024

Telephone [redacted] Email LLin@sol-m.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Royal Holloway, University of London		09/05 – 09/07	
Address	**City**	**State**	**Zip**
Royal Holloway, Egham Hill,	Egham	UK	TW20, 0EX
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Hereford Sixth Form College		09/02 – 09/05	
Address	**City**	**State**	**Zip**
Folly Lane	Hereford	UK	HR1 1LU
Diploma/Degree obtained, if any	A-LEVEL		

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
~~10/19~~ 10/19-10/22	[redacted] N Lakeshore Dr	Chicago	IL	60611
01/02 – 10/19	[redacted] [redacted] Pingxiang Rd	Shanghai	China	200120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sol-Millennium Medical Inc.			10/19 – 10/22
Business Address	**City**	**State**	**Zip**
311 S. Wacker, Suite 4100,	Chicago	IL	60606
Phone	**Title**		
833-637-0857	CEO		
Description of Duties			
Responsible for Managing Company's overall operations			

Business Name			From - To (MM/YY – MM/YY)
Sol-Millennium Medical products Co., Ltd.			01/07 – 10/19
Business Address	**City**	**State**	**Zip**
Unit 1801, 3 Honggiao Rd.	Shanghai	CHINA	200120
Phone	**Title**		
+8621 6862 2586	CEO		
Description of Duties			
Responsible for Managing Company's overall operations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/03/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Liang Lin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/08/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Liang Lin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/08/2022

Date

Subscribed and Sworn to before me this 8 day of November 2022

Courtney B. Coleman

Notary Public Signature

OFFICIAL SEAL
COURTNEY B COLEMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/31/2026

(Seal)

Applicant's initials

4D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P01170	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: The Daavlin Distributing Co.

MDEG Physical Address: 205 West Bement Street

City: Bryan State: OH Zip: 43506

Mailing Address (if different from physical address): P.O. Box 626

City: Bryan State: OH Zip: 43506

Telephone: 419-636-6304 Website: www.daavlin.com

Email: info@daavlin.com

Name of MDEG Administrator (NAC 639.694): Traci Hartman

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Parenteral and Enteral Equipment**
☐ Assistive Equipment
☐ Diabetic Supplies
☐ Orthotics and Prosthetics
☒ Others: Phototherapy Equipment

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: N/A Telephone: N/A

Days and Hours of Operation

Mon: 8:30 am-5:00 pm
Tues 8:30 am-5:00 pm
Wed: 8:30 am-5:00 pm
Thurs: 8:30 am-5:00 pm
Fri: 8:30 am-5:00 pm
Sat: Closed
Sun: Closed
Holidays: Closed

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NPI- 1326105842
PTAN- 0769600001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware/ Daavlin Holdings LLC

Parent Company (if any): _____

Corporation/Organization Name: Daavlin Distributing Co.

Mailing Address: P.O. Box 626

City: Bryan State: OH Zip: 43506

Telephone: 419-636-6304 Email: info@daavlin.com

Contact Person Name: Traci Hartman

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michele Thiel

Print Name of Authorized Person Submitting Application

Michele Thiel

Original signature of Authorized Person (copies or stamps not accepted)

May 20, 2022

Date

Board Use Only	Date Received: _____	Amount: 500	check # 21582 ✓

Processed 7/19/22 S

Affidavit of Exception to License or Certificate of Registration Requirements under Chapter 4752 of the Ohio Revised Code

RECEIVED
MAR 27 2013
OHIO RESPIRATORY CARE BOARD

I, Traci Hartman (name), am an authorized representative of Daavlin Distributing Company (corporation name), Daavlin (d.b.a facility name), 205 West Bement St. (address) Bryan (city), Ohio (state) 43506 (zip code).

I affirm under oath that as an authorized agent of the above named corporation I have reviewed Chapter 4752 of the Ohio Revised Code and the Ohio Administrative Code promulgated thereunder. I file this affidavit attesting that I understand the requirements set forth in R.C. 4752.02(A) and these requirements do not apply to the above named facility because the facility meets one of the following exceptions:

(please check exception that applies)

- ☐ A health care practitioner, as defined in section 4769.01 of the Revised Code, who does not sell or rent home medical equipment;
- ☐ A hospital that provides home medical equipment services only as an integral part of patient care and does not provide the services through a separate entity that has its own medicare or medicaid provider number;
- ☐ A manufacturer or wholesale distributor of home medical equipment that does not sell directly to the public;
- ☐ A hospice care program, as defined by section 3712.01 of the Revised Code, that does not sell or rent home medical equipment;
- ☐ A home, as defined by section 3721.01 of the Revised Code;
- ☐ A home health agency that is certified under Title XVIII of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395, as a provider of home health services and does not sell or rent home medical equipment;
- ☐ An individual who holds a current, valid license issued under Chapter 4741. of the Revised Code to practice veterinary medicine;
- ☐ An individual who holds a current, valid license issued under Chapter 4779. of the Revised Code to practice orthotics, prosthetics, or pedorthics;
- ☐ A pharmacy licensed under Chapter 4729. of the Revised Code that either does not sell or rent home medical equipment or receives total payments of less than ten thousand dollars per year from selling or renting home medical equipment;
- ☐ A home dialysis equipment provider regulated by federal law.

Or

☒ The above named corporation does not provide any HME Service as it is defined under Section 4752.02 of the Ohio Revised Code or provides any HME equipment defined under Section 4752.02 of the Ohio Revised Code or rules promulgated thereunder.

Further affiant sayeth naught.

Traci Hartman
Signature of authorized representative

Legal counsel for the facility

Sworn to and subscribed in my presence this 22nd day of March, 2013

Suzanne Borton NOTARY SEAL

Notary Public, State of Ohio
My commission expires Nov. 5 2017

Suzanne M. Borton
Notary Public, State of Ohio
My Commission Expires Nov. 5, 2017

HME Form RCB-042 Effective dates: 6/17/2008

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
GCG Risk Management Consultants LLC
410 North Michigan Ave.
12th Floor
Chicago IL 60611

CONTACT NAME:
PHONE (A/C, No, Ext): (847) 457-3000 **FAX (A/C, No):** (847) 457-3100
E-MAIL ADDRESS: COIrequest@aleragroup.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	The Phoenix Insurance Company	25623
INSURER B :	The Travelers Indemnity Company of America	25666
INSURER C :	Travelers Property Casualty Company of America	25674
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
The Daavlin Distributing Co.
dba The Daavlin Company
PO Box 626
Bryan OH 43506

COVERAGES **CERTIFICATE NUMBER:** 22-23 Daavlin **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			H-630-8T635781-PHX-22	10/29/2022	10/29/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BA-8T637670-22-I2-G	10/29/2022	10/29/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
C	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			CUP-8T643050-22-I2	10/29/2022	10/29/2023	EACH OCCURRENCE AGGREGATE [ ]	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-8T636323-22-I2-G	10/29/2022	10/29/2023	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products Liability / Errors and Omissions Liability			ZPP 41N55525	10/29/2022	10/29/2023	Aggregate Each Occ Deductible (Claims-Made)	$10,000,000 $10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stephen C. Odom

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The ACORD name and logo are registered marks of ACORD

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE DAAVLIN DISTRIBUTING CO., an Ohio corporation, Charter No. 584770, having its principal location in Bryan, County of Williams, was incorporated on November 9, 1981 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of November, A.D. 2022.

Ohio Secretary of State

Validation Number: 202233304272

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)
Administrator Application

Rev (06/08/2021)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
    a. Be a natural person;
    b. Have a high school diploma or its equivalent;
    c. Have:
        i. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
        ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
    d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
    e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

Please mail this completed application and all other required documents with your MDEG Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG The Daavlin Distributing Co. MDEG License # (if applicable) MP01170

Physical Address 205 West Bement Street

City Bryan State OH Zip 43506

Mailing Address (if different from physical address) P.O. Box 626

City Bryan State OH Zip 43506

Telephone 419-636-6304 x 314 Website www.daavlin.com

Licensing Company Email info@daavlin.com

Section 2: Personal Information

First Traci Middle Lynne Last Hartman

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Markey Drive

City Bryan State OH Zip 43506

Telephone [redacted] Email thartman@daavlin.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwest State Community College		09/90-05-92	
Address	City	State	Zip
22600 St Rt 34	Archbold	OH	43502
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Bryan High School		09/86-05/90	
Address	City	State	Zip
1000 W Fountain Grove Dr	Bryan	OH	43506
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18- present	[redacted] Woodstream Ave.	Bryan	OH	43506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/07- 10/18	[redacted] Markey Dr.	Bryan	OH	43506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
The Daavlin Distributing Co.			06/09-05-22	
Business Address		**City**	**State**	**Zip**
205 West Bement Street		Bryan	OH	43506
Phone	**Title**		**Number of Employed Hours**	
419-636-6304	Vice President of Consumer Markets		16,640	
Description of Duties				
Manage Sales and Staff of the Home DME Products Division at Daavlin o Twelve employees who perform insurance claim processing, orders, and provide customer service				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Traci Hartman
Original Signature (electronic, copies or stamps not accepted)

5.20.2022
Date

I, Traci Lynne Hartman, **certify that as the MDEG Administrator for**

The Daavlin Distributing Co.,

that I (initial that you have read and meet the following requirements):

1. TLH Have a high school diploma or its equivalent;
2. TLH Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TLH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TLH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Traci Lynne Hartman
Print Name (First, Last)

Traci L Hartman
Original Signature (electronic, copies or stamps not accepted)

5.20.2022
Date

Board Use Only	Date Received:

Corporate Officers

12. Name Dave Swanson	Title President
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: dswanson@daavlin.com	

12. Name Tracy McKelvey	Title Vice President and Secretary
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: tmckelvey@daavlin.com	

12. Name Sandrine Woolace	Title Vice President of International Markets
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: swoolace@daavlin.com	

12. Name Traci Hartman	Title Vice President of Consumer Markets
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: thartman@daavlin.com	

12. Name John Dowling	Title Vice President of Engineering
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: jdowling@daavlin.com	

12. Name Birgit Swanson	Title Vice President of Organizational Strategy
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: bswanson@daavlin.com	

12. Name Robert Golding	Title Vice President of Research and Development
13. Home mailing address: 205 West Bement Street, Bryan, Ohio 43506	
14. Personal telephone number: [redacted]	
15. Personal email address: rgolding@daavlin.com	

12. Name John Lavorato	Title Vice President and General Counsel
13. Home mailing address: [redacted] West Lake Street, Suite [redacted], Chicago, Illinois	
14. Personal telephone number: [redacted]	
15. Personal email address: [redacted]@madison.net	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Daavlin

Physical Address 205 West Bement Street

City Bryan State Ohio Zip 43506

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 419-636-6304 Website daavlin.com

Licensing Company Email info@daavlin.com

Section 2: Personal Information

First Traci Middle Lynne Last Hartman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Woodstream Ave

City Bryan State OH Zip 43506

Telephone [redacted] Email thartman@daavlin.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials tlh

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NSCC		09/90-06/92	
Address	City	State	Zip
St Rt 34	Archbold	Ohio	43502
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Bryan High School		08/86-05/90	
Address	City	State	Zip
1000 Fountain Grove Dr	Bryan	Ohio	43506
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18-current	[redacted] Woodstream Ave	Bryan	Ohio	43506
02/07-10/18	[redacted] Markey Drive	Bryan	Ohio	43506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials tlh

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Daavlin			04/2005 - current	
Business Address		**City**	**State**	**Zip**
205 West Bement St		Bryan	Ohio	43506
Phone	**Title**			
419-636-6304	Vice President of Consumer Markets			
Description of Duties				
Management of sales dept.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials tlh

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials tlh

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		Ohio	Bryan	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff, on behalf of a minor			Medical malpractice lawsuit	
Name of Business/Industry/Entity				
Community Hospital and Wellness Center				

Provide explanation below:

As an individual (unrelated to work) and together with my spouse, I filed a lawsuit on behalf of our minor daughter who was injured due to malpractice in the Emergency Dept at CHWC, Bryan. The case was settled out of court and the settlement was placed into a trust fund for our daughter when she is an adult.

Staci Hartman

Original Signature (electronic, copies or stamps not accepted)

11/22/2022

Date

Applicant's initials tlh

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Traci Hartman

Print Name (First, Last)

Traci Hartman

Original Signature (electronic, copies or stamps not accepted)

11/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Williams

I, Traci Hartman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Traci Hartman

Original Signature

11.22.2022

Date

Subscribed and Sworn to before me this 22nd day of 2022.

Suzanne Borton

Notary Public Signature

Suzanne Borton
Notary Public, State of Ohio
My Commission Expires Nov. 21, 2027
(Seal)

Applicant's initials tlh

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Daavlin

Physical Address 205 W. Bement St.

City Bryan State OH Zip 43506

Mailing Address (if different from physical address) PO Box 626

City Bryan State OH Zip 43506

Telephone 419.636.6304 Website daavlin.com

Licensing Company Email

Section 2: Personal Information

First Birgit Middle Olivia Last Swanson

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Weldon Blvd

City Ann Arbor State MI Zip 48103

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials BOS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Eastern Michigan University		8/2020 - Present	
Address: 900 Oakwood St.	City: Ypsilanti	State: MI	Zip: 48197
Diploma/Degree obtained, if any: Masters degree, HR/OD - pursuing			

School Name		From - To (MM/YY – MM/YY)	
University of Michigan		9/1999 - 4/2003	
Address: 500 S. State St.	City: Ann Arbor	State: MI	Zip: 48109
Diploma/Degree obtained, if any: B.A., Film + Video Studies			

School Name		From - To (MM/YY – MM/YY)	
Bryan High School		8/1995 - 6/1999	
Address: 1000 W. Fountain Grove Dr.	City: Bryan	State: OH	Zip: 43506
Diploma/Degree obtained, if any: High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/202 - Present	[redacted] Weldon Blvd	Ann Arbor	MI	48103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Dawlin				
Business Address		City	State	Zip
205 W. Butler St.		Bryan	OH	43506
Phone	Title			
419.636.6304	VP, Clinical Sales, Service & Support			
Description of Duties				
Oversight of sales people mgmt, sales strategy development, budgeting, process improvement				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials BBB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Birgit Swanson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/6/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Williams

I, Birgit Swanson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/6/2022

Date

Subscribed and Sworn to before me this 6th day of 2022.

Notary Public Signature

Suzanne Borton
Notary Public, State of Ohio
My Commission Expires Nov. 21, 2027

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Daavlin Distributing Company

Physical Address 205 W. Bement Street

City Bryan State OH Zip 43506

Mailing Address (if different from physical address) PO Box 626

City Bryan State OH Zip 43506

Telephone 419-636-6304 Website www.daavlin.com

Licensing Company Email

Section 2: Personal Information

First Tracy Middle Jo Last McKelvey

Alias(es, nicknames, name changes, etc.) nee Thiel

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] E. Washington Street

City Montpelier State OH Zip 43543

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials TJM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bowling Green State University		08/87-05/90	
Address	City	State	Zip
838 E. Wooster Street	Bowling Green	OH	43403
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Edgerton High School		08/83-05/87	
Address	City	State	Zip
111 E. River Street	Edgerton	OH	43517
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/91-Present	[redacted] E. Washington Street	Montpelier	OH	43543
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TJM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Daavlin Distributing Company			12/91-Present	
Business Address		**City**	**State**	**Zip**
205 W. Bement Street		Bryan	OH	43506
Phone	**Title**			
419-636-6304	VP Admin/Controler			
Description of Duties				
Responsible for Financial Reporting, oversight of accounting department, budgeting				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tracy McKelvey

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/06/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Williams

I, Tracy McKelvey, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/06/2022

Date

Subscribed and Sworn to before me this 6th day of 2022.

Notary Public Signature

Suzanne Borton
Notary Public, State of Ohio
My Commission Expires Nov. 21, 2027

(Seal)

Applicant's initials TJM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Daavlin

Physical Address 205 West Bement Street

City Bryan State Oh Zip 43506

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8142803467 Website www.daavlin.com

Licensing Company Email cstout@Daavlin.com

Section 2: Personal Information

First Craig Middle _____ Last Stout

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Meeks Lane

City Port Matilda State Pa Zip 16870

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		05/2007 - 05/2009	
Address	City	State	Zip
	University Park	Pa	16802
Diploma/Degree obtained, if any			
Masters in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		08/1994 - 08/1999	
Address	City	State	Zip
	University Park	Pa	16802
Diploma/Degree obtained, if any			
Bachelors of Mechanical Engineering with minor in Engineering Mechanics			

School Name		From - To (MM/YY – MM/YY)	
Western Wayne High School			
Address	City	State	Zip
	Lake Ariel	Pa	18436
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2009 - Present	[redacted] Meeks Lane	Port Matilda	Pa	16870
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Daavlin			08/2022 - Present
Business Address	**City**	**State**	**Zip**
205 West Bement Street	Bryan	Ohio	43506
Phone	**Title**		
8142803467	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Madison Medical			01-2021 - Present
Business Address	**City**	**State**	**Zip**
500 Madison Ave	Chicago	Illinois	60661
Phone	**Title**		
8142803467	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Drucker Diagnostics			11/2010 - 01/2021
Business Address	**City**	**State**	**Zip**
168 Bradford Drive	Port Matilda	Pa	16870
Phone	**Title**		
8142803467	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Craig Stout Craig Stout

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11.30.22

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Williams

I, Craig Stout, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11.30.22

Date

Subscribed and Sworn to before me this 30th day of November 2022

Notary Public Signature

Tracy J. McKelvey
Notary Public, State of Ohio
My Commission Expires March 23, 2023

(Seal)

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Afaxys Pharma LLC

Physical Address: 701 East Bay Street, Suite 402

City: Charleston State: SC Zip: 29403

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 843-577-0703 Website: www.afaxys.com

Name of Designated Representative (DR): Susan Overly

Licensing Company Email: qara@afaxys.com DR Email: susan.overly@afaxys.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers ☐ Veterinarians ■ Others: private clinics	☐ Dangerous Drugs ☐ Controlled Substances ☐ [a]Medical devices, equipment, supplies, gases ■ Others: contraceptives and local anesthetic	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: R&S Northeast LLC
Address: 8407 Austin Tracy Rd City: Fountain Run State: KY Zip: 42133
Name: Anda Pharmaceuticals Inc.
Address: 2915 Weston Road City: Weston State: FL Zip: 33331
Name: Amerisource Bergen
Address: PO Box 247 City: Thorofare State: NJ Zip: 08086
Name: Cardinal Health, Inc.
Address: PO Box 182516 City: Columbus State: OH Zip: 43218

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: Zip:
Telephone: N/A Email:
Contact Person Name: N/A

Date of SEC Registration: N/A	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Afaxys Inc.
Corporation/Organization Name: Afaxys Pharma LLC
Mailing Address: 701 East Bay Street, Suite 402
City: Charleston State: SC Zip: 29403
Telephone: 843-577-0703 Email: qara@afaxys.com
Contact Person Name: Stephen Gantt

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: Zip:
Telephone: N/A Email:
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: Zip:
Telephone: N/A Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Afaxys Pharma LLC

Facility Name

Susan H. Overly

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/10/2022

Date

Board Use Only	Date Received: 11-21-22	Amount: 1000.00 CK - 12681

Corporate Officers

President – Ronda K. Dean

Vice President – Susan H. Overly

Secretary – Carl Hintmann

Ownership

Afaxys Pharma LLC is wholly owned (100%) by Afaxys Inc.

List containing each employee, agent, independent contractor.....

Afaxys hereby identifies the following employees who control the facility and/or the wholesaler licensing process at issue in this application: corporate officers (listed above), designated representative (Susan Overly), and individual managing the licensing process (Stephen Gantt). Afaxys is subject to various confidentiality and privacy obligations that prohibit or limit other disclosures. If additional information is needed, please advise and we will review in specific context.

FDA Registration

FDA Establishment Identifier # 3012567656

Afaxys Pharma, LLC is a virtual manufacturer. No manufacturing is performed in Charleston, SC. All manufacturing is contracted with CMO's in India.

This information was provided by:

Stephen Gantt
Associate Director, Supply Chain Operations
Afaxys Pharma LLC

PERMIT NO. 17108
DATE ISSUED: 06/28/2022

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Non-Dispensing Drug Outlet Permit

2022-2023

Expires 06/30/2023

AFAXYS PHARMA, LLC
Permit Holder: SUSAN OVERLY
701 EAST BAY ST SUITE 402
CHARLESTON SC 29403

Traci Collier

Traci Collier, Administrator

Robert Hubbard, III, Board

Lauren Thomas, Vice

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **afaxys**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Afaxys Pharma LLC	3012567656	080508656	LABEL;	701 East Bay Street, Suite 402,, Charleston, South Carolina (SC) 29403, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Sunday, Feb 5, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFAXYS PHARMA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

6243963 8300

SR# 20220425327

Authentication: 202778488

Date: 02-28-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

afaxys

Addendum to Afaxys Pharma Wholesaler Application dated November 11, 2022

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Afaxys is providing the following list of employees as of January 1, 2023. Afaxys is subject to various confidentiality and privacy obligations that prohibit or limit other disclosures. If additional information is needed, please advise and we will review in specific context.

Please note that the below information is being provided to the Nevada State Board of Pharmacy for its use in conjunction with the review of Afaxys' wholesaler application and future administration thereof. This information is confidential information of Afaxys and is exempt from disclosure under the Freedom of Information Act as well as similar federal or state rules or statutes. This information may not be further disclosed without the consent of Afaxys.

Employee List

Ronda Dean
Susan Overly
Carl Hintmann
Todd Rodeheaver
Kristen Feldman
Robin Flannery
Angela Hensel
Preeti Churbock
Staci Gouveia
Craig Spears
Nancy Duncan
Timothy Goetz
Lorraine Harris
Daniel Dalnekoff
Rachel Lord
Matthew Vana
Stephen Gantt
Steven Vickery
Richard Sajewski
Sharon Robinson
Susan Simonds
Brittany Durham
Lindsey Overla
William McCutchen
Natalie Salvatore
Rachel Seamon
Olivia Leland
Deborah Herring
Jacqueline Longhofer

Iris Majer
Melissa McCann
Karen Black
Carol Chacon-Kolden
Ruth Collins
Kelsey Kob
Cassidy Roth

CONFIDENTIAL INFORMATION. EXEMPT FROM FOIA OR SIMILAR DISCLOSURE.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Afaxys Pharma LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 701 East Bay Street, Suite 402

City Charleston State SC Zip 29403

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 843-577-0703 Website www.afaxys.com

Licensing Company Email qara@afaxys.com

Section 2: Personal Information

First Susan Middle Heisler Last Overly

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] East Bay Street, Suite [redacted]

City Charleston State SC Zip 29403

Telephone 843-577-0703 Email susan.overly@afaxys.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of St. Thomas		01/91 - 12/92	
Address	City	State	Zip
3800 Montrose Blvd.	Houston	TX	77006
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Rhodes College		09/83 - 05/87	
Address	City	State	Zip
2000 North Parkway	Memphis	TN	38112
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
St. Johns School		09/71 - 05/83	
Address	City	State	Zip
2401 Claremont Lane	Houston	TX	77019
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06-20 - current	[redacted] Shoreline Drive	Johns Island	SC	29455
10/16 - 06/20	[redacted] Parkway Drive	Charleston	SC	29412
11/14 - 10/16	[redacted] Woodland Shores	Charleston	SC	29412
10/05 - 11/14	[redacted] Olde Canal Loop	Pawleys Island	SC	29585
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Afaxys Inc			05/08 - current	
Business Address		**City**	**State**	**Zip**
701 East Bay Street, Suite 402		Charleston	SC	29403
Phone	**Title**		**Number of Employed Hours**	
843-577-0703	COO & EVP		30,072	
Description of Duties				
Operational oversight for all CMO partners and supply chain activities - includes 3PL and all distributor management.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/10/2022
Date

I, Susan Heisler Overly, **certify that as the designated representative for**

Afaxys Pharma LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ahO I am at least 21 years of age;
3. ahO I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ahO I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ahO I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ahO I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ahO I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Susan Overly

Print Name (First, Last)

Susan Overly

Original Signature (electronic, copies or stamps not accepted)

11/10/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan Overly

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Charleston

I, Natalie Salvatore, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/10/2022

Date

NATALIE SALVATORE
Notary Public, State of South Carolina
My Commission Expires 1/13/2027

Subscribed and Sworn to before me this 10th day of November.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 2315246

Application/License No. _____

Afaxys, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
701 E. Bay Street, Suite 402, Charleston, SC 29413, as
(Address of Applicant/Principal)
PRINCIPAL, and Swiss Re Corporate Solutions America Insurance Corporation, a
(Surety Company)
corporation organized under the laws of the state of Missouri
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1200 Main Street, Suite 800, Kansas City, MO 64105-2478 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 17, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 17th day of October, 20 22.

APPLICANT/PRINCIPAL
Afaxys, Inc.

Authorized Representative

SURETY COMPANY
Swiss Re Corporate Solutions America Insurance Corporation

Surety Company's Representative

Marie Perryman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Lita Hovis

Witness

Countersigned by:

Nevada Resident Agent Gina Noahr
Kaercher Insurance, an Alera Group Agency, LLC
9555 Hillwood Drive #140
LV NV 89134
702-304-7800

SWISS RE CORPORATE SOLUTIONS

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION F/K/A NORTH AMERICAN SPECIALTY INSURANCE COMPANY ("SRCSAIC")
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION F/K/A WASHINGTON INTERNATIONAL INSURANCE COMPANY ("SRCSPIC")

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute, and appoint:

JOHN C. HAMILTON, RICHARD A. GAZAWAY,

and MARIE PERRYMAN

JOINTLY or SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIFTY MILLION ($50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 9th of May 2012:

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

SWISS RE CORPORATE SOLUTIONS AMERICA INS CORP CORPORATE SEAL 1973 MISSOURI

By
Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC

By
Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC

SWISS RE CORPORATE SOLUTIONS PREMIER INS CORP CORPORATE SEAL MISSOURI

IN WITNESS WHEREOF, SRCSAIC and SRCSPIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 29TH day of APRIL, 2022

Swiss Re Corporate Solutions America Insurance Corporation
Swiss Re Corporate Solutions Premier Insurance Corporation

State of Illinois
County of Cook ss

On this 29TH day of APRIL, 2022, before me, a Notary Public personally appeared Erik Janssens, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SPCSPIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

YASMIN A. PATEL
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 28, 2023

Yasmin A. Patel, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC, which is still in full force and effect.
IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 17th day of October, 2022.

Jeffrey Goldberg, Senior Vice President &
Assistant Secretary of SRCSAIC and
SRCSPIC

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airgas Therapeutics, LLC

Physical Address: 6141 Easton Road

City: Plumsteadville State: PA Zip: 18949

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 215-766-7407 Website: www.Airgas.com

Name of Designated Representative (DR): Michael Kiper

Licensing Company Email: us-licensing-at@airgas.com DR Email: michael.kiper@airgas.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Airgas USA
Address: 259 N Radnor Chester Rd. #100 City: Radner State: PA Zip: 19087
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Airgas
Corporation/Organization Name: Airgas Therapeutics, LLC
Mailing Address: 6141 Easton Road
City: Plumsteadville State: PA Zip: 18949
Telephone: 215-766-7407 Email: us-licensing-at@airgas.com
Contact Person Name: Steven Miller

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Airgas Therapeutics, LLC

Facility Name

Steven Miller

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/30/2022

Date

Board Use Only	Date Received: 10-26-22	Amount: 1000.00 CK - 400 1122256

AIRGAS THERAPEUTICS, LLC.

CORPORATE OFFICERS

2022

State of Incorporation: Delaware, July 2021

Richard Murphy, President
[redacted]Lanier Blvd NE, Atlanta, GA 30306

Frederic Bergeret, CEO
[redacted]Pugh Road, Wayne, PA 19087

Michael Dailey, Secretary
[redacted] Clay Road, Katy, TX 77493

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5032015 8300

SR# 20224017296

Authentication: 204856057

Date: 11-15-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/23/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Airgas Therapeutics, LLC

is duly registered to do business under the laws of the Commonwealth of Pennsylvania and remains a registered Foreign Limited Liability Company so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220823151957-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Certificate of Registration

Certificate No. 1000004251
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Manufacturer (Prescription)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 736-7356

AIRGAS THERAPEUTICS LLC
6141 EASTON ROAD
PLUMSTEADVILLE, PA 18949-0310

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: December 27, 2021
Expiration Date: The Last Day of January, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **airgas ther**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
AIRGAS THERAPEUTICS LLC	2518435	118537769	API MANUFACTURE; MANUFACTURE;	6141 EASTON RD, PLUMSTEADVILLE, Pennsylvania (PA) 18949, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Tuesday, Jan 3, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified
1/4/23
MS

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Marsh USA Inc. 2929 Allen Parkway, Suite 2500 Houston, TX 77019 Attn: Houston.Certs@marsh.com	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
CN115323536-AIRGA-GAWU-22-23	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Starr Indemnity & Liability Company	38318
INSURED American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240	INSURER B : N/A	N/A
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** HOU-003948059-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000090660221	07/01/2022	07/01/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 6,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: CN115323536
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
Air Liquide USA LLC
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Airgas, Inc.
Airgas Carbonic, Inc.
Airgas Doral, Inc.
Airgas Merchant Gases, LLC
Airgas Priority Nitrogen, LLC
Airgas Safety, Inc.
Airgas Specialty Products, Inc.
Airgas USA, LLC
Nitrous Oxide Corporation
Red-D-Arc Inc.

Named Insureds Continued:
Airgas Therapeutics, LLC

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Airgas Therapeutics Employee Roster

11-16-2022

Susan Abramowitz	
Mark Appleby	
Louis Badini	
Thomas Bancroft	
Timothy Beery	
Steven Bell	
Rachel Buckley	
William Buckley	
Gretchen Burnhauser	
James Carper	
Hannah Castle-Miller	
Ashley Charleston	
David Devol	
Savanna Duh	
Michele Ehlinger	
Michael Flagello	
Terrence Ford	
Leo Foulon	
Albert Fowler	
Paul Graaf	
Kristen Grim	
Hugh Hart	
Stephen Heacock	
Pam Heffler	
Mark Hlavinka	
Melina Honsberger	
Jason Irving	
Mary Kaelin	
Michael Kiper	

Ben Kulp	
Cicero Lopes	
Dina Lovewell	
David Maier	
Colleen McGrath	
Erin McRee	
Destiny Moya	
Jason Moyer	
Anders Nasman	
Richard Penecale	
Spencer Philpot	
Daniel Pulyk	
Natalie Rais	
Jason Retallick	
Matthew Russo	
Sharon Sibley-Weis	
Michael Smith	
Connor Steele	
Robert Tinsley	
Alissa Topper	
Cheryl Toppeta	
Steven Voelker	
Tim Warren	
Jeff Watson	
Richard White	
Bobbi Jo Wolfe	
Marc Young	
Donna Cericola	
Bob Thompson	
Troy Fowler	
Suzanne Hagin	
Steven Miller	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Airgas Therapeutics, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 6141 Easton Road

City: Plumsteadville State: PA Zip: 18949

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email: us-licensing-at@airgas.com

Section 2: Personal Information

First: Michael Middle: David Last: Kiper

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Swedesford Rd

City: North Wales State: PA Zip: 19454

Telephone: [redacted] Email: michael.kiper@airgas.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		08/09 - 05/10	
Address	City	State	Zip
616 Thurston Ave	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Masters of Engineering, Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cornell University		08/04 - 05/09	
Address	City	State	Zip
616 Thurston Ave	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Bachelor of Science, Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Upper Merion Area High School		08/00 - 05/04	
Address	City	State	Zip
465 Crossfield Rd	King of Prussia	PA	19406
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/16 - Present	[redacted]Swedesford Rd	North Wales	PA	19454
09/11-07/16	[redacted] Newtown Rd, Apartment [redacted]	Warminster	PA	18974
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Airgas Therapeutics			05/22 - Present	
Business Address		**City**	**State**	**Zip**
6141 Easton Rd		Plumsteadville	PA	18949
Phone	**Title**		**Number of Employed Hours**	
215-766-8860	Quality Systems Manager		680	
Description of Duties				
Responsible for ensuring the maintenance and compliance of the quality system, to manufacture and/or distribute pharmaceutical products and medical devices.				

Business Name			From - To (MM/YY – MM/YY)	
Merck			07/18 - 04/22	
Business Address		**City**	**State**	**Zip**
770 Sumneytown Pike		West Point	PA	19486
Phone	**Title**		**Number of Employed Hours**	
215-652-6100	Sr. Specialist, Engineering		7880	
Description of Duties				
Skid Lead and Subject Matter Expert in vaccine purification.				

Business Name			From - To (MM/YY – MM/YY)	
Integra LifeSciences			08/11 - 06/15	
Business Address		**City**	**State**	**Zip**
105 Morgan Lane		Plainsboro	NJ	08536
Phone	**Title**		**Number of Employed Hours**	
609-750-4277	Quality Engineer		7920	
Description of Duties				
Maintained equipment and processes in compliance with GMP, FDA, SOP and ISO guidelines.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

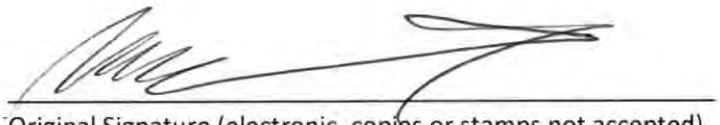
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

02SEP2022

Date

I, Michael David Kiper, **certify that as the designated representative for**

Airgas Therapeutics,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MDK I am at least 21 years of age;
3. MDK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MDK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MDK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MDK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MDK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Kiper

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02SEP2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Kiper

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02SEP2022

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Bucks

I, Michael Kiper, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06SEP2022

Date

Subscribed and Sworn to before me this 6 day of Sept 2022

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Matthew C. Hughes, Notary Public
Bucks County
My commission expires June 9, 2025
Commission number 1075848
Member, Pennsylvania Association of Notaries

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Airgas Therapeutics, LLC MDEG License # (if applicable) N/A

Physical Address 6141 Easton Road

City Plumsteadville State PA Zip 18949

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 215-766-7407 Website _____

Licensing Company Email us-licensing-at@airgas.com

Section 2: Personal Information

First Robert Middle John Last Thompson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Allen Circle

City Macungie State PA Zip 18062

Telephone [redacted] Email robert.thompson1@airgas.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Point Park University		8/04 – 06/06	
Address	City	State	Zip
201 Wood St	Pittsburgh	Pa	15222
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Indiana University of PA		09/96 – 06/01	
Address	City	State	Zip
1011 South Drive	INDIANA	PA	15705
Diploma/Degree obtained, if any			
BA. Psychology			

School Name		From - To (MM/YY – MM/YY)	
Blairsville High School		1990	
Address	City	State	Zip
100 School Lane	Blairsville	Pa	15717
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/12 – present	[redacted] Allen Circle	Macungie	Pa	18062
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Airgas Therapeutics			10/21 – present
Business Address	**City**	**State**	**Zip**
6141 Easton Rd	Plumsteadville	Pa	18949
Phone	**Title**		**Number of Employed Hours**
484-947-7437	Engineering Manager		7680
Description of Duties			
Manage Repair Center, supply chain, technical product expert			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/30/22
Date

I, Robert Thompson, **certify that as the MDEG Administrator for** Argas Therapeutics,

that I (initial that you have read and meet the following requirements):

1. RT Have a high school diploma or its equivalent;
2. RT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Thompson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/30/22
Date

Board Use Only	Date Received: 10-24-22

Liberty Mutual

SURETY RIDER

To be attached to and form a part of

Bond No. 022233452

Cross Ref:

Type of Bond: Pharmaceutical Wholesaler Surety Bond

dated effective August 30, 2022
(MONTH-DAY-YEAR)

executed by AIRGAS THERAPUTICS, LLC , as Principal,
(PRINCIPAL)

and by Liberty Mutual Insurance Company , as Surety,

in favor of THE NEVADA STATE BOARD OF PHARMACY
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Principal Address

FROM: 12800 West Little Road, Houston, TX 77041

TO: 6141 Easton Road, Plumsteadville, PA 18949

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective November 16, 2022
(MONTH-DAY-YEAR)

Signed and Sealed November 16, 2022
(MONTH-DAY-YEAR)

AIRGAS THERAPUTICS, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

Liberty Mutual Insurance Company
(SURETY)

By: _____ Amanda George
(ATTORNEY-IN-FACT)

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 BOSTON, MASSACHUSETTS

LMS-10443 08/08

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8202357 - 022011**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Erin M. Dennison, Vanessa Dominguez, Melissa L. Fortier, Amanda George, Michael J. Herrod, Terri L. Morrison, Lupe Tyler, Lisa A. Ward, Donna L. Williams, Misty Wright

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 16th day of October , 2019 .

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 16th day of October , 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 16th day of November , 2022 .

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_062018

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 022233452

Application/License No. _____

Airgas Theraputics, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 12800 West Little Road, Houston, TX 77041 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley St., Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 30, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of August, 2022.

Airgas Theraputics, LLC
APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

Liberty Mutual Insurance Company
SURETY

Surety Company's Representative

Amanda George, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

K. Cantos
Witness

Witness

SIGNED and SEALED in the presence of:

Misty Wright
Witness Misty Wright

Witness Lupe Tyler

Countersigned by:

N/A
Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8202357 - 022011**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Erin M. Dennison, Vanessa Dominguez, Melissa L. Fortier, Amanda George, Michael J. Herrod, Terri L. Morrison, Lupe Tyler, Lisa A. Ward, Donna L. Williams, Misty Wright

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 16th day of October, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 16th day of October, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 29th day of August, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Genixus, Corp.

Physical Address: 150 N Research Campus Drive

City: Kannapolis State: NC Zip: 28081

Mailing Address (if different from physical address): 150 N Research Campus Drive

City: Kannapolis State: NC Zip: 28081

Telephone: 877-436-4987 Website: www.genixus.com

Name of Designated Representative (DR): Carl Ndangoh

Licensing Company Email: regulatory@genixus.com DR Email: carl.ndangoh@genixus.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☒ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Military, Long-term Care /Assisted Living		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No suppliers sold, dispensed, or distributed within the last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): _____

Corporation/Organization Name: Genixus, Corp.

Mailing Address: 150 N Research Campus Drive

City: Kannapolis State: NC Zip: 28081

Telephone: 877-436-4987 Email: regulatory@genixus.com

Contact Person Name: Carl Ndangoh

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓ ✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓ ✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓ ✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓ ✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓ ✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓ X	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓ ✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓ ✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	X	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓ ✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Genixus, Corp.
Facility Name

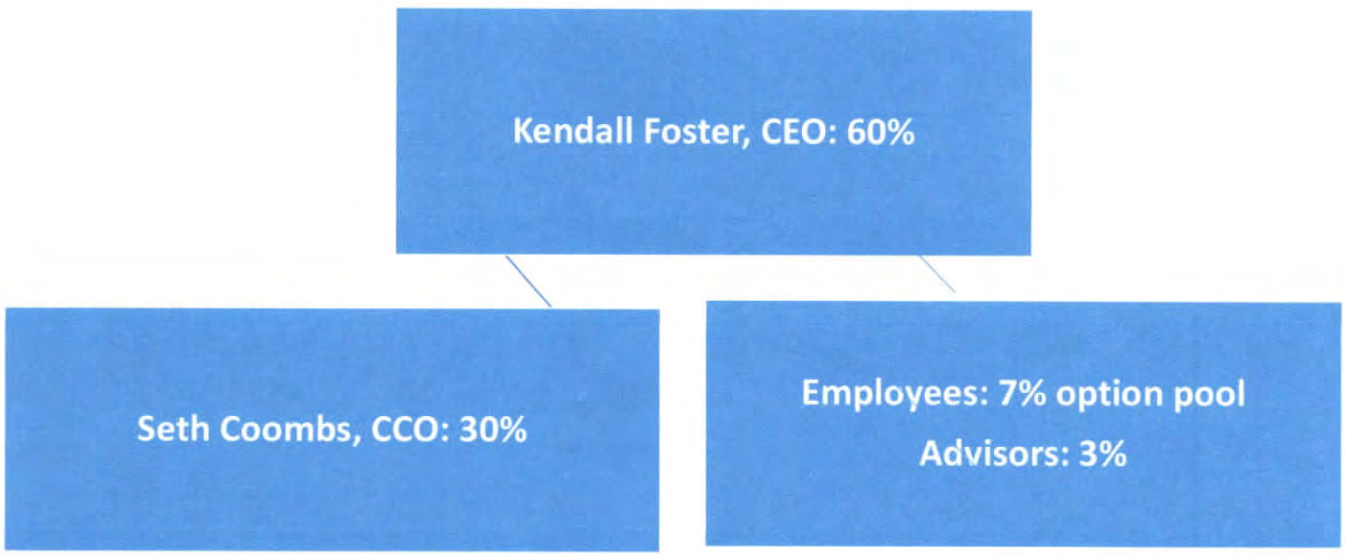
Kendall Foster
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

29 Nov 2022
Date

Board Use Only	Date Received: 12-08-22	Amount: 1000.00 CK-116986

Org Chart: Genixus





Company Information

Company Name:	Genixus, Corp.
Address:	150 N Research Campus Drive
City, State, Zip:	Kannapolis, NC 28081
Phone:	877-436-4987
Website:	http://genixus.com
E-mail:	regulatory@genixus.com
FEIN Tax ID:	84-4579485
State of Formation:	DE
Date Incorporated:	02/03/2020
File Number:	7832782

Ownership Information

Genixus, Corp is a privately owned corporation located in North Carolina and incorporated in the state of Delaware.

Officers

Name, Title **Kendall Foster, Founder and Chief Executive Officer**
Business Address: 150 N Research Campus Drive, Kannapolis NC 28081

Name, Title **Seth Coombs, Co-founder and Chief Commercial Officer**
Business Address: 150 N Research Campus Drive, Kannapolis NC 28081

Designated Representative

Name, Title **Carl Ndangoh, Pharmacist**
Business Address: 150 N Research Campus Drive, Kannapolis NC 28081

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO
1389

LICENSE/CERTIFICATE: Manufacturer
TYPE: PRESCRIPTION DRUG LICENSE
Expiration Date: 12/31/2022

LICENSEE OR CERTIFICATOR
GENIXUS CORP
150 N RESEARCH CAMPUS DRIVE
KANNAPOLIS NC 28081

LICENSED 2022 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO
1075

LICENSE/CERTIFICATE: Repackager
TYPE: PRESCRIPTION DRUG LICENSE
Expiration Date: 12/31/2022

LICENSEE OR CERTIFICATOR
GENIXUS CORP
150 N RESEARCH CAMPUS DR
KANNAPOLIS NC 28081

LICENSED 2022 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: GENIXUS CORP

Address: 150 N RESEARCH CAMPUS DRIVE KANNAPOLIS, NC 28081

License Type: Manufacturer

License Number: 1389

Status: Active - in good standing

Discipline: No

Issue Date: 11/3/2022

Original Issue: 4/25/2022

Expiration Date: 12/31/2023

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: GENIXUS CORP

Address: 150 N RESEARCH CAMPUS DR KANNAPOLIS, NC 28081

License Type: Repackager

License Number: 1075

Status: Active - in good standing

Discipline: No

Issue Date: 11/3/2022

Original Issue: 6/10/2022

Expiration Date: 12/31/2023

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENIXUS, CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENIXUS, CORP." WAS INCORPORATED ON THE THIRD DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7832782 8300

SR# 20230405370

Authentication: 202658943

Date: 02-07-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **Genixus**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
GENIXUS, CORP	3016784164	117436254	ANALYSIS; REPACK;	150 N Research Campus Dr, Kannapolis, North Carolina (NC) 28081, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Wednesday, Sep 21, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, September 30, 2020 5:06 AM
To: kendall.foster@genixus.org <kendall.foster@genixus.org>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 30-SEP-2020
Labeler DUNS: 117436254
Labeler Name: GENIXUS
Labeler Code Assigned: 80700

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).



Description of Operations

Genixus, Corp is registered through the FDA as a Repackager. Genixus will be repackaging the product Propofol to be self-distributed to Hospital Pharmacies, Military and Long-term care/Assisted Living facilities. Sales records are stored on site in their North Carolina Facility.

Drug Product: Propofol

Dosage Form: Emulsion.

Genixius will not be using a CMO or a 3PL. They will self-distribute the product.

FDA Establishment Number: 3016784164

Contact Person: Carl Ndangoh
Contact Number: 877-436-4987

Genixus, Corp's products are not Controlled Substances.

Labeler Code: 80700

Genixus has eight full time employees working on site during normal business hours.

Genixus, Corp's hours of operation are 9:00 am – 4:00pm Monday through Friday.



Employee List

Andrea Wojciechowski

Anthony Porter

Brittany Kondas

Carl Ndangoh

Carrie Winkler

Chris Porto

Cortney Moses

Craig Coulter

Felipe Rivera-Monserrate

Greg Sluder

Hannah Simmons

Jessica Benfield

Kendall Foster

Madison Thayer

Mark Hites

Martin Kelleher

Milind Desai

Phillip Crump

Rita Gollihur

Seth Coombs

Steven Bowman

Sylvia King

Zachary Smith

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Genixus, Corp.

Physical Address 150 N Research Campus Drive

City Kannapolis State NC Zip 28081

Mailing Address (if different from physical address) 150 N Research Campus Drive

City Kannapolis State NC Zip 28081

Telephone 877-436-4987 Website www.genixus.com

Licensing Company Email regulatory@genixus.com

Section 2: Personal Information

First Carl Middle Afuh Last Ndangoh

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 150 N Research Campus Drive

City Kannapolis State NC Zip 28081

Telephone 877-436-4987 Email carl.ndangoh@genixus.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials CN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ferris State University		08/09 - 12/13	
Address	City	State	Zip
1201 S State St	Big Rapids	MI	49307
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Baptist High School		08/99-06/01	
Address	City	State	Zip
	Cameroon	West	
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/21-Current	[redacted] Castle Road	Fort Mill	SC	29707
07/20-04/21	[redacted] dunbritton lane	charlotte	NC	28277

Applicant's initials CN

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Genixus Corp.			02/22-Current
Business Address	**City**	**State**	**Zip**
150 N Research Campus Drive	Kannapolis	NC	28081
Phone	**Title**	**Number of Employed Hours**	
877-436-4987	Pharmacist		
Description of Duties			
See Resume			

Business Name			From - To (MM/YY – MM/YY)
Atrium Health			12/2021- 2/22
Business Address	**City**	**State**	**Zip**
	Charlotte	NC	
Phone	**Title**	**Number of Employed Hours**	
	Staff Pharmacist (PRN)		
Description of Duties			
See Resume			

Business Name			From - To (MM/YY – MM/YY)
Scotland Memorial Hospital			09/19-12/21
Business Address	**City**	**State**	**Zip**
	Laurinburg	NC	
Phone	**Title**	**Number of Employed Hours**	
	Staff Pharmacist		
Description of Duties			
See Resume			

Business Name			From - To (MM/YY – MM/YY)
CVS Health			06/2014- 09/19
Business Address	**City**	**State**	**Zip**
	Fort Worth	TX	
Phone	**Title**	**Number of Employed Hours**	
	Pharmacy Manager/Staff Pharmacist		
Description of Duties			
See Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Carl Wdangh
Original Signature (electronic, copies or stamps not accepted)

09/14/22
Date

Applicant's initials CW

I, Carl Ndangoh, **certify that as the designated representative for**

Genixus, Corp.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Carl Ndangoh

Print Name (First, Last)

Carl Ndangoh

Original Signature (electronic, copies or stamps not accepted)

09/14/22

Date

Applicant's initials CN

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carl Ndangoh
Print Name (First, Last)

Carl Ndangoh
Original Signature (electronic, copies or stamps not accepted)

09/26/22
Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Cabarrus

I, Carl Ndangoh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Carl Ndangoh
Original Signature

09/26/22
Date

Subscribed and Sworn to before me this 26th day of September.

Laytonia Presbury-Mayhew
Notary Public Signature

LAYFONIA PRESBURY MAYHEW
Notary Public
Cabarrus
County
NORTH CAROLINA
(Seal)

Applicant's initials CN

FULL ADDRESS HISTORY

Carl Ndangoh

1. [redacted]Castle Rd
   Fort Mill, SC 29707
   04/2021 to current

2. [redacted]Dunbritton Ln
   [redacted]
   Charlotte, NC 28277
   07/2020 to 04/2021

3. [redacted]Belhaven Dr
   Fort Worth, TX 76123
   07/2018 to 07/2020

4. [redacted]Coyote Canyon Trl
   Fort Worth, TX76108
   06/2016 to 07/2018

5. [redacted]Farnswood lane
   Apt [redacted]
   Fort Worth, TX 76112
   09/2015 to 06/2016

6. [redacted]Pine dr
   Sterling Heights, MI 48313
   06/2012 to 09/2015

Maria Herrera

From: Frame, Nichole <Nichole.Frame@twolabs.com>
Sent: Tuesday, February 7, 2023 9:33 AM
To: Maria Herrera
Subject: RE_Genixus Corp - Pending Application - Deficiency Response
Attachments: Delaware Certificate of Good Standing.pdf; Carl Ndangoh Res 2023.01.23.docx

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

Good day,

On behalf of Genixus Corp. (150 N Research Campus Dr. Kannapolis NC 28081), please find the attached corrected resume and current Certificate of Good Standing for their recent application. Please find the below email regarding the deficiency notification for your reference. Mr. Ndangoh no longer works for Atrium Health and will serve as the representative for Genixus Corp. exclusively. Please let me know if you require any additional information.

Thank you for your time and patience.

Respectfully,

Nichole Frame
Licensing Analyst
Commercial-Regulatory
TwoLabs PHARMA SERVICES
110 Riverbend Ave., Suite 100 | Powell, OH | 43065
mobile 304.270.7571 | **hours** M. - F. 7:30 AM – 4:00 PM
website | **email** | **LinkedIn**

Please consider the environment before printing this email.

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ORIGINAL EMAIL

CARL NDANGOH, PHARM.D.

[redacted]

PROFESSIONAL SUMMARY

Multi-state pharmacist with clinical experience in retail and hospital. knowledgeable in budgeting, cost control and inventory management, drug-utilization evaluation, medication therapy management, pharmacy operations, staffing/staff development, dispensing, iv admixtures, compounding, consultation, Centers of Medicare and Medicaid Services (CMS) regulations, coordination of benefits. Excellent communication skills, problem-solving and ability to multi-task and adapt in stressful environment. Team oriented, with the ability to work effectively with others. Strong ability to communicate complex scientific information to key opinion leaders in competitive managed care markets and ensure maximum awareness and market penetration of products through evidence-based medicine

CERTIFICATIONS/ LICENSES

- ACPE accredited IV Certification Program - August 2019
- APhA Immunization certified
- Licensed Pharmacist: State of Texas
- Licensed Pharmacist: State of Michigan
- Licensed Pharmacist: State of Pennsylvania
- Licensed Pharmacist: State of North Carolina
- Licensed Pharmacist: State of South Carolina
- Licensed Pharmacist: State of Ohio
- Licensed Pharmacist: State of Virginia
- Licensed Pharmacist: State of New York
- Licensed Pharmacist: State of Nevada
- Licensed Pharmacist: State of Kansas
- Licensed Pharmacist: State of Oklahoma
- Licensed Pharmacist: State of Alabama
- Licensed Pharmacist: State of Idaho
- Licensed Pharmacist: State of Arkansas
- BLS
- MTM Certification
- Community Pharmacy-Based Point of Care Certification

SKILLS

- Customer Service
- Leadership
- Pharmacy Practice
- Patient Safety
- Healthcare
- HIPAA
- Communication
- Medication reconciliation
- Team Building
- Training
- Time management
- Disease management
- Microsoft office/excel/Microsoft windows

WORK HISTORY

Genixus Corp
Pharmacist, Kannapolis, North Carolina
02/2022-Current

- Comply with state/federal laws, cGMP guidelines and USP standards, including Drug Enforcement Administration (DEA) controlled substance regulations set forth by the state and DEA. Comply with policies regarding the perpetual inventory systems for schedule IV narcotics, controlled substances and other medications subject to diversion.
- Prepare labels that conform to the organization's policies and procedures. Ensure medication contains all necessary and/or appropriate ancillary labels. Inspect the final medication before dispensing. Assure presence of authorization to dispense.
- Directly supervise compounding personnel, including training and evaluation.
- Perform and accurately document compounding procedures, quality assurance/quality control checks, and release of compounded preparations
- Prepare and dispense medications using appropriate techniques and following company policies and procedures.
- Calibrate, maintain, and use equipment to compound prescription orders and monitor the compounding environment
- Review and approve materials for use in compounding
- Follow all safety, USP, and internal guidelines for the preparation of compounded medications.
- Ensure safety precautions are taken when working with hazardous chemicals in accordance with USP and applicable laws
- Maintain excellent customer service skills, answer questions/provide consultation.
- When required, wear all personal protective equipment (PPE)
- Knowledge of basic principles, theories, and laws, policies and procedures that pertain to cGMP manufacturing and compounding- specifically 21 CFR 210, 21 CFR 211, USP, other USP general chapters, and best compounding practices
- Ability to understand and adhere to all organizational standard operating procedures
- Willingness to complete external training as required

Atrium Health
Staff Pharmacist IPU, Charlotte, North Carolina
09/2019-06/2022

- Order entry and CPOE Verification using Epic/ Cerner
- Timely review and interpret physicians' orders and dispense medications
- IV admixture
- Design, recommend, monitor, and evaluate patient specific pharmacotherapeutic regimens. Implement recommendations effectively and utilize the existing clinical intervention policies and procedures and document in the medical record using the appropriate format
- Screen for drug interactions, allergies, order duplications, appropriate diagnosis, renal and liver function prior to order entry
- Provide information on drugs to medical doctors and counsel patients, care givers about dosing, therapeutic substitutions and patient care services to provide high quality care

- Counsel patients that have been discharge, especially our immunocompromised patients on HIV/Oncology and specialty pharmacy medications
- Investigate and report adverse drug events and medication incidents
- Kinetic Dosing for Aminoglycosides and Vancomycin
- Support with Electrolyte Management for TPNs, Anticoagulation Management and dosage adjustments
- Handling High Risk Drugs: precautions with IV KCL, Heparin, PCA, Insulin etc.
- Medication reconciliation: streamlining medication esp. at Critical level of care change
- SCIP Protocol: Antibiotic Selection, Pre & Post-op Antibiotic Timing
- Utilized my clinical knowledge to educate and collaborate with MD's in performing medication reconciliation
- Coordinate Pharmacy Automation/drug distribution system: work with Omnicel
- Review patient results, report and analyze data such as labs to make and document changes to patients' medication regiment
- Serve as a medication expert/resource to the nursing and medical team and educate them about different therapeutic substitutions
- Use effective patient education techniques to provide counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Check the accuracy of work of pharmacy support team members or others in accordance with the organization's policies and procedures.

CVS Health

Pharmacy Manager/Staff Pharmacist, Fort Worth, TX
06/2014 to 08/2019

- Ensured the accuracy and appropriateness of all prescriptions filled by completing Drug Utilization Review and Final Quality Assurance, applicable to state and federal Board of Pharmacy regulation
- Built profitable business and script growth through recommended clinical programs including appropriate medication administration and documentation in our database of immunization and when available MTM (Medication Therapy Management), DCS (Diabetic Care Specialist), and all ongoing other programs as identified.
- Oversaw the daily operational activities of the Pharmacy department and maintenance of pharmacy license
- Maintained a positive environment and counseled customers about their medications and educating them about effects of non-adherence to their disease state
- Implemented company plan and protocol to ensure growth, productivity and profitability of Pharmacy department through utilizing cost-effective measures
- Complied with all federal, state, local laws and regulations
- Interacted with medical Doctors to gain additional information about customers and prescriptions to be filled
- Ensured excellent customer service by Pharmacy associate with our focus being the customer
- Maintained a clean and efficient Pharmacy department
- Provided leadership and development for associates by communicating career opportunities, providing regular performance feedback and demonstrating RAPTAR (Recognition, Appreciation, Praise, Treat Associates Respectfully) behaviors
- Adapted to working in a fast-paced environment while still meeting deadlines through working and managing multiple high priority tasks.
- Maintained reports for both controlled and non-controlled substances
- Managed pharmacy inventory at acceptable levels to fulfill customer need
- Ensured compliance with all policies and procedures for controlled substance dispensing, record keeping and any related license issues
- Prioritized Pharmacy Department tasks and follow through to ensure all tasks are completed in a timely

manner, including, but not limited, to cycle counts, inventory management and will-calls to customers.
- Supervised a Pharmacist, Pharmacy Technicians and Pharmacy Interns
- Responsibilities included interviewing, hiring, training, scheduling, and supervising over 8 technicians while streamlining the training process.
- Set clear priorities for team members and established measuring analytics to monitor performance

EDUCATION

Doctor of Pharmacy
Ferris State University -Big Rapids, MI
08/2009-12/2013

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

License Type: Pharmacist

License #: 22870

Effective Date:06/06/2022

Expires: 10/31/2023

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Carl A. Ndangoh

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Carl A. Ndangoh Pharmacist Licenses Held

State	License #	Expiration
Alabama	22605	12/31/2022
Kansas	1-118109	6/30/2024
Idaho	P10137	8/31/2023
Michigan	5302039573	6/23/2024
Michigan	5315214076	6/23/2024
North Carolina	29390	12/31/2022
New York	069098-01	5/31/2025
Ohio	3441747	9/15/2023
Pennsylvania	RP454176	9/30/2024
South Carolina	42861	4/30/2023
Texas	57407	8/31/2023
Virginia	202220380	12/31/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Genixus. Corp.

Pharmacy/MDEG/Wholesaler License # (if applicable) Pending

Physical Address 150 N Research Campus Drive

City Kannapolis State NC Zip 28081

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 877-436-4987 Website www.genixus.com

Licensing Company Email regulatory@genixus.com

Section 2: Personal Information

First Kendall Middle Thomas Last Foster

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 150 N Research Campus Drive

City Kannapolis State NC Zip 28081

Telephone 877-436-4987 Email kendall.foster@genixus.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harvard Business School		08/14 - 06/16	
Address	**City**	**State**	**Zip**
175 North Harvard Street	Boston	MA	02163
Diploma/Degree obtained, if any			
Master Business Administration			

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		08/03 - 06/07	
Address	**City**	**State**	**Zip**
1210 Varsity Dr., E. Carroll Joyner Visitor Center	Raleigh	NC	27606
Diploma/Degree obtained, if any			
Bachelor of Science, cum laude, Chemical Engineering, Bachelor of Arts in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
LAKE NORMAN HIGH SCHOOL		08/02 - 06/03	
Address	**City**	**State**	**Zip**
186 DOOLIE RD, ~~MOORE~~	MOORESVILLE	NC	28117
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/16 - Present	[redacted] Long Cove Lane	Mooresville	NC	28117
06/16 - 12/16	[redacted] Windsong Lane	Morgantown	WV	26508
08/12 - 06/16	[redacted] BROOKLINE ST UNIT [redacted]	CAMBRIDGE	MA	02139
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Genixus, Corp			10/19 - Present
Business Address	**City**	**State**	**Zip**
150 N Research Campus Drive	Kannapolis	NC	28081
Phone	**Title**		
877-436-4987	Founder & Chief Executive Officer		

Description of Duties

Oversight of business administration, binding legal agreements/contracts, supervision of on-site Designated Representative

Business Name			From - To (MM/YY – MM/YY)
APIJECT			06/20 - 12/21
Business Address	**City**	**State**	**Zip**
2 High Ridge Park	Stamford	CT	06905
Phone	**Title**		
203-998-6176	Vice President of Technical Operations		

Description of Duties

Team leadership and oversight of engineering, devices, and process development

Business Name			From - To (MM/YY – MM/YY)
KYMANOX (Client Pfizer Inc.)			08/19 - 05/20
Business Address	**City**	**State**	**Zip**
430 Davis Drive #300	Morrisville	NC	27560
Phone	**Title**		
919-246-4896	Principal Advisor		

Description of Duties

Oversaw and managed a 30+ team for a global remediation of drug/biologic/device combination products to write Device History Files for ~70 products representing over $8B in annual revenue.

Business Name			From - To (MM/YY – MM/YY)
STALLERGENES GREER PLC			08/16 - 08/19
Business Address	**City**	**State**	**Zip**
639 Nuway Circle NE	Lenoir	NC	29645
Phone	**Title**		
828-754-5327	Vice President of Technical Operations, Site Head, Technical Operations Senior Dir.		

Description of Duties

Managed operations for 3 manufacturing sites in US and Canada; Direct management and daily oversight of NC Manufacturing facility of 340 employees, operational budget of $35M, capital budget of $12M/yr, w/ >4000 sterile SKUs

Business Name			From - To (MM/YY – MM/YY)
SPECTRANETICS CORPORATION			05/15 - 09/15
Business Address	**City**	**State**	**Zip**
9965 Federal Drive	Colorado Springs	CO	80921
Phone	**Title**		
N/A (purchased by Philips HEALTHCARE)	Assistant to the President and CEO		

Description of Duties

Support the CEO and senior leadership team with the board of directors meetings and Q2 earnings.

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
NOVARTIS VACCINES INC		01/12 -06/14	
Business Address	**City**	**State**	**Zip**
250 Massachusettes Ave.	Cambridge	MA	02139
Phone	**Title**		
617-871-8000	Associate Director Business Strategy, Influenza Franchise		
Description of Duties			
Lead for the sales allocation, pandemic brands, and long term strategy of the influenza portfolio, $580M+ revenue. Member of Board of Directors for joint venture, Sinergium Biotech. Onsite in Argentina 1 week per month.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

29 NOV 2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kendall Foster

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02 DEC 2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Cabarrus

I, Kendall Foster, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02 DEC 2022

Date

Subscribed and Sworn to before me this 2nd day of December.

Notary Public Signature exp 9-22-27

ANTHONY M PORTER NOTARY PUBLIC Cabarrus County NORTH CAROLINA

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Genixus, Corp.

Pharmacy/MDEG/Wholesaler License # (if applicable): Pending

Physical Address: 150 N Research Campus Drive

City: Kannapolis State: NC Zip: 28081

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 877-436-4987 Website: www.genixus.com

Licensing Company Email: regulatory@genixus.com

Section 2: Personal Information

First: Seth Middle: William Last: Coombs

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 150 N Research Campus Drive

City: Kannapolis State: NC Zip: 28081

Telephone: 877-436-4987 Email: seth.coombs@genixus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Columbia Business School, Columbia University		05/08 - 05/10	
Address	City	State	Zip
665 W 130th Street	New York	NY	10027
Diploma/Degree obtained, if any			
Master Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Iowa		08/94 - 05/99	
Address	City	State	Zip
125 North Madison Street	Iowa City	IA	52242
Diploma/Degree obtained, if any			
Bachelor of Arts in Journalism (STEM focus)			

School Name		From - To (MM/YY – MM/YY)	
Choate Rosemary Hall		08/93 - 06/94	
Address	City	State	Zip
333 Christian Street	Wallingford	CT	06492
Diploma/Degree obtained, if any			
Post-Graduate Diploma			

School Name		From - To (MM/YY – MM/YY)	
Hanover High School		08/89 - 06/93	
Address	City	State	Zip
41 Lebanon Street	Hanover	NH	03755
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/14 - Present	[redacted] Summit St	Philadelphia	PA	19118
09/12 - 08/14	[redacted] Barbara Drive	Randolph	NJ	07869
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Genixus, Corp				From - To (MM/YY – MM/YY): 02/21 - Present
Business Address: 150 N Research Campus Drive		City: Kannapolis	State: NC	Zip: 28081
Phone: 877-436-4987	Title: Co-Founder & Chief Commercial Officer			
Description of Duties: Lead all commercialization activities for healthcare start-up. Co-lead on all fundraising across institutional & strategic investors. Built Go-to-Market model for novel hybrid commercialization structure				
Business Name: Sandoz				From - To (MM/YY – MM/YY): 04/19 - 08/20
Business Address: 100 College Road West		City: Princeton	State: NJ	Zip: 08540
Phone: (609) 627-8500	Title: VP, Commercial Operations & Alliance Management, Stealth Start-Up			
Description of Duties: Led commercialization team for internal, stealth start-up. Reported to CEO. Sourced and developed opportunity. Built business case. Presented to US and global Sandoz leadership teams. Formulated alliance strategy				
Business Name: Sandoz				From - To (MM/YY – MM/YY): 11/16 - 04/19
Business Address: 100 College Road West		City: Princeton	State: NJ	Zip: 08540
Phone: (609) 627-8500	Title: VP, Oncology & Injectable Products, US			
Description of Duties: Owned $800+ million P&L. Led 65-person team (data, analytics, strategy, marketing, sales); 5 direct reports. Worked closely with industry network and portfolio development group to monitor market dynamics, Report to VP, US Commercial				
Business Name: Sandoz				From - To (MM/YY – MM/YY): 07/14 - 10/16
Business Address: 100 College Road West		City: Princeton	State: NJ	Zip: 08540
Phone: (609) 627-8500	Title: Executive Director, Oncology Injectables, US			
Description of Duties: Recruited from Novartis to develop growth strategy and drive execution for $500 million business. Worked closely with customers, portfolio development, and sales. Built largest oncology injectables business in the US				
Business Name: Novartis				From - To (MM/YY – MM/YY): 06/12 - 07/14
Business Address: 1 Health Plaza		City: East Hanover	State: NJ	Zip: 07936
Phone: (862) 778-8300	Title: Franchise Head, Influenza, Rabies & Travel Vaccines, US			
Description of Duties: Developed growth strategy and drove execution for $250 million business. Led 4-person marketing team focused on 4 vaccine products for influenza, rabies, and Japanese encephalitis. Worked closely with field salesforce.				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Seth Coombs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/19/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Philadelphia

I, Seth Coombs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/19/2022

Date

Subscribed and Sworn to before me this 19th day of September 2022

Theresa Cruz

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
THERESA LYDIA CRUZ, Notary Public
Philadelphia County
My Commission Expires 05/06/2025
Commission Number 1396847

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. B150011611

Application/License No. New Application

Genixus Corp. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 150 N Research Campus Dr, Kannapolis, NC 28081-3384 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 445 S Moorland Rd Ste 200, Brookfield, WI 53005-4254 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/1/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of November, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Stephanie Horan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Stephanie F Horan Of DAVIDSON, North Carolina

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds),*** as follows: Effective Date of Change: 11/01/2022

Bond Number: B150011611 Bond Amount: One Hundred Thousand Dollars $ 100,000.00

Principal Name: Genixus Corp.

Obligee Name: NV State Board of Pharmacy, Nevada

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 10th day of November, 2022.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 10th day of November, 2022, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

MARILYN R. PEARSON NOTARY PUBLIC STATE OF WISCONSIN

Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2026

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0876920

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

Signed and sealed at the City of Brookfield, WI this 10th day of November, 2022.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

WADE ASSOCIATES, LLC

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kesin Pharma Corporation

Physical Address: 3874 Tampa Road, Suite 103

City: Oldsmar State: FL Zip: 34677

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 561-777-5085 Website: www. kesinpharma.com

Name of Designated Representative (DR): George Carollo

Licensing Company Email: licensing@kesinpharma.com DR Email: George@KesinPharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	■ Others: OTC

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: New Vision Pharmaceuticals
Address: 10200 NW 67th St City: Tamarac State: FL Zip: 33321

Name: Amatheon Pharmaceuticals
Address: 1301 NW 84th Ave, Suite 101A City: Miami State: FL Zip: 33126

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): n/a
Corporation/Organization Name: Kesin Pharma Corporation
Mailing Address: 3874 Tampa Road, Suite 103
City: Oldsmar State: FL Zip: 34677
Telephone: 561-777-5085 Email: George@kesinpharma.com
Contact Person Name: George Carollo

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Esposito

Print Name of Authorized Person Submitting Application

Steven Esposito

Original signature of Authorized Person (copies or stamps not accepted)

4/4/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 000319

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

KESIN PHARMA CORPORATION
3874 TAMPA ROAD
SUITE 103
OLDSMAR FL 34677

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2890 ISSUED: 08/25/2021

PRESCRIPTION DRUG REPACKAGER
KESIN PHARMA CORPORATION

HAS REGISTERED under the provisions of Ch. 499 FS.
Expiration date: AUG 31, 2023 L2108250000101

DETACH HERE

RON DESANTIS, GOVERNOR

JULIE I. BROWN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
2890

The PRESCRIPTION DRUG REPACKAGER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: AUG 31, 2023

KESIN PHARMA CORPORATION
3874 TAMPA RD
UNIT 103
OLDSMAR FL 34677

ISSUED: 08/25/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2108250000101

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Julie Brown, Secretary

Ron DeSantis, Governor

OCTOBER 28, 2021

NAME: KESIN PHARMA CORPORATION

ADDRESS: 3874 TAMPA RD, UNIT 103, OLDSMAR FL 34677

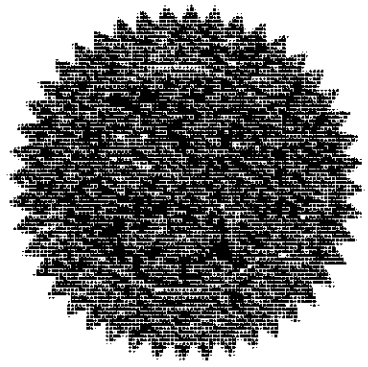
PROFESSION: PRESCRIPTION DRUG REPACKAGER

LICENSE NUMBER: 28:90

STATUS: CURRENT

ISSUE DATE: AUGUST 25, 2021

EXPIRATION DATE: AUGUST 31, 2023



To Whom It May Concern:

The license is in a CURRENT status and EXPIRES AUGUST 31, 2023
Verification by:

Ian Howard
Regulatory Specialist I
Florida Department of Business and Professional Regulation

You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

State of Florida
Department of State

I certify from the records of this office that KESIN PHARMA (ARIZONA) CORPORATION is an Arizona corporation authorized to transact business in the State of Florida, qualified on November 9, 2020.

The document number of this corporation is F20000005138.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on August 18, 2021, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of March, 2022

Secretary of State

Tracking Number: 1855537830CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

3:09:29 PM 10/22/2021

Licensee Details

Licensee Information

Name:	**KESIN PHARMA CORPORATION (Primary Name)**
Main Address:	**3874 TAMPA ROAD** **SUITE 103** **OLDSMAR Florida 34677**
County:	**PINELLAS**
License Mailing:	
LicenseLocation:	**3874 TAMPA RD** **UNIT 103** **OLDSMAR FL 34677**
County:	**PINELLAS**

License Information

License Type:	**Prescription Drug Repackager**
Rank:	**Rx Drug-Repack**
License Number:	**2890**
Status:	**Current**
Licensure Date:	**08/25/2021**
Expires:	**08/31/2023**

Special Qualifications **Qualification Effective**

Closely Held Corporation

Alternate Names

View Related License Information

View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. Privacy Statement

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

KESIN PHARMA
Solutions for Better Health.

3874 Tampa Road, Suite 103
Oldsmar, Florida 34677

Employees

Dr. Greg Jean-Noel
Leslie Williams
Calvin Erickson

Consultant

Linda Lyles
SVW Consulting
Marcos Gabriel

Agents

George Carollo
Jeremy Gross

Lender or holder of indebtedness

Beach Bank
Shareholder loans

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **KESIN**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Kesin Pharma	3019636120	104892407	REPACK;	3874 Tampa Road Suite 103, Oldsmar, Florida (FL) 34677, United States (USA)	12/31/2022
Kesin Pharma	3016965788	117447816	REPACK;	1907 E University Dr Suite 101, Phoenix, Arizona (AZ) 85034, United States (USA)	12/31/2022

Showing 1 to 2 of 2 entries

Previous1Next

Data Current through: Thursday, Nov 18, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified
2/18/22
MS

KESIN PHARMA CORPORATION

3874 Tampa Rd, Suite 103
Oldsmar FL 34677

TRADING PARTNERS:

Prescription Product Manufacturer:

Glenmark Pharmaceuticals USA – 704-218-2621
4147 Goldmine Road
Monroe NC 28110
FDA #3011585599

OTC Manufacturers:

Amatheon Pharmaceuticals – 800.399.8387
1301 NW 84th Ave, Suite 101A
Miami FL 33126
FL License #2220277

New Vision Pharmaceuticals – 954.721.5000
10200 NW 67th Street
Tamarac FL 33321
FL License #21864

Customers:

AmerisourceBergen – 610.727.7000
1 West First Avenue
Conshohocken PA 19428

McKesson Distribution – 972.446.4800
6555 State Highway 161
Irving TX 75039

Cardinal Pharmaceutical Distribution – 614.757.5000
700 Cardinal Place
Dublin OH 43017

3PL:

None at this time

Kesin Pharma Corporation
3874 Tampa Road, Suite 103
Oldsmar FL 34677

FEIN# 84-3757057
FDA# 3019636120

Corporate Ownership & Officers

Adam Schoenbaum [redacted]Roehampton Close Tarpon Springs FL 34688	**President (Officer)**	**33%**
Steven Esposito [redacted] E Cinder Cone Trail Scottsdale AZ 85262	**Vice President (Officer)**	**33%**
Santo Carollo [redacted]Tampa Rd Oldsmar FL 35677	**Owner**	**34%**
Gregory Jean-Noel [redacted]Via Rosa Boca Raton FL 33433	VP Comm Ops (Officer)	

Work History for Dr. Gregory Jean-Noel

EXPERIENCE:

KESIN PHARMA, CORPORATION., Oldsmar, FL
VP of Commercial Operations, April 2021- Present

- Oversees the commercial operations for both manufacturing facilities to ensure on-time deliverables.
- Provides technical and regulatory guidance to each department involved with the product manufacturing.
- Assist in drafting and reviewing SOPs for all facets of the company functions ensuring that they meet cGMP and FDA guidelines.
- Conducts health risk assessments pertaining to potential medical concerns related to commercial products and advise as to possible health risks associated with potential products.
- CDR- Regulatory Inspection management - meet with State and Federal regulators on-site during their respective audits; Responsible for providing company background and updates, collecting requested materials, responding to any regulatory inquiries, and resolving any outstanding concerns.

ORDIN GROUP, LLC., Boca Raton, FL
President, May 2020-April 2021

- Responsible for the day-to-day consulting operations of the client's regulatory and technical affairs.
- Conducts reviews and evaluations of critical documents for submission to regulatory authorities including but not limited to FDA, DEA, and local governmental agencies.

ECI PHARMACEUTICALS, LLC., Fort Lauderdale, FL
Clinical Medical Director and Project Manager, January 2016 - May 2020

- Supervise and monitor clinical research projects performed at CROs to ensure on-time deliverables.
- Negotiate study budgets and contract agreements with clinical firms; successfully have saved over $500,000 in annual contract negotiations.

DOWNSTATE MEDICAL CENTER, Brooklyn, NY
Medical Research Associate, September 2005 – August 2008

- Performed clinical research studies under the supervision of internists and cardiologists.
- Assisted with patient recruitment programs and study scheduling.

PFIZER GLOBAL RESEARCH AND DEVELOPMENT, Groton, CT
Organic Chemistry Summer Research Associate, June 2005 – August 2005

- Performed novel organic chemistry research to study the use of Spirocycles in drug inhibition use.

EDUCATION:

DAVENPORT UNIVERSITY, Grand Rapids, MI
Masters in Business Administration in Strategic Management, May 2011

CENTRAL AMERICAN HEALTH SCIENCE UNIVERSITY, Santa Teresa, NM
Doctor in Medicine, September 2010

XAVIER UNIVERSITY OF LOUISIANA, New Orleans, LA
Bachelor of Science in Chemistry; Minor in Biology, May 2006

Certifications:

Certified Designated Representative ("CDR"), August 2018 - Current

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kesin Pharma Corporation

Physical Address 3874 Tampa Road, Suite 103

City Oldsmar State FL Zip 34677

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 561-777-5085 Website www.kesinpharma.com

Licensing Company Email licensing@kesinpharma.com

Section 2: Personal Information

First George Middle Anthony Last Carollo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 3874 Tampa Road, Suite 103

City Oldsmar State FL Zip 34677

Telephone [redacted] Email george@kesinpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials GC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hillsbourough Community College		graduated1981	
Address	**City**	**State**	**Zip**
4001 W Tampa Bay Blvd	Tampa	FL	33614
Diploma/Degree obtained, if any			
AA Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Zephyrhills High		09/73-06/77	
Address	**City**	**State**	**Zip**
	Zephyrhills	FL	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010-present	[redacted]Hunters Place	Oldsmar	FL	34677
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials GC

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Kesin Pharma Corporation			From - To (MM/YY – MM/YY): 11/2020 to present	
Business Address: 3874 Tampa Road, Suite 103		City: Oldsmar	State: FL	Zip: 34677
Phone: 561-777-5085	Title: Designated Representative		Number of Employed Hours: 2,560	
Description of Duties: Oversite of facility ops & quality control for mfg procedures. Manages & coordinate supply chain process for the facility. Pleans prodfuction schedule and adhere to Good Manufacturing Practices as stipulated by the FDA				
Business Name: O L Products Mfg			From - To (MM/YY – MM/YY): 2002-2020	
Business Address: 100 Mt Vernon St		City: Oldsmar	State: FL	Zip: 34677
Phone: 813-855-0700	Title: Operations Manager		Number of Employed Hours: 36,480	
Description of Duties: Quality control for manufacturing of lotions, creams, ointments, gels and liquids. Duties also included production staffing, purchasing materials, vendor negotiating and inventory control				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-22-22

Date

Applicant's initials GC

I, George Carollo, **certify that as the designated representative for** Kesin Pharma Corporation,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

George Carollo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-22-22

Date

Applicant's initials GC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Carollo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-22-22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, George Carollo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-22-22

Date

Subscribed and Sworn to before me this 22 day of March 2022.

Notary Public Signature

Jeffrey M. Sherman
Comm.#GG 938621
Expires: April 7, 2024
Bonded Thru Aaron Notary

(Seal)

Applicant's initials GC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler KESIN Pharma Corporation

Physical Address 3874 Tampa Road, Suite 103

City Oldsmar State FL Zip 34677

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 561-777-5085 Website www.kesinpharma.com

Licensing Company Email licensing@kesinpharma.com

Section 2: Personal Information

First Santo Middle J Last Carollo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Eastlake Woodlands Parkway

City Oldsmar State FL Zip 34677

Telephone [redacted] Email Santo@kesinpharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		08/81 - 06/85	
Address	City	State	Zip
	Tampa	FL	
Diploma/Degree obtained, if any			
BA - Accounting plus Graduate School			

School Name		From - To (MM/YY – MM/YY)	
Zephyrhills Senior High School			
Address	City	State	Zip
	Zephyrhills	FL	
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted]Eastlake Woodlands Pkwy	Oldsmar	FL	34677
05/01 - 05/15	[redacted]Signature Terrace	Safety Harbor	FL	34695

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Kesin Pharma Corporation				From - To (MM/YY – MM/YY): 11/20 - present
Business Address: 3874 Tampa Road, Suite 103		City: Oldsmar	State: FL	Zip: 34677
Phone: 602-717-1307	Title: co-owner			
Description of Duties: co-owner				

Business Name: O.L. Products, Inc.				From - To (MM/YY – MM/YY): 08/94 - Present
Business Address: 3874 Tampa Road		City: Oldsmar	State: FL	Zip: 34677
Phone: 816-855-0700	Title: President			
Description of Duties: Corporate Management				

Business Name: Devoted Creations, Inc.				From - To (MM/YY – MM/YY): 06/04 - Present
Business Address: 3874 Tampa Road		City: Oldsmar	State: FL	Zip: 34677
Phone: 813-855-0700	Title: CEO			
Description of Duties: Corporate Management				

Business Name: U.S. Bev Plastics, LLC				From - To (MM/YY – MM/YY): 08/12 - Present
Business Address: 3874 Tampa Road		City: Oldsmar	State: FL	Zip: 34677
Phone: 813-855-0700	Title: President			
Description of Duties: Corporate Management				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/24/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Santo Carollo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Santo Carollo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/25/22

Date

Subscribed and Sworn to before me this 25 day of March, 2022

Notary Public Signature

Jeffrey M. Sherman
Comm.#GG 938621
Expires: April 7, 2024
Bonded Thru Aaron Notary

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler KESIN Pharma Corporation

Physical Address 3874 Tampa Road, Suite 103

City Oldsmar State FL Zip 34677

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 561-777-5085 Website www.kesinpharma.com

Licensing Company Email licensing@kesinpharma.com

Section 2: Personal Information

First Adam Middle F Last Schoenbaum

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Roehampton Close

City Tarpon Springs State FL Zip 34688

Telephone [redacted] Email Adam@KesinPharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials AS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Colorado Boulder			6-98 - 5-20	
Address		City	State	Zip
Office of Admissions Regent Administrative Center, Room 125 55		Coulder	CO	80309-0552
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Countryside High School			6-96 - 5-98	
Address		City	State	Zip
3000 SR-580		Clearwater	FL	33761
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6-15 to 4-22	[redacted] Roehampton Close	Tarpon Springs	Fl	34688
From - To (MM/YY – MM/YY)	Address	City	State	Zip
4-12 to 5-15	[redacted] Phoenix Ave	Oldsmar	Fl	34677
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kesin Pharma Corporation			11/20 - present
Business Address	**City**	**State**	**Zip**
3874 Tampa Road, Suite 103	Oldsmar	FL	34677
Phone	**Title**		
	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Dress The Population			5-11 to Current
Business Address	**City**	**State**	**Zip**
13660 Wright Cir	Tampa	FL	33626
Phone	**Title**		
7274589374	Owner		
Description of Duties			
Women Apparel			

Business Name			From - To (MM/YY – MM/YY)
Consumer Brands Group			3-20 to Current
Business Address	**City**	**State**	**Zip**
13660 Wright Cir	Tampa	Fl	33626
Phone	**Title**		
727-458-9374	Owner		
Description of Duties			
Digital Applications			

Business Name			From - To (MM/YY – MM/YY)
Industry LA			1-22 to Current
Business Address	**City**	**State**	**Zip**
13660 Wright Cir	Tampa	Fl	33626
Phone	**Title**		
7274589374	Owner		
Description of Duties			
Cosmetics			

Business Name			From - To (MM/YY – MM/YY)
Sol State Home LLC			1-16 to Current
Business Address	**City**	**State**	**Zip**
13660 Wright Cir	Tampa	FL	33626
Phone	**Title**		
7274589374	Owner		
Description of Duties			
Rental Homes			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/30/22
Date

Applicant's initials AS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Shoenbaum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Adam F Schoenbaum, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/30/22

Date

Subscribed and Sworn to before me this 30 day of March, 2022.

Notary Public Signature

(Seal)

Jeffrey M. Sherman
Comm.#GG938621
Expires: April 7, 2024
Bonded Thru Aaron Notary

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler KESIN Pharma Corporation

Physical Address 3874 Tampa Road, Suite 103

City Oldsmar State FL Zip 34677

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 561-777-5085 Website www.kesinpharma.com

Licensing Company Email licensing@kesinpharma.com

Section 2: Personal Information

First Steven Middle J Last Esposito

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] E Cinder Cove Tr

City Scottsdale State AZ Zip 85262

Telephone [redacted] Email Steve@kesinpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeastern Illinois University			5/1995
Address	**City**	**State**	**Zip**
5500 N. St. Louis Ave	Chicago	Il	60625
Diploma/Degree obtained, if any			
B.A. Human Resources			

School Name		From - To (MM/YY – MM/YY)	
Triton College			5/1992
Address	**City**	**State**	**Zip**
2000 5th Ave.	River Grove	Il	60171
Diploma/Degree obtained, if any			
AS Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
Proviso West High School		1980	6/1984
Address	**City**	**State**	**Zip**
4701 Harrison St.	Hillside	IL	60162
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted] E Cinder Cove Tr	Scottsdale	AZ	85262
Sept 2014 - Oct 15	[redacted] E. Chauncey Lane #[redacted]	Phoenix	AZ	85054
Sept 2013 – Sept 2014	[redacted] Mack Drive	Central City	CO	80427
July - 2011 Sept 2013	[redacted] S. Ogden Ave	Denver	CO	80210
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____ 2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kesin Pharma Corporation			11/20 - present
Business Address	**City**	**State**	**Zip**
3874 Tampa Road, Suite 103	Oldsmar	FL	34677
Phone	**Title**		
602-717-1307	Vice President		

Description of Duties

Oversite of corporation operations. Manages product selection, pipeline and go-to market strategy.

Business Name			From - To (MM/YY – MM/YY)
Xiromed Pharmaceutical			2019
Business Address	**City**	**State**	**Zip**
180 Park Ave, Suite 101	Florham Park	NJ	07392
Phone	**Title**		
	VP, Institutional Sales		

Description of Duties

Accountable for sales, strategy, distribution and development of generic drugs within the United States.

Business Name			From - To (MM/YY – MM/YY)
Amneal Biosciences			2015-2019
Business Address	**City**	**State**	**Zip**
400 Crossing Blvd, 3rd FL	Bridgewater	NJ	08807
Phone	**Title**		
	Sr Director, National Accounts		

Description of Duties

In charge of the sales and distribution of generic drug portfolio to GPSs, Wholesalers, Distributors, Key Accounts and IDNs in Northe America and Puerto Rico

Business Name			From - To (MM/YY – MM/YY)
Auromedics Pharmaceuticals			2012-2015
Business Address	**City**	**State**	**Zip**
279 Princeton hightown Rd	East Windsor	NJ	08520
Phone	**Title**		
	Director, National Accounts		

Description of Duties

Responsible for National Group Purchasing Organization, IDNs and key accounts.

Business Name			From - To (MM/YY – MM/YY)
Sagent Pharmaceuticals Inc			2007-2012
Business Address	**City**	**State**	**Zip**
1901 N roselle Rd, Suite 450	Schaumburg	IL	60195
Phone	**Title**		
	Regional sales Manager		

Description of Duties

Accountable for the sales and management of sales team focused on injectable pharmaceuticals for hospitals, clinics and home care.

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-22-2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Esposito
Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

3-22-2022
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Steven Esposito, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-22-2022
Date

Subscribed and Sworn to before me this 22 day of March 2022

Notary Public Signature

Sandra Chater
Notary Public
Maricopa County, Arizona
My Comm. Expires 05-06-2024
Commission No. 580482

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89512
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PA12438200223

Application/License No. _____

Kesin Pharma Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3874 Tampa Rd Suite 103 Oldsmar, FL 34677 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 06/29/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of June, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Michael E. Cundiff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Melissa Hibbs

Witness Marc Richardson

Countersigned by:

Nevada Resident Agent

ACKNOWLEDGEMENT OF SURETY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of PA

County of Montgomery

On this 30 day of June, 2022 before me personally came Michael E. Cundiff to me known, who being by me duly sworn, deposes and says that he is the Attorney in Fact of Philadelphia Indemnity Insurance Company, the corporation described in and which executed the foregoing Agreement; that he knows the seal of the said corporation; that the seal affixed to the said Agreement is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1368394
Member, Pennsylvania Association of Notaries

Vanessa McKenzie

(Signature of Notary Public)

My Commission expires November 3, 2024

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

PA12438200223

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $25,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John W. Glomb Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John W. Glomb Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 30 day of June , 2022.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

4l

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kyocera Medical Technologies, Inc.

Physical Address: 1200 California St Ste 210

City: Redlands State: CA Zip: 92373

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 909-557-2360 Website: www.kyocera-medical.com

Name of Designated Representative (DR): John P Steinmann

Licensing Company Email: _____ DR Email: john.steinmann@kyocera.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Micropulse
Address: 5865 E State Road 14 City: Columbia City State: IN Zip: 46725
Name: Orthoplatics
Address: Unit A Beech Ind Est Bacup City: Lancahsire OL 13 9EF UK State: Zip:
Name: Pro-Tech-Arlington TX
Address: 4041 Express St City: Arlington State: TX Zip: 76001
Name: Pro-Tech-Santa Fe Springs CA
Address: 14561 Marquardt Avenue City: Santa Fe Springs State: CA Zip: 90670

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California/Kyocera Medical Technologies, Inc.
Parent Company (if any): Kyocera International, Inc.
Corporation/Organization Name: Kyocera International Inc.
Mailing Address: 8611 Balboa aVe
City: San Diego
Telephone: 858-576-2600 State: CA Zip: 92123
Email: Alicia Sheridan alicia.sheridan@kyocera.com

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **owning more than 10% of the business** stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Kyocera Medical Technologies, Inc.

Facility Name

John Steinmann

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/25/22

Date

Board Use Only	Date Received: 11-29-22	Amount: 1000.00 CK-25306

KYOCERA MEDICAL TECHNOLOGIES, INC.
DIRECTORS AND OFFICERS

Effective June 1, 2022

DIRECTORS

Hidefumi Takemoto
6 Takeda Tobadono-cho
Fushimi-ku
Kyoto 612-8501
JAPAN

Ken Kaneko
220 Davidson Avenue, Ste. 108
Austin, TX 78731

Robert Whisler
8611 Balboa Avenue
San Diego, California 92123

Nick Huntalas
8611 Balboa Avenue
San Diego, California 92123

Katsuyuki Waki
6 Takeda Tobadono-cho
Fushimi-ku
Kyoto 612-8501
JAPAN

OFFICERS

Hidefumi Takemoto
Chairman of the Board
6 Takeda Tobadono-cho
Fushimi-ku
Kyoto 612-8501
JAPAN

Ken Kaneko
President & CEO
220 Davidson Avenue, Ste. 108
Austin, TX 78731

John Steinmann
Executive Vice President & COO
1200 California Avenue, Ste. 210
Redlands, California 92374

Eric Klein
Secretary
8611 Balboa Avenue
San Diego, California 92123

Theodore Engebretson
Chief Financial Officer
8611 Balboa Avenue
San Diego, California 92123

lg: KMTI_DOList_22JUN

Tuff, Carolyn

From: Sheridan, Alicia
Sent: Wednesday, August 17, 2022 4:46 PM
To: Tuff, Carolyn; DeBenedictis, Anthony; Smith, Laurie
Subject: RE: Current Stmt of Info KMTI
Attachments: Secretary's Certificate for KMTI 8-17-22.pdf

Hi Everyone,

I discussed the Personal History Record Application with Eric and his opinion was that because KII is the sole shareholder and an entity, not a person, the information was un necessary. I then called the NV State Board of Pharmacy for clarification, and they agreed that this particular item is not applicable. However, they advised that a letter should be included explaining the shareholder is a corporation and there are no individual shareholders.

To that end, we prepared the attached letter to include with your application. Please review and let me know if you need anything further.

Thank you,
Alicia

Alicia Sheridan | Kyocera International, Inc. | 8611 Balboa Ave., San Diego, CA 92123 | Direct: 858-576-2781 | Cell: 858-204-3869 |

This message and any documents, files or previous emails attached to it contains information which may be confidential and/or privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not review, use, copy or disclose the message or any information contained in or with the message. If you have received the message in error, please advise the sender by telephone or reply email to alicia.sheridan@kyocera.com and permanently delete and destroy any and all copies in any form or location.

From: Sheridan, Alicia <Alicia.Sheridan@kyocera.com>
Sent: Wednesday, August 10, 2022 8:20 PM
To: Tuff, Carolyn <Carolyn.Tuff@kyocera.com>; DeBenedictis, Anthony <Anthony.DeBenedictis@kyocera.com>; Smith, Laurie <Laurie.Smith@kyocera.com>
Subject: RE: Current Stmt of Info KMTI

Hi there,

Attached are the list of officers and directors and a Certificate of Status.

The Statement of Information (Annual Report) Carolyn provided was filed in February and lists officers and directors in office at that time. Since there was a change in leadership on June 1st, an amended report can be filed but the Statement of Information is not one of the documents requested.

Please let me know if you want me to file an updated report now. The filing fee is $25 but may cover 2023's annual report requirement.

I'll complete the Personal History Record Application and get Eric's input when he returns on Monday.

Please let me know if I missed anything.

Thank you,
Alicia

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	KYOCERA MEDICAL TECHNOLOGIES, INC.
Entity No.:	4229090
Registration Date:	01/16/2019
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 20, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 013868328

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

KYOCERA International, Inc.
8611 Balboa Avenue
San Diego, CA 92123-1501
Tel: 858-576-2600
http://americas.kyocera.com

SECRETARY'S CERTIFICATE

The undersigned, Corporate Secretary of Kyocera International, Inc., a California corporation ("KII"), certifies that, on January 11, 2019 ("Effective Date"), KII acquired 100% of the outstanding shares of Kyocera Medical Technologies, Inc. ("KMTI"), and KMTI became a wholly-owned subsidiary of KII as of the Effective Date.

IN WITNESS WHEREOF, the undersigned has executed this Secretary's Certificate on behalf of KII this 17TH day of August, 2022.

Eric G. Klein, Corporate Secretary
Kyocera International, Inc.

California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

Corporation - Statement of Information

Entity Name:	KYOCERA MEDICAL TECHNOLOGIES, INC.
Entity (File) Number:	C4229090
File Date:	02/10/2022
Entity Type:	Corporation
Jurisdiction:	CALIFORNIA
Document ID:	H224414

Detailed Filing Information

1. Entity Name: KYOCERA MEDICAL TECHNOLOGIES, INC.

2. Business Addresses:
   a. Street Address of Principal Office in California:
   1200 CALIFORNIA STREET, SUITE 210
   REDLANDS, California 92374
   United States of America

   b. Mailing Address:
   KYOCERA INTERNATIONAL, INC., ATTN: ERIC KLEIN,
   8611 BALBOA AVENUE
   SAN DIEGO, California 92123
   United States of America

   c. Street Address of Principal Executive Office:
   1200 CALIFORNIA STREET, SUITE 210
   REDLANDS, California 92374
   United States of America

3. Officers:
   a. Chief Executive Officer:
   TAKAHIRO KOBAYASHI
   10415 MORADO CIRCLE, #350
   AUSTIN, Texas 78759
   United States of America

   b. Secretary:
   ERIC KLEIN
   8611 BALBOA AVENUE
   SAN DIEGO, California 92123
   United States of America

Document ID: H224414

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Officers (cont'd):

c. Chief Financial Officer: THEODORE ENGEBRETSON
8611 BALBOA AVENUE
SAN DIEGO, California 92123
United States of America

4. Director: HIDEFUMI TAKEMOTO
6 TAKEDA TOBADONO-CHO
FUSHIMI-KU, Kyoto 612-8501
Japan

Number of Vacancies on the Board of Directors: 0

5. Agent for Service of Process: CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE (C1592199)

6. Type of Business: DEV/MFG/SALES OF MEDICAL DEVICES

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Eric Klein

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: H224414

California Secretary of State
Electronic Filing

Corporation - Attachment to Statement of Information

List of Additional Directors:

1. TAKAHIRO KOBAYASHI
   10415 MORADO CIRCLE
   AUSTIN, Texas 78759
   United States of America

2. ROBERT WHISLER
   8611 BALBOA AVENUE
   SAN DIEGO, California 92123
   United States of America

3. KATSUYUKI WAKI
   6 TAKEDA TOBADONO-CHO
   FUSHIMI-KU, Kyoto 612-8501
   Japan

4.

5.

6.

7.

Document ID: H224414

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Kyocera Medical Technoloies, Inc.
Formaly Renovis Surgical Technology, Inc.
1200 California Street Suite 210
Redlands, CA 92374

LICENSE NUMBER: 106168
EXPIRATION DATE: 10/15/2024

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Kyocera Medical Technologies, Inc.
1200 California Street
Suite 210
Redlands, CA 92374
Registration Number: 3015398319
FEI Number*: 3015398319
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types, Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
Kyocera Medical Technologies, Inc.[6]
1200 California Street
Suite 210
Redlands, CA US 92374
Owner/Operator Number: 10030880[7]

Official Correspondent:
Anthony Debenedictis
1200 California Street
Suite 210
Redlands, CA 92374
Phone: 1-909-5572360-451

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10030880&OwnerOperatorName=&Produc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10030880&OwnerOperatorName=&Produc

Page Last Updated: 08/22/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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bsi.

By Royal Charter

Certificate of Registration

QUALITY MANAGEMENT SYSTEM - ISO 13485:2016

This is to certify that:

Kyocera Medical Technologies
1200 California Street, Suite: 210
Redlands
California
92374
USA

Holds Certificate Number: FM 576310

and operates a Quality Management System which complies with the requirements of ISO 13485:2016 for the following scope:

Design, development, manufacture, and distribution of orthopedic and spinal products for orthopedic and spine applications.

For and on behalf of BSI:

Graeme Tunbridge, Senior Vice President Medical Devices

Original Registration Date: 2011-09-07
Latest Revision Date: 2022-09-15

Effective Date: 2020-09-07
Expiry Date: 2023-09-06

MGMT SYS
RvA C 127

...making excellence a habit.™

This certificate was issued electronically and remains the property of BSI and is bound by the conditions of contract.
An electronic certificate can be authenticated online.
Printed copies can be validated at www.bsigroup.com/ClientDirectory

Issuing Body: BSI Group The Netherlands B.V., John M. Keynesplein 9, 1066 EP Amsterdam, The Netherlands
BSI Group The Netherlands B.V. is registered in The Netherlands under number 74264284 (A Member of the BSI Group Holdings B.V.
Contact Office: 12950 Worldgate Drive, Suite 800, Herndon, VA 20170-6007 USA

Certificate No: FM 576310

Location	Registered Activities
Kyocera Medical Technologies 1200 California Street, Suite: 210 Redlands California 92374 USA	Design, development, manufacture, and distribution of orthopedic and spinal products for orthopedic and spine applications.
Kyocera Medical Technologies 10415 Morado Circle, Bldg. 2, Suite 350 Austin Texas 78759 USA	Design and Development, complaint investigation.
Kyocera Medical Technologies 1280 Research Drive, Unit A1 Redlands California 92374 USA	Receiving and Warehouse Activities.



Original Registration Date: 2011-09-07
Latest Revision Date: 2022-09-15

Effective Date: 2020-09-07
Expiry Date: 2023-09-06

This certificate was issued electronically and remains the property of BSI and is bound by the conditions of contract.
An electronic certificate can be authenticated online.
Printed copies can be validated at www.bsigroup.com/ClientDirectory

Issuing Body: BSI Group The Netherlands B.V., John M. Keynesplein 9, 1066 EP Amsterdam, The Netherlands
BSI Group The Netherlands B.V. is registered in The Netherlands under number 33264284 | A Member of the BSI Group Holdings B.V.
Contact Office: 12950 Worldgate Drive, Suite 800, Herndon, VA 20170-6007 USA.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/03/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED Kyocera Medical Technologies, Inc. 1200 California Street Suite 210 Redlands, CA 92374	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Endurance Assurance Corporation — 11551 INSURER B: Sompo America Insurance Company — 11126 INSURER C: Travelers Property Casualty Company of Ame — 25674 INSURER D: Factory Mutual Insurance Company — 21482 INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W21940799 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GDL40062K0	09/01/2021	09/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 0 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			ADV40038M0	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CPU40756E0	09/01/2021	09/01/2022	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		JCD40096S0	09/01/2021	09/01/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Medical Products Liability			ZPP 51N20904	09/01/2021	09/01/2022	Aggregate	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If you have a claim to report, our Claim Center is open 24/7 to assist you.
The Claim Center contact information is : Phone -877-460-9779 Fax:- 877-883-2744
Email: claimwest@willistowerswatson.com.
SEE ATTACHED

CERTIFICATE HOLDER

For Informational Purposes

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Insurance Services West, Inc.	NAMED INSURED Kyocera Medical Technologies, Inc. 1200 California Street Suite 210 Redlands, CA 92374
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Factory Mutual Insurance Company NAIC#: 21482

POLICY NUMBER: 1072060 EFF DATE: 09/01/2021 EXP DATE: 09/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Commercial Property	Misc. Pers. Prop.	$8,000,000 per Loc
	Business Income	$6,000,000
	Deductible	$250,000

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SR ID: 21545533 BATCH: 2225485 CERT: W21940799

Last name, First name
Atkins, Rose
Brusig, Stephanie
Coston, Dayzha
Dumond, Jose
Haboud, Ivette
Jensen, Katlin
King, Deborah
Murphy-Walker, Rachel
Nanda-Reen, Priya
Newkirk, Terrell
Robles, Christina
Steinmann, John
Apodaca, Jason
Character, Ryan
Contreras, Jessica
Flores Jr, Nicholas
Hayes, Bobby
Lawrence, Jeremy
Lowe, Phillip
Rochette, Laurie
Togafau, Carolina

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Kyocera Medical Technologies, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1200 California Street, Ste 210

City: Redlands State: CA Zip: 92374

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 909-557-2360 Website: www.kyocera-medical.com

Licensing Company Email: Anthony.Debenedictis@Kyocera.com

Section 2: Personal Information

First: John Middle: Paul Last: Steinmann

Alias(es, nicknames, name changes, etc.): JP

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address:

City: Redlands State: CA Zip: 92373

Telephone: [redacted] Email: John.Steinmann@Kyocera.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Redlands		08/2008 - 06/2010	
Address	**City**	**State**	**Zip**
1200 E Colton Ave	Redlands	CA	92373
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
California State University, Fullerton		08/2000 - 05/2004	
Address	**City**	**State**	**Zip**
800 N State College Blvd	Fullerton	CA	92831
Diploma/Degree obtained, if any			
Bachelors Degree			

School Name		From - To (MM/YY – MM/YY)	
Aquinas High School		08/1997 - 05/2000	
Address	**City**	**State**	**Zip**
2772 N Sterling Ave	San Bernardino	CA	92404
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2016 - current	[redacted] Valley View Ln	Redlands	CA	92373
03/2009 - 07/2016	[redacted] Silvertree Ln	Redlands	CA	92373

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Kyocera Medical Technologies, Inc.			03/2019 - current
Business Address	**City**	**State**	**Zip**
1200 California Street, Ste 210	Redlands	CA	92374
Phone	**Title**	**Number of Employed Hours**	
909-557-2360	Executive Vice President	9,000	
Description of Duties			
Day to day management.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/21/22
Date

I, John Steinmann, **certify that as the designated representative for**

Kyocera Medical Technologies, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JPS I am at least 21 years of age;
3. JPS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JPS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JPS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JPS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JPS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John, Steinmann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John, Steinmann

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, John Steinmann, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/21/22

Date

Subscribed and Sworn to before me this 21st day of November 2022.

Notary Public Signature

DANIEL NABIL RAZZOUK
Notary Public - California
San Bernardino County
Commission # 2273885
My Comm. Expires Jan 1, 2023

(Seal)

John P. Steinmann, MBA

[redacted]

Career Profile

Business professional with over 17 years of experience in medical device company startup and management with additional expertise the merger, and integration of corporate acquisition.

Professional Experience

Kyocera Medical Technologies, Inc. Formerly Renovis Surgical Technologies - Redlands, CA

January 2008 - Present

Co-Founder, Executive Vice President, and Chief Operating Officer

- Integral role in the startup phase growth phase and acquisition of Renovis Surgical.
- Responsible for the development of a full product portfolio of orthopedic implants.
- Responsible to build and lead all company departments and staffing requirements.
- Successfully led the merger and transition into Kyocera corporation.
- Ongoing operations and corporate management.

Alliance Surgical Distributors, LLC. - Redlands, CA

January 2008 – January 2010

Co-Founder, Vice President

- Responsible for the development of new market penetration.
- Develop and maintain customer relationships.
- Provide product training to new service representatives and surgeon customers.

Specialty Spine Products, LLC. - Redlands, CA

September 2006 - January 2008

Director, Total Joint Division

- Responsible for the growth of the Total Joint business. This included the development of customer relationships as well as new product development.
- Establish forecasts to better maintain inventory levels.
- Provide training to new service and sales representatives.

Inland Spine Products, LLC. - Redlands, CA

March 2006 - March 2007

Sales Director

- Responsible for the organization of surgery schedules.
- Deliver all relevant inventory and instrumentation to the hospital to ensure a successful operation.
- Responsible for billing and collections, as well as inventory management.

Intermed Orthopedics, Orthopedic Product Distributor - La Verne, CA

January 2005 - September 2006

Sales Associate

- Responsible for the sales growth of the northeast inland empire territory for all Intermed product lines, which included the orthopedic product portfolio of Zimmer; one of the world's largest orthopedic implant manufacturers.
- Organized all logistics in providing appropriate instrumentation and inventory for scheduled surgical cases.
- Provided technical product assistance to the operating room staff and surgeon customer.

The Center for Autism and Related Disorders - Garden Grove, CA

November 2003 - January 2005

Therapist

- Provided 1 on 1 behavior modification therapy to children diagnosed with Autism.

Education

University of Redlands

2008- 2010

- Master of Business Administration

California State University, Fullerton

2000-2005

- Bachelor of Arts Psychology

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Kyocera Medical Technologies, Inc. MDEG License # (if applicable) _____

Physical Address 1200 California Street, Ste 210

City Redlands State CA Zip 92373

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 909-557-2360 Website www.kyocera-medical.com

Licensing Company Email Anthony.Debenedictis@Kyocera.com

Section 2: Personal Information

First John Middle Paul Last Steinmann

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Valley View Ln

City Redlands State CA Zip 92373

Telephone [redacted] Email John.Steinmann@Kyocera.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Redlands		08/2008 - 06/2010	
Address	City	State	Zip
1200 E Colton Ave	Redlands	CA	92373
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
California State University, Fullerton		08/2000 - 05/2004	
Address	City	State	Zip
800 N State College Blvd	Fullerton	CA	92831
Diploma/Degree obtained, if any			
Bachelors Degree			

School Name		From - To (MM/YY – MM/YY)	
Aquinas High School		08/1997 - 05/2000	
Address	City	State	Zip
2772 N Sterling Ave	San Bernardino	CA	92404
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2016 - current	[redacted]Valley View Ln	Redlands	CA	92373
03/2009 - 07/2016	[redacted]Silvertree Ln	Redlands	CA	92374
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Kyocera Medical Technologies, Inc.			03/2019 - Current	
Business Address		**City**	**State**	**Zip**
1200 California Street, Ste 210		Redlands	CA	92374
Phone	**Title**		**Number of Employed Hours**	
909-557-2360	Executive Vice President		9,000	
Description of Duties				
Day to day management.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/21/22
Date

I, John Steinmann, **certify that as the MDEG Administrator for**

Kyocera Medical Technologies, Inc.,

that I (initial that you have read and meet the following requirements):

1. JPS Have a high school diploma or its equivalent;
2. JPS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JPS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JPS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John, Steinmann
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2022
Date

Board Use Only	Date Received: 11-29-22

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIY8726

Application/License No. _____

Kyocera Medical Technologies, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
1200 California St., Redlands, CA 92374, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 24, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

13BSBIY8726

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of August, 2022.

APPLICANT/PRINCIPAL

Kyocera Medical Technologies, Inc.

Authorized Representative

John P. Steinmann

SIGNED and SEALED in the presence of:

Witness Debbie King

Witness

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Joshua Sanford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Jacqueline Susco

Witness Brendan Fletcher

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: WILLIS OF NEW JERSEY INC
Agency Code: 13-650092

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

Joshua Sanford

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No.

Naming Kyocera Medical Technologies, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of **May**, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of August 26, 2022.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 4800 Cecilia Street

City: Cudahy State: CA Zip: 90201

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Ignacio Sandoval

Licensing Company Email: LG.NA.MedicalLicensing@linde.cc DR Email: Ignacio.Sandoval@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co.
Address: 875 Bassell Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T. Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury, State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Ignacio Sandovel

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/1/2022

Date

Board Use Only	Date Received: 12-15-22	Amount: 1000.00 CK-7146888



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com



Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford, Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury, CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde, Inc. (Not publicly held)
10 Riverview Dr.
Danbury, CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury, CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde, Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing, warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility, the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 5,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 5,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$ 5,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA Inc.

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DRUG MANUFACTURING LICENSE

Linde Gas & Equipment Inc.
4800 Cecilia Street
Cudahy , CA 90201

LICENSE NUMBER: 115698
EXPIRATION DATE: 2/24/2024

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 5/19/2022

An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

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Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration D
Linde Gas & Equipment Inc.	1827871	013321604	MANUFACTURE;	1000 Scribner Ave NW, Grand Rapids, Michigan (MI) 49504, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1828043	016271697	MANUFACTURE;	3930 Michigan Street, Hammond, Indiana (IN) 46323, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2013624	153670138	MANUFACTURE;	3918 W Lincoln, Phoenix, Arizona (AZ) 85009, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2013741	054547505	MANUFACTURE;	5508 Vineland Ave, North Hollywood, California (CA) 91601, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2015192	161317490	MANUFACTURE;	4800 Cecilia St, Cudahy, California (CA) 90201-5913, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2221032	879317022	MANUFACTURE;	425 Avenue P, Newark, New Jersey (NJ) 07105-4800, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2246856	091010210	MANUFACTURE;	1240 State Route 33, Farmingdale, New Jersey (NJ) 07727-3635, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2516697	008966082	MANUFACTURE;	2510 New Butler Rd, New Castle, Pennsylvania (PA) 16101, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2517450	054877498	MANUFACTURE;	28 McCandles Ave, Pittsburgh, Pennsylvania (PA) 15201, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2518696	021450408	MANUFACTURE;	114 Brown Rd, Pittston, Pennsylvania (PA) 18604, United States (USA)	12/31/2022

Showing 101 to 110 of 155 entries

Data Current through: Wednesday, Nov 9, 2022

Return to Drug Firm Annual Registration Status Home Page

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4800 Cecilia Street

City Cudahy State CA Zip 90201

Mailing Address (if different from physical address) 7000 High Grove Blvd.

City Burr Ridge State IL Zip 60527

Telephone 630-320-4129 Website www.linde.com

Licensing Company Email LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First Ignacio Middle Salvador Last Sandoval

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Cecilia Street

City Cudahy State CA Zip 90723

Telephone [redacted] Email [redacted]@Linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cerritos College		Oct 2022 - Present	
Address	City	State	Zip
11110 Alondra Blvd.	Norwalk	CA	90650
Diploma/Degree obtained, if any			
Process / Business Management / Human Resource			
School Name		From - To (MM/YY – MM/YY)	
Career Colleges of America		2011 - 2012	
Address	City	State	Zip
5612 E. Imperial Hwy	South Gate	CA	90280
Diploma/Degree obtained, if any			
Pharmacy Tech license / Phlebotomy license			
School Name		From - To (MM/YY – MM/YY)	
Paramount High School		1987-1991	
Address	City	State	Zip
14429 Downey Ave	Paramount	CA	90723
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3-1991 - Present	[redacted] California Ave	Paramount	CA	90723
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Linde Gas & Equipment Inc.			From - To (MM/YY – MM/YY): 2018-Present
Business Address: 4900 Cecilia St.	City: Cudahy	State: CA	Zip: 90201
Phone: 562 400 7137	Title: Plant Manager		Number of Employed Hours: 15,000 hrs
Description of Duties: I keep Records & Compliance Files up to date. Manage Gas fillings day to day. I make sure Branches are getting the Gas they need for their Customers.			
Business Name: College Hospital of Cerritos			From - To (MM/YY – MM/YY): 2016-2018
Business Address: 10802 College Pl.	City: Cerritos	State: CA	Zip: 90703
Phone: (562) 924 9581	Title: Pharmacy Tech.		Number of Employed Hours: 10,000 hrs
Description of Duties: I filled & distribute under a Pharmacist Supervision. Patient Perscribe Meds.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Ignacio Sandoval, **certify that as the designated representative for** Linde Gas & Equipment Inc., **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. IS I am at least 21 years of age;
3. IS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. IS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. IS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. IS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. IS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ignacio Sandoval
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-11-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ignacio Sandoval

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11.11.2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Ignacio Salvador Sandoval, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/11/2022

Date

Subscribed and Sworn to before me this 11 day of Novemba. 2022

Notary Public Signature

LINDA HYUN HAN
COMM. #2361392
Notary Public-California
LOS ANGELES COUNTY
My Comm. Expires June 15, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Linde Gas & Equipment Inc. MDEG License # (if applicable) _____

Physical Address 4800 Cecilia Street

City Cudahy State CA Zip 90201

Mailing Address (if different from physical address) 7000 High Grove Blvd.

City Burr Ridge State IL Zip 60527

Telephone 630-320-4129 Website www.linde.com

Licensing Company Email LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First Ignacio Middle Salvador Last Sandoval

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Cecilia Street

City Cudahy State CA Zip 90201

Telephone [redacted] Email [redacted]@Linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cerritos College		10/2022 - Present	
Address	City	State	Zip
11110 Alondra Blvd.	Norwalk	CA	90650
Diploma/Degree obtained, if any			
Process/Business Manager/Human Resources			

School Name		From - To (MM/YY – MM/YY)	
Career Colleges of America		2011-2012	
Address	City	State	Zip
5612 E. Imperial Hwy.	South Gate	CA	90280
Diploma/Degree obtained, if any			
Pharmacy Tech license/Phlebotomy license			

School Name		From - To (MM/YY – MM/YY)	
Paramount High School		1987-1991	
Address	City	State	Zip
14429 Downey Ave.	Paramount	CA	90723
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3-91/Present	[redacted] CALIFORNIA AVE	Paramount	CA	90723
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Linde Gas & Equipment Inc.		2018 - Present	
Business Address	**City**	**State**	**Zip**
4800 Cecilia Street	Cudahy	CA	90201
Phone	**Title**	**Number of Employed Hours**	
562-400-7137	Plant Manager	15,000	
Description of Duties			
Keep records and compliance files up to date. Manage gas filling day to day. Make sure branch's are getting the gas they need for their customers.			

Business Name		From - To (MM/YY – MM/YY)	
College Hospital of Cerritos		2016-2018	
Business Address	**City**	**State**	**Zip**
10802 College Place	Cerritos	CA	90703
Phone	**Title**	**Number of Employed Hours**	
562-924-9581	Pharmacy Tech	10,000	
Description of Duties			
I filled and distributed under a Pharmacist's supervision patient prescribed medications.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-25-22
Date

I, Ignacio Sandoval, **certify that as the MDEG Administrator for** Linde Gas & Equipment Inc.

that I (initial that you have read and meet the following requirements):

1. IS Have a high school diploma or its equivalent;
2. IS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. IS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. IS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ignacio Sandoval
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-25-2023
Date

Board Use Only	Date Received:

Cudahy, CA Employee List

RICHARD	BULLARD
CARLOS	DUQUE
ANDRE	PAYNE
DAVID	RODRIGUEZ
OSCAR	BOLANOS
GUSTAVO	NORIEGA
STEVEN	LOPEZ
JEFFREY	ROJAS
FRANK	MEJIA
ESTEBAN	BURGOS
BRANDON	DEMASTES
JEFFREY	ROJAS
DAVID E.	RODRIGUEZ

CUDAHY, CA 71261

RICHARD	BULLARD
CARLOS	DUQUE
ANDRE	PAYNE
DAVID	RODRIGUEZ
OSCAR	BOLANOS
GUSTAVO	NORIEGA
STEVEN	LOPEZ
JEFFREY	ROJAS
FRANK	MEJIA
ESTEBAN	BURGOS
BRANDON	DEMASTES
JEFFREY	ROJAS
DAVID E.	RODRIGUEZ

SURETY RIDER

To be attached to and form a part of

Bond No. 015210479

dated effective April 1, 2020
(MONTH-DAY-YEAR)

executed by Linde Gas & Equipment Inc.
(PRINCIPAL)
, as Principal,

and by Liberty Mutual Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy (431 W Plumb Lane, Reno)
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to

Add Additional Location:

Linde Gas & Equipment Inc.
4800 Cecilia Street
Cudahy, CA 90201

*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective November 14, 2022
(MONTH-DAY-YEAR)

Signed and Sealed November 15, 2022
(MONTH-DAY-YEAR)

Linde Gas & Equipment Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Liberty Mutual Insurance Company
(SURETY)

By: Leslie Patterson
Leslie Patterson, Attorney-in-Fact

S-0443/GEEF 10/99

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Leslie Patterson

all of the city of Knoxville, state of TN each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of November, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121
Linde Gas & Equipment Inc.	4800 Cecilia Street, Cudahy, CA 90201

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Mayne Pharma Commercial LLC

Physical Address: 3301 Benson Drive, Suite 401

City: Raleigh State: NC Zip: 27609

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maynepharma.com

Name of Designated Representative (DR): Gerald David Sakowski III

Licensing Company Email: MCM@slsny.com DR Email: jerry.sakowski@maynepharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer - Virtual
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others: US Govt.		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

I/A Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Catalent Greenville
Address: 1240 Sugg Parkway City: Greenville State: NC Zip: 27834

Name: NOVast
Address: 1 Guangxing Rd Free Trade Zone NETDA, Nantong Jiagsu China City: State: Zip:

Name: Patheon Canada
Address: 2100 Syntex court City: Mississauga, Ontario Canada State: Zip:

Name: Mayne Pharma International
Address: 1538 Main North Rd City: Salisbury South South Australia State: Zip:

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NC
Parent Company (if any): Mayne US Holdings Inc.
Corporation/Organization Name: Mayne Pharma Commercial LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: MCM@slsny.com
Contact Person Name: Christine Cannon

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 68308, 51862	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Mayne Pharma Commercial LLC

Facility Name

Richard Duwayne Offield

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/13/2022

Date

Board Use Only	Date Received: 12-28-22	Amount: 1000.00 CK-7927

Mayne Pharma Commercial LLC

Corporate Address: 3301 Benson Drive, Suite 401, Raleigh, NC 27609 USA
FEIN: 56-1870457
www.maynepharma.com

Drug Labeler Code: 68308, 51862
Incorporation State: NC
Incorporation Date: 10/4/2022

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
RAL	3301 Benson Drive Suite 401 Raleigh, NC 27609 County: Wake	N/A	N/A - Uses 3PL DEA		No	(984) 242-1400	(984) 242-1399

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	
Gerald David Sakowski III	2848 Prestonwood Drive Grimesland, NC 27837	Manager, Supply Chain Distribution		*All States*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Mayne Holdings US Inc.	3301 Benson Dr Suite 401 Raleigh, NC 27609		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Aaron Burton Gray	[redacted] Morning Oaks Dr. Holly Springs, NC 27540	President and Managing Director	
Richard Duwayne Offield	[redacted] Morehead Hill Court Durham, NC 27703	Secretary and Treasurer	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

3PLS

Name	Address	Title	Prescribing Authority
Exel, Inc. dba DHL Supply Chain	98 Excellence Way Vonore, TN 37885		

Formation Good Standing

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MAYNE PHARMA COMMERCIAL LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 29th day of September, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of December, 2022.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 114828158-1 Reference# 19249690- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

Online Verification from HS (NC)
396
12/22/2022

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: MAYNE PHARMA COMMERCIAL LLC

Address: 3301 BENSON DRIVE STE 401 RALEIGH, NC 27609

License Type: Virtual Manufacturer

License Number: 1797

Status: Active - in good standing

Discipline: No

Issue Date: 12/15/2022

Original Issue: 10/4/2022

Expiration Date: 12/31/2023

Smason replied
4 months ago (Wed, 20 May 2020 at 12:19 PM)

To: "SLSNYSupport.com" <help@slsnysupport.com>

You may retrieve your permit verification from our website, we do not generate letters, and haven't for years, now. Additional questions regarding verifications should be directed to Leslie Wilson, lwilson@ncbop.org . Thanks!

Regards,

Stacie P. Mason
Licensing Specialist
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, NC 27517
919-246-1050
smason@ncbop.org
www.ncbop.org
Twitter: @ NCBOP_Students

This e-mail message and any replies potentially are subject to disclosure under the Public Records Law and therefore could be disclosed to third parties.*

No official verification from HS (NC)

Registrant Verification For

EXEL INC

DEA Number:	RE0418562
Expiration Date:	08/31/2023
Additional Company Info:	DBA DHL SUPPLY CHAIN (USA)
Registered Address:	98 EXCELLENCE WAY
City:	VONORE
State:	TN
Zip Code:	37885
Business Activity:	DISTRIBUTOR
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	11/10/2022

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

Legal Name - First Name	Legal Name - Last Name	Company
Caren	Wood	Mayne Pharma Commercial LLC
Dorothy	Bargabos	Mayne Pharma Commercial LLC
Steven	Jara	Mayne Pharma Commercial LLC
Michele	Gordon	Mayne Pharma Commercial LLC
Meredith	Gambill	Mayne Pharma Commercial LLC
Alan	Slann	Mayne Pharma Commercial LLC
Todd	Bosserdet	Mayne Pharma Commercial LLC
Nicholas	Moore	Mayne Pharma Commercial LLC
Andrew	Drexel	Mayne Pharma Commercial LLC
Richard	Offield	Mayne Pharma Commercial LLC
Katherine	Siron	Mayne Pharma Commercial LLC
Stacey	Rongey	Mayne Pharma Commercial LLC
Joshua	Johnson	Mayne Pharma Commercial LLC
Stephanie	Howard	Mayne Pharma Commercial LLC
Michael	Crawford	Mayne Pharma Commercial LLC
Erica	Cole	Mayne Pharma Commercial LLC
Michelle	Thoeny	Mayne Pharma Commercial LLC
Spencer	Bullock	Mayne Pharma Commercial LLC
Susana	Espinoza	Mayne Pharma Commercial LLC
Danielle	Frank	Mayne Pharma Commercial LLC
Ashlie	Holt	Mayne Pharma Commercial LLC
Anders	Overhaug	Mayne Pharma Commercial LLC
Ronald	Sullivan	Mayne Pharma Commercial LLC
Patricia	Bryant	Mayne Pharma Commercial LLC
Thomas	McConnell	Mayne Pharma Commercial LLC
Kirk	Weems	Mayne Pharma Commercial LLC
William	Gardner	Mayne Pharma Commercial LLC
Matthew	Rogelstad	Mayne Pharma Commercial LLC
Kelly	Bullard	Mayne Pharma Commercial LLC
Kortney	Valentine	Mayne Pharma Commercial LLC
John	Clark	Mayne Pharma Commercial LLC
David	Romanik	Mayne Pharma Commercial LLC
Duane	Hart	Mayne Pharma Commercial LLC
Kelley	Scozzafava	Mayne Pharma Commercial LLC
Alexis	Evolga	Mayne Pharma Commercial LLC
Lindsey	Honeycutt	Mayne Pharma Commercial LLC
Michael	Nolan	Mayne Pharma Commercial LLC
Richard	Ludwico	Mayne Pharma Commercial LLC
Erica	Herr	Mayne Pharma Commercial LLC
Ricardo	Ciuffetelli	Mayne Pharma Commercial LLC
Brant	Schofield	Mayne Pharma Commercial LLC
Stephen	Jacobson	Mayne Pharma Commercial LLC
Brandon	Anderson	Mayne Pharma Commercial LLC
Doyle	Cornelison	Mayne Pharma Commercial LLC
Donna Theresa	Uy-Santos	Mayne Pharma Commercial LLC
Ada	Yszenga	Mayne Pharma Commercial LLC
Claire	Hying	Mayne Pharma Commercial LLC
William	Johnson	Mayne Pharma Commercial LLC
Brittany	Farris	Mayne Pharma Commercial LLC

Daniel	Kerscher	Mayne Pharma Commercial LLC
Bhavana	Lalwani	Mayne Pharma Commercial LLC
Jaydeep	Goyani	Mayne Pharma Commercial LLC
Alyssa	Montenegro	Mayne Pharma Commercial LLC
Elizabeth	Rock	Mayne Pharma Commercial LLC
Lisa	Stam	Mayne Pharma Commercial LLC
Alexandra	Rosado	Mayne Pharma Commercial LLC
Adam	Garcia	Mayne Pharma Commercial LLC
Brandi	Megarit	Mayne Pharma Commercial LLC
Donna	Allen	Mayne Pharma Commercial LLC
David	Parker	Mayne Pharma Commercial LLC
Hannah	Scipio	Mayne Pharma Commercial LLC
Mark	Kruchten	Mayne Pharma Commercial LLC
Tyler	Bergen	Mayne Pharma Commercial LLC
Hannah	Davis	Mayne Pharma Commercial LLC
Jonathan	Commons	Mayne Pharma Commercial LLC
Lyndsay	Carpenter	Mayne Pharma Commercial LLC
Haley	Copeland	Mayne Pharma Commercial LLC
Veronica	Claros	Mayne Pharma Commercial LLC
James	Brockway	Mayne Pharma Commercial LLC
Vincent	Mesolella	Mayne Pharma Commercial LLC
Antwione	Smith	Mayne Pharma Commercial LLC
Lyndsay	Arbuckle	Mayne Pharma Commercial LLC
Rodney	Scotto	Mayne Pharma Commercial LLC
Steven	Tice	Mayne Pharma Commercial LLC
James	Carter	Mayne Pharma Commercial LLC
David	Clarke	Mayne Pharma Commercial LLC
Jacquelyn	Mateer	Mayne Pharma Commercial LLC
Kiara	Fuller	Mayne Pharma Commercial LLC
Tabitha	Kitchens Beatty	Mayne Pharma Commercial LLC
Eric	Deneroff	Mayne Pharma Commercial LLC
Christopher	Silvia	Mayne Pharma Commercial LLC
Morgan	Frosch	Mayne Pharma Commercial LLC
James	Brady	Mayne Pharma Commercial LLC
Kaley	Curran	Mayne Pharma Commercial LLC
Jodi	Lavery	Mayne Pharma Commercial LLC
Tavia	Sgambati	Mayne Pharma Commercial LLC
Samantha	Greenwood	Mayne Pharma Commercial LLC
Diane	Kelly	Mayne Pharma Commercial LLC
John	Jones	Mayne Pharma Commercial LLC
Kelly	LoBuglio	Mayne Pharma Commercial LLC
Douglas	Caddell	Mayne Pharma Commercial LLC
Jennifer	Mastrangelo	Mayne Pharma Commercial LLC
Karen	Merchant	Mayne Pharma Commercial LLC
Jodi	Callas	Mayne Pharma Commercial LLC
Glenn	Chamberlain	Mayne Pharma Commercial LLC
Mimi	Counce	Mayne Pharma Commercial LLC
Carlos	Torres	Mayne Pharma Commercial LLC
Jessica	Dwelle-Shitara	Mayne Pharma Commercial LLC
Katelyn	Diener	Mayne Pharma Commercial LLC
Amanda	FisherMacintyre	Mayne Pharma Commercial LLC
Ellzabeth	Boswell	Mayne Pharma Commercial LLC

Jorge	Torres	Mayne Pharma Commercial LLC
Joseph	Turek	Mayne Pharma Commercial LLC
Jessica	Penelow	Mayne Pharma Commercial LLC
Kelli	Robertson	Mayne Pharma Commercial LLC
John	Lee	Mayne Pharma Commercial LLC
Elizabeth	Traylor	Mayne Pharma Commercial LLC
Kalvin	Scheler	Mayne Pharma Commercial LLC
James	Beaumier	Mayne Pharma Commercial LLC
Stephen	Bell	Mayne Pharma Commercial LLC
Heather	Ramsey	Mayne Pharma Commercial LLC
James	Bailey	Mayne Pharma Commercial LLC
Karen	Maudlin	Mayne Pharma Commercial LLC
Kenneth	Tinsley	Mayne Pharma Commercial LLC
Jeffrey	Woll	Mayne Pharma Commercial LLC
Melissa	BallengerDiaz	Mayne Pharma Commercial LLC
Jessica	Fullerton	Mayne Pharma Commercial LLC
Lauren	Smith	Mayne Pharma Commercial LLC
Arthur	Williams	Mayne Pharma Commercial LLC
Carly	Beardsley	Mayne Pharma Commercial LLC
Kevin	Griffin	Mayne Pharma Commercial LLC
Ashlee	Hyland	Mayne Pharma Commercial LLC
Stacy	McFall	Mayne Pharma Commercial LLC
Rebecca	Owen	Mayne Pharma Commercial LLC
Matthew	Levin	Mayne Pharma Commercial LLC
Tina	Ferranti	Mayne Pharma Commercial LLC
Trevor	Burnette	Mayne Pharma Commercial LLC
Marcus	Becker	Mayne Pharma Commercial LLC
Joseph	Baldree	Mayne Pharma Commercial LLC
Gerald	Sakowski	Mayne Pharma Commercial LLC
Nicholas	Kesick	Mayne Pharma Commercial LLC
Meredith	Parnell	Mayne Pharma Commercial LLC
Rebecca	Hare	Mayne Pharma Commercial LLC
Lisa	Fiveash	Mayne Pharma Commercial LLC
Natalie	Krofchick	Mayne Pharma Commercial LLC
Andrew	Herdman	Mayne Pharma Commercial LLC
Aaron	Tubbs	Mayne Pharma Commercial LLC
Daniel	Moore	Mayne Pharma Commercial LLC
Katie	Reiss	Mayne Pharma Commercial LLC
Sean	Turner	Mayne Pharma Commercial LLC
Matt	Menas	Mayne Pharma Commercial LLC
Nathan	Evans	Mayne Pharma Commercial LLC
Ashley	Bennett	Mayne Pharma Commercial LLC
Xavier	Austin	Mayne Pharma Commercial LLC
Bizette	Love	Mayne Pharma Commercial LLC
Courtney	Certosimo	Mayne Pharma Commercial LLC
Nicole	Marotta	Mayne Pharma Commercial LLC
Jordan	Pieper	Mayne Pharma Commercial LLC
Renwick	Harvey	Mayne Pharma Commercial LLC
Hemanshu	Pandya	Mayne Pharma Commercial LLC
Amy	Hanner	Mayne Pharma Commercial LLC
Natalie	Fernandez	Mayne Pharma Commercial LLC
Allen	Howard Jr.	Mayne Pharma Commercial LLC

Carrie	Pier	Mayne Pharma Commercial LLC
Rendi	Cline	Mayne Pharma Commercial LLC
Adrianne	Swaner	Mayne Pharma Commercial LLC
Tara	Copeland	Mayne Pharma Commercial LLC
Dina	Loutfi	Mayne Pharma Commercial LLC
Cristina	Teran	Mayne Pharma Commercial LLC
Jordan	Scott	Mayne Pharma Commercial LLC
Alyssa	Riley	Mayne Pharma Commercial LLC
Derek	Westbrook	Mayne Pharma Commercial LLC
Nancy	Hall	Mayne Pharma Commercial LLC
Kali	Spence	Mayne Pharma Commercial LLC
Mark	Schickman	Mayne Pharma Commercial LLC
Sheila	Bond	Mayne Pharma Commercial LLC
Rachel	Golden	Mayne Pharma Commercial LLC
Kevin	Welch	Mayne Pharma Commercial LLC
Kimberly	Parker	Mayne Pharma Commercial LLC
John	Blake	Mayne Pharma Commercial LLC
Danielle	Saied	Mayne Pharma Commercial LLC
Timothy	Hughes	Mayne Pharma Commercial LLC
Melissa	Persico	Mayne Pharma Commercial LLC
Jenine	Brahmia	Mayne Pharma Commercial LLC
Donald	Preski	Mayne Pharma Commercial LLC
William	Sewell	Mayne Pharma Commercial LLC
Emily	Czajkowski	Mayne Pharma Commercial LLC
Gracen	Adams	Mayne Pharma Commercial LLC
Michelle	Gess	Mayne Pharma Commercial LLC
Aaron	Gray	Mayne Pharma Commercial LLC
Heather	Smart	Mayne Pharma Commercial LLC
Shivana	Mason	Mayne Pharma Commercial LLC
Zina	Manalo	Mayne Pharma Commercial LLC
Jason	McClure	Mayne Pharma Commercial LLC
Jeremy	Smelstor	Mayne Pharma Commercial LLC
Kemp	Criswell	Mayne Pharma Commercial LLC
Joey	Ripley	Mayne Pharma Commercial LLC
Anna	Pham	Mayne Pharma Commercial LLC
Guillermo	Bolivar	Mayne Pharma Commercial LLC
Jamie	Davis	Mayne Pharma Commercial LLC
Charles	Stone	Mayne Pharma Commercial LLC
Shelby	Finnell	Mayne Pharma Commercial LLC
Michael	Dease	Mayne Pharma Commercial LLC
Shawn	O'Brien	Mayne Pharma Commercial LLC
Asad	Kazmi	Mayne Pharma Commercial LLC
Carly	Williams	Mayne Pharma Commercial LLC
Michelle	Zehme	Mayne Pharma Commercial LLC
Barrie	Woodington	Mayne Pharma Commercial LLC
Nicole	Karos	Mayne Pharma Commercial LLC
Jennifer	Dodt	Mayne Pharma Commercial LLC
Jared	Sakolsky	Mayne Pharma Commercial LLC
Brittany	Murphy	Mayne Pharma Commercial LLC
Conner	Simmons	Mayne Pharma Commercial LLC
Sean	Kelly	Mayne Pharma Commercial LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Mayne Pharma Commercial LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 3301 Benson Drive, Suite 401

City: Raleigh State: NC Zip: 27609

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maynepharma.com

Licensing Company Email: MCM@slsny.com

Section 2: Personal Information

First: Gerald Middle: David Last: Sakowski

Alias(es, nicknames, name changes, etc.): Gerald David Sakowski III

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: c/o State License Servicing, [redacted] State Route 17A, Suite [redacted]

City: Florida State: NY Zip: 10921

Telephone: [redacted] Email: jerry.sakowski@maynepharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Evangel University		Aug 2010 - May 2014	
Address: 1111 N Glenstone Ave	City: Springfield	State: MO	Zip: 65802
Diploma/Degree obtained, if any: Bachelors Business Admin			
School Name: DH Conley High School		From - To (MM/YY – MM/YY): Aug 2007 - Jun 2010	
Address: 2006 Worthington Rd	City: Greenville	State: NC	Zip: 27858
Diploma/Degree obtained, if any: High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2016 - Present	[redacted] Prestonwood Drive	Grimesland	NC	27837
01/2000 - 03/2016	[redacted] Oak Hill Drive	Greenville	NC	27858
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Mayne Pharma Commercial LLC		Jul 2015 – Dec 2022 (Present)
Business Address	**City**	**State / Zip**
3301 Benson Drive, Suite 401	Raleigh	NC 27609
Phone	**Title**	**Number of Employed Hours**
(984) 242-1400	Manager, Supply Chain Distribution	~14,560

Description of Duties
Leads initiatives to adress commercial and customer related issues with order execution and delivery complaints. Ensure 3PL partner maintains + protects company investment-Inventory. Ensure all 3PLs are compliant w/ DEA Provide support durring financial audits of Inventory + 3PL. Approve all invoices & payments from 3PL

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1.) Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.) If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3.) Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

13 Dec 2022
Date

I, Gerald David Sakowski III, **certify that as the designated representative for**

Mayne Pharma Commercial LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gerald David Sakowski III

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13Dec2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gerald David Sakowski III

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13Dec2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Wake

I, Gerald David Sakowski III, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Gerald David Sakowski III

13Dec2022

Date

Subscribed and Sworn to before me this 13 day of December 2022

Donna Lynn Allen

Notary Public Signature

DONNA LYNN ALLEN NOTARY PUBLIC WAKE COUNTY, N.C.

(Seal)

NDC	Product
51862004791	AMETHIA TABS 2X91
51862024030	AMIODARONE HYDROCHLORIDE IR 100MG TABS 30
51862024105	AMIODARONE HYDROCHLORIDE IR 200MG TABS 500
51862024160	AMIODARONE HYDROCHLORIDE IR 200MG TABS 60
51862024190	AMIODARONE HYDROCHLORIDE IR 200MG TABS 90
51862024230	AMIODARONE HYDROCHLORIDE IR 400MG TABS 30
51862089006	AZURETTE TABS 6X28
51862007206	AZURETTE TABS 6X28
51862053504	BROMFED DM 2/10/30MG 118ML
51862053516	BROMFED DM 2/10/30MG 473ML
51862058001	BUDESONIDE EC 3MG CAPS 100
51862054401	BUTALBITAL/APAP 50/300MG CAPS 100
51862053801	BUTALBITAL/APAP 50/300MG TABS 100
51862017901	BUTALBITAL/APAP/CAFFEINE 50/325/40MG CAPS 100
51862054001	BUTALBITAL/APAP/CAFFEINE 50/325/40MG TABS 100
51862054005	BUTALBITAL/APAP/CAFFEINE 50/325/40MG TABS 500
51862051260	CALCIPOTRIENE FOAM 0.005% 60G
51862088403	CAMILA TABS 3X28
51862085501	CARBIDOPA LEVODOPA 10MG/100MG TABS 100
51862085505	CARBIDOPA LEVODOPA 10MG/100MG TABS 500
51862085601	CARBIDOPA LEVODOPA 25MG/100MG TABS 100
51862085610	CARBIDOPA LEVODOPA 25MG/100MG TABS 1000
51862085605	CARBIDOPA LEVODOPA 25MG/100MG TABS 500
51862085801	CARBIDOPA LEVODOPA 25MG/250MG TABS 100
51862085810	CARBIDOPA LEVODOPA 25MG/250MG TABS 1000
51862085805	CARBIDOPA LEVODOPA 25MG/250MG TABS 500
51862033801	CHLORZOXAZONE 375MG TABS 100
51862034001	CHLORZOXAZONE 750MG TABS 100
51862019460	CLARITHROMYCIN ER 500MG TABS 60
51862045304	CLONIDINE 0.1MG/24HR TRANSDERMAL PATCH 4
51862045404	CLONIDINE 0.2MG/24HR TRANSDERMAL PATCH 4
51862045504	CLONIDINE 0.3MG/24HR TRANSDERMAL PATCH 4
51862090201	CLOZAPINE 100MG TABS 100
51862090205	CLOZAPINE 100MG TABS 500
51862090301	CLOZAPINE 200MG TABS 100
51862090305	CLOZAPINE 200MG TABS 500
51862090001	CLOZAPINE 25MG TABS 100
51862090005	CLOZAPINE 25MG TABS 500
51862090101	CLOZAPINE 50MG TABS 100
51862090105	CLOZAPINE 50MG TABS 500
51862046047	CYCLOSPORINE 100MG SOFTGEL CAPS 30 UD
51862045847	CYCLOSPORINE 25MG SOFTGEL CAPS 30 UD
51862051403	DESOGESTREL AND ETHINYL ESTRADIOL 1.5/30 TABS 3X28
51862034590	DEXTROAMPHETAMINE ER 10MG CAPS 90
51862034690	DEXTROAMPHETAMINE ER 15MG CAPS 90

NDC	Product
51862034490	DEXTROAMPHETAMINE ER 5MG CAPS 90
51862094301	DIAZEPAM 10MG TABS 100
51862094310	DIAZEPAM 10MG TABS 1000
51862094305	DIAZEPAM 10MG TABS 500
51862094101	DIAZEPAM 2MG TABS 100
51862094105	DIAZEPAM 2MG TABS 500
51862094201	DIAZEPAM 5MG TABS 100
51862094210	DIAZEPAM 5MG TABS 1000
51862094205	DIAZEPAM 5MG TABS 500
51862012560	DOFETILIDE 125MCG CAPS 60
51862002560	DOFETILIDE 250MCG CAPS 60
51862000560	DOFETILIDE 500MCG CAPS 60
51862055806	DORYX-DOXYCYCLINE HYCLATE 200MG TAB 60
51862055712	DORYX-DOXYCYCLINE HYCLATE DR 50MG TAB 120
51862055930	DORYX-MPC DOXYCYCLINE HYCLATE DR 120MG TABS 30
51862004101	DOXYCYCLINE (MONO) USP 75MG CAPS 100
68308071010	DOXYCYCLINE HYCLATE DR 100MG TABS 100
68308071510	DOXYCYCLINE HYCLATE DR 150MG TABS 100
68308071530	DOXYCYCLINE HYCLATE DR 150MG TABS 30
68308071630	DOXYCYCLINE HYCLATE DR 200MG TABS 30
51862070912	DOXYCYCLINE HYCLATE DR 50MG TABS 120
68308077560	DOXYCYCLINE HYCLATE DR 75MG TABS 60
51862057130	DOXYCYCLINE HYCLATE DR 80MG TABS 30
51862069606	DOXYCYCLINE HYCLATE IR 150MG TABS 60
51862069506	DOXYCYCLINE HYCLATE IR 75MG TABS 60
51862088603	ERRIN TABS 3X28
68308025010	ERYTHROMYCIN DR 250MG CAPS 100
68308021901	ESGIC BUTAL/APAP/CAF 50/325/40 MG CAPS 100
68308022001	ESGIC BUTAL/APAP/CAF 50/325/40 MG TABS 100
51862006901	ESTAZOLAM 1MG TABS 100
51862007001	ESTAZOLAM 2MG TABS 100
51862033201	ESTRADIOL 0.5MG TABS 100
51862033301	ESTRADIOL 1MG TABS 100
51862033305	ESTRADIOL 1MG TABS 500
51862033401	ESTRADIOL 2MG TABS 100
51862033405	ESTRADIOL 2MG TABS 500
51862029510	FABIOR 0.1% FOAM 100G
51862029550	FABIOR 0.1% FOAM 50G
51862063428	FENTANYL BUCCAL 0.1MG TABS 28
51862063528	FENTANYL BUCCAL 0.2MG TABS 28
51862063628	FENTANYL BUCCAL 0.4MG TABS 28
51862063728	FENTANYL BUCCAL 0.6MG TABS 28
51862063828	FENTANYL BUCCAL 0.8MG TABS 28
51862049415	FLUOCINONIDE 0.05% CREAM 15GM
51862049430	FLUOCINONIDE 0.05% CREAM 30GM

NDC	Product
51862049460	FLUOCINONIDE 0.05% CREAM 60GM
51862036240	FLUOROURACIL CREAM USP 5%
51862015860	FLURANDRENOLIDE OINTMENT 60g TUBE
51862060650	HALOBETASOL PROPIONATE .05% FOAM 50g
51862015904	HYDROCORTISONE BUTYRATE 4OZ. LOTION
51862047106	LEENA TABS 6X28
51862009706	LEVORA TABS 6X28
51862060450	LEXETTE .05% FOAM 50g
51862060402	LEXETTE .05% FOAM 50g (2 PACK)
51862032101	LIOTHYRONINE 25MCG TABS 100
51862032201	LIOTHYRONINE 50MCG TABS 100
51862032001	LIOTHYRONINE 5MCG TABS 100
51862056406	LOW-OGESTREL TABS 6X28
51862002806	LUTERA TABS 6X28
51862002806	LUTERA TABS 6X28
68308011501	METHAMPHETAMINE HCL 5MG TAB 100
51862060901	METHYLPHENIDATE ER 10MG CAPSULES 100
51862061001	METHYLPHENIDATE ER 20MG CAPSULES 100
51862061101	METHYLPHENIDATE ER 30MG CAPSULES 100
51862061201	METHYLPHENIDATE ER 40MG CAPSULES 100
51862061430	METHYLPHENIDATE ER 60MG CAPSULES 30
51862087206	MICROGESTIN 1.5/30 TABS 6X21
51862027906	MICROGESTIN 1.5/30 TABS 6X21
51862086806	MICROGESTIN 1/20 TABS 6X21
51862029206	MICROGESTIN FE 1.5/30 TAB5 6X28
51862087006	MICROGESTIN FE 1.5/30 TABS 6X28
51862086606	MICROGESTIN FE 1/20 TABS 6X28
51862001206	MICROGESTIN FE 1/20 TABS 6X28
51862064803	MICROGESTIN FE 24 TABS 3X28
51862018801	MORPHINE SULFATE 100MG TABS 100
51862018501	MORPHINE SULFATE 15MG TABS 100
51862018601	MORPHINE SULFATE 30MG TABS 100
51862018701	MORPHINE SULFATE 60MG TABS 100
51862089203	NECON 0.5/35 TABS 3X28
51862031803	NECON 0.5/35 TABS 3X28
51862025801	NEXTSTELLIS E4 15MG AND DRSP 3MG TAB
51862094501	NORTRIPTYLINE HCl 10MG CAPS 100
51862094505	NORTRIPTYLINE HCl 10MG CAPS 500
51862094601	NORTRIPTYLINE HCl 25MG CAPS 100
51862094605	NORTRIPTYLINE HCl 25MG CAPS 500
51862094701	NORTRIPTYLINE HCl 50MG CAPS 100
51862094705	NORTRIPTYLINE HCl 50MG CAPS 500
51862094801	NORTRIPTYLINE HCl 75MG CAPS 100
51862064506	NYMYO TABS 6X28
68308015215	NYSTATIN TOPICAL POWDER 15 GRAM

NDC	Product
68308015230	NYSTATIN TOPICAL POWDER 30 GRAM
68308015260	NYSTATIN TOPICAL POWDER 60 GRAM
68308014501	OXYCODONE HCL 5 MG CAPS 100
68308002003	OXYCODONE HCL ORAL SOL 100 MG/5 ML (20 MG/ML)
68308048047	OXYCODONE/APAP 10/325MG UD TABS 100
68308047547	OXYCODONE/APAP 7. 5/325MG UD TABS 100
51862018015	PRAMOXINE HYDROCHLORIDE 1% FOAM 15GM
51862037612	SORILUX .005% FOAM 120G
51862037660	SORILUX .005% FOAM 60G
51862054506	SRONYX TABS 6X28
51862044710	TAMOXIFEN CITRATE 10MG TABS 1000
51862044760	TAMOXIFEN CITRATE 10MG TABS 60
51862044610	TAMOXIFEN CITRATE 20MG TABS 1000
51862044630	TAMOXIFEN CITRATE 20MG TABS 30
51862069010	TAVABOROLE TOPICAL SOLUTION 5%
68308068550	TAZAROTENE 0.1% FOAM 50G
51862089603	TILIA FE TABS 3X28
51862046288	TOLSURA 65MG 8 CAPS
51862046260	Tolsura 65mg Caps 60
51862029043	TRIAMCINOLONE ACETONIDE OINTMENT USP, 0.05% 430G
51862048601	TRIMETHOPRIM 100MG TABS 100
51862064606	TRI-NYMYO TABS 6X28
51862051006	TRIVORA TABS 6X28
68308055410	ZEBUTAL BUTAL/APAP/CAF 50/325/40MG CAPS 100
51862026006	ZOVIA 1/35 TABS 6X28
51862089406	ZOVIA 1/35 TABS 6X28

SURETY RIDER

To be attached to and form a part of

Bond No. 016229508

dated effective August 18, 2020
(MONTH-DAY-YEAR)

executed by Mayne Pharma Commercial LLC
(PRINCIPAL) , as Principal,

and by The Ohio Casualty Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Changing the Principal Name to: Mayne Pharma Commercial LLC

Locations Covered - 1240 Sugg Parkway, Greenville, NC 27834 and 5440 Martin Luther King Jr Hwy, Greenville, NC 27834.

Corporate Address of Mayne Pharma Commercial LLC - 3301 Benson Dr, Suite 401 Raleigh, NC 27609

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective November 18, 2022
(MONTH-DAY-YEAR)

Signed and Sealed November 18, 2022
(MONTH-DAY-YEAR)

Mayne Pharma Commercial LLC
(PRINCIPAL)

By: [signature]
(PRINCIPAL)

The Ohio Casualty Insurance Company
(SURETY)

By: Rachel A. Chaverial

Rachel A. Chaverial, Attorney-in-Fact

S-0443/GEEF 10/99

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Rachel A. Chaveriat

all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 18th day of November, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 016229508

Application/License No. _____

Mayne Pharma Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
1240 Sugg Parkway, Greenville, NC, as
(Address of Applicant/Principal)
PRINCIPAL, and The Ohio Casualty Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New Hampshire
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1240 Sugg Parkway, Greenville, NC as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 18, 2020.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of August, 2020.

APPLICANT/PRINCIPAL COMPANY

Mayne Pharma Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

State of North Carolina
Wake County
My commission expires January 30, 2025

SURETY

The Ohio Casualty Insurance Company

Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Lori A. Wright

Witness Jeremy Knapp

Countersigned by:

Nevada Resident Agent Loretta Jones

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Mary Y. Volmar all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 18th day of August, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

Liberty Mutual. SURETY

THE OHIO CASUALTY INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2019

Assets

Cash and Bank Deposits	($3,063,860)
*Bonds — U.S Government	1,006,099,793
*Other Bonds	3,994,316,104
*Stocks	192,977,450
Real Estate	0
Agents' Balances or Uncollected Premiums	762,342,997
Accrued Interest and Rents	33,878,311
Other Admitted Assets	919,548,302
Total Admitted Assets	**$6,906,099,097**

Liabilities

Unearned Premiums		$1,281,143,437
Reserve for Claims and Claims Expense		3,445,256,612
Funds Held Under Reinsurance Treaties		0
Reserve for Dividends to Policyholders		183,012
Additional Statutory Reserve		0
Reserve for Commissions, Taxes and Other Liabilities		196,783,603
Total		**$4,923,366,664**
Special Surplus Funds	$ 5,242,951	
Capital Stock	4,500,000	
Paid in Surplus	738,183,897	
Unassigned Surplus	1,234,805,586	
Surplus to Policyholders		**1,982,732,434**
Total Liabilities and Surplus		**$6,906,099,098**

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from The Ohio Casualty Insurance Company's financial statement filed with the state of Ohio Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2019, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 27th day of March, 2020.

T A Mikolajewski

Assistant Secretary

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH Pending	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Merz North America, Inc.

Physical Address: 6501 Six Forks Road

City: Raleigh State: NC Zip: 27615

Mailing Address (if different from physical address): 13900 West Grandview Parkway

City: Sturtevant State: WI Zip: 53177

Telephone: 919-582-8000 Website: www.merzusa.com

Name of Designated Representative (DR): Charles K. Jagun

Licensing Company Email: MerzNA-StateLicenses@merz.de DR Email: Charles.Jagun@merz.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: OTC drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Clinics		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Merz Pharma GmbH & Co. KGaA
Address: Am Pharmapark City: Dessau-Roslau State: Germany Zip: 06861

Name: Merz Pharma GmbH & Co. KGaA
Address: Ludwigstrase 22 City: Reinheim State: Germany Zip: 64354

Name: Englewood Labs, Inc.
Address: 20 Campus Road City: Totowa State: NJ Zip: 07631

Name: Anteis S.A.
Address: 18 Chemin Des Auix City: Geneva State: Switzerland Zip: N/A

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: North Carolina
Parent Company (if any): Merz, Incorporated
Corporation/Organization Name: Merz North America, Inc.
Mailing Address: 13900 West Grandview Parkway
City: Sturtevant State: WI Zip: 53177
Telephone: 919-582-8000 Email: MerzNA-StateLicenses@merz.de
Contact Person Name: Charles K. Jagun

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of Certification See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/ See Attachment B		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment E		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - not owned by an individual.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓ See Attachment G	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Merz North America, Inc.

Facility Name

Charles K. Jagun

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/24/2022

Date

Board Use Only	Date Received: 10.31.22	Amount: 1000.00 CK-9518

Attachment A

Nature of Business and FDA Registration

Merz North America, Inc.'s (MNA's) Raleigh, NC location is a virtual manufacturer of prescription drugs, prescription devices and over-the-counter product. MNA does not physically handle product at its business office. Other locations are used to manufacture and ship its product. Listed are the facilities used to manufacture and ship its product.

Manufacturers (Drug Product):

Englewood Labs, Inc.
88 West Sheffield Avenue
Englewood, NJ 07631

Merz Pharmaceuticals GmbH Dessau (an affiliated company)
Eckenheimer Landstrase 100, D-60318 Frankfurt am Main

Manufacturers (Device Product):

Anteis S.A.
Chem. des Aulx 12, 1228 Plan-les-Ouates, Switzerland

Uithera, Inc.
1840 S Stapley Dr.
Mesa, AZ 85204

SSP-SiMatrix, Inc dba Vest, Inc Lubrizol
1131 North US HWY 93
Victor, MT S987S

Manufacturers (OTC product):

Amcol Health and Beauty, Inc.
301 Laser Lane
Lafayette, LA 70507

Englewood Labs, Inc.
20 Campus Road
Totowa, NJ 07512
FDA Registration #: 3013020160

Shipper:

Merz North America, Inc. (an affiliated company)
13900 West Grandview Parkway
Sturtevant, WI 53177

/ NDC (index.cfm)

National Drug Code Directory

Current through November 11, 2022

You have searched Finished drug products

Search Results: '46783'

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ AFTER CARE	46783-004-04	4 mg/mL	CREAM	TOPICAL	part347	Merz North America	46783-004	DIMETHICONE	DIMETHICONE	HUMAN OTC DRUG	06/11/2019	N/A	OTC MONOGRAPH FINAL	4 mL in 1 TUBE (46783-004-04)
+ AFTER CARE	46783-004-15	4 mg/mL	CREAM	TOPICAL	part347	Merz North America	46783-004	DIMETHICONE	DIMETHICONE	HUMAN OTC DRUG	04/01/2019	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-004-15) > 15 mL in 1 BOTTLE
+ AFTER CARE	46783-004-20	4 mg/mL	CREAM	TOPICAL	part347	Merz North America	46783-004	DIMETHICONE	DIMETHICONE	HUMAN OTC DRUG	04/01/2019	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-004-20) > 200 mL in 1 BOTTLE
+ Journee Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-002-02	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-002	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	04/01/2011	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-002-02) > 30 mL in 1 BOTTLE
+ Journee Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-002-05	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-002	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	04/01/2011	N/A	OTC MONOGRAPH FINAL	4 mL in 1 TUBE (46783-002-05)
+ Journee Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-002-50	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-002	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	06/18/2019	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-002-50) > 50 mL in 1 BOTTLE
+ Journee Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-002-03	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-002	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	04/01/2011	N/A	OTC MONOGRAPH FINAL	200 mL in 1 BOTTLE (46783-002-03)
+ Journee Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-002-01	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-002	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	04/01/2011	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-002-01) > 15 mL in 1 BOTTLE
+ Journee Firm Broad Spectrum Sunscreen SPF 30	46783-100-15	12.25 mg/mL, 10.2 mg/mL	CREAM	TOPICAL	part352	Merz North America, Inc.	46783-100	TITANIUM DIOXIDE and ZINC OXIDE	TITANIUM DIOXIDE; ZINC OXIDE	HUMAN OTC DRUG	05/01/2022	N/A	OTC MONOGRAPH FINAL	1 BOTTLE, PLASTIC in 1 CARTON (46783-100-15) > 15 mL in 1 BOTTLE, PLASTIC
+ Journee Firm Broad Spectrum Sunscreen SPF 30	46783-100-50	12.25 mg/mL, 10.2 mg/mL	CREAM	TOPICAL	part352	Merz North America, Inc.	46783-100	TITANIUM DIOXIDE and ZINC OXIDE	TITANIUM DIOXIDE; ZINC OXIDE	HUMAN OTC DRUG	05/01/2022	N/A	OTC MONOGRAPH FINAL	1 BOTTLE, PLASTIC in 1 CARTON (46783-100-50) > 50 mL in 1 BOTTLE, PLASTIC
+ Journee Firm Broad Spectrum Sunscreen SPF 30	46783-100-06	12.25 mg/mL, 10.2 mg/mL	CREAM	TOPICAL	part352	Merz North America, Inc.	46783-100	TITANIUM DIOXIDE and ZINC OXIDE	TITANIUM DIOXIDE; ZINC OXIDE	HUMAN OTC DRUG	06/17/2022	N/A	OTC MONOGRAPH FINAL	6 mL in 1 TUBE (46783-100-06)
+ Journee Firm Broad Spectrum Sunscreen SPF 30	46783-100-20	12.25 mg/mL, 10.2 mg/mL	CREAM	TOPICAL	part352	Merz North America, Inc.	46783-100	TITANIUM DIOXIDE and ZINC OXIDE	TITANIUM DIOXIDE; ZINC OXIDE	HUMAN OTC DRUG	06/17/2022	N/A	OTC MONOGRAPH FINAL	200 mL in 1 BOTTLE, PLASTIC (46783-100-20)
+ Journee Riche Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-175-04	7.5 mg/100mL, 7.3 mg/100mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-175	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	05/18/2015	N/A	OTC MONOGRAPH FINAL	4 mL in 1 TUBE (46783-175-04)
+ Journee Riche Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-175-05	7.5 mg/100mL, 7.3 mg/100mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-175	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	05/18/2015	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-175-05) > 15 mL in 1 BOTTLE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Journee Riche Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-175-10	7.5 mg/100mL, 7.3 mg/100mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-175	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	05/18/2015	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-175-10) > 30 mL in 1 BOTTLE
+ Journee Riche Bio-restorative Day Balm Broad-spectrum Sunscreen SPF 30	46783-175-15	7.5 mg/100mL, 7.3 mg/100mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-175	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	05/18/2015	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-175-15) > 50 mL in 1 BOTTLE
+ Micro Day Rejuvenating Broad-spectrum Sunscreen SPF 30	46783-173-10	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-173	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	03/23/2015	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-173-10) > 30 mL in 1 BOTTLE
+ Micro Day Rejuvenating Broad-spectrum Sunscreen SPF 30	46783-173-05	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-173	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	03/23/2015	02/28/2023	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-173-05) > 15 mL in 1 BOTTLE
+ Micro Day Rejuvenating Broad-spectrum Sunscreen SPF 30	46783-173-20	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-173	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	03/23/2015	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-173-20) > 200 mL in 1 BOTTLE
+ Micro Day Rejuvenating Broad-spectrum Sunscreen SPF 30	46783-173-04	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-173	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	05/15/2019	10/31/2024	OTC MONOGRAPH FINAL	4 mL in 1 TUBE (46783-173-04)
+ Micro Day Rejuvenating Broad-spectrum Sunscreen SPF 30	46783-173-50	75 mg/mL, 73 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc.	46783-173	OCTINOXATE and ZINC OXIDE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	10/20/2019	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-173-50) > 50 mL in 1 BOTTLE
+ MICRO DAY RICHE	46783-275-15	75 mg/mL, 73 mg/mL	CREAM	TOPICAL	part352	Merz North America	46783-275	ZINC OXIDE and OCTINOXATE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	01/31/2019	11/30/2022	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (46783-275-15) > 15 mL in 1 TUBE
+ MICRO DAY RICHE	46783-275-50	75 mg/mL, 73 mg/mL	CREAM	TOPICAL	part352	Merz North America	46783-275	ZINC OXIDE and OCTINOXATE	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	01/31/2019	12/31/2022	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (46783-275-50) > 50 mL in 1 TUBE
+ Reactive Plus Anti-Oxidant Serum plus Broad-spectrum SPF 45	46783-222-30	50 mg/mL, 51 mg/mL	LOTION	TOPICAL	part352	Merz North America, Inc	46783-222	Octinoxate and Zinc Oxide	OCTINOXATE; ZINC OXIDE	HUMAN OTC DRUG	06/01/2018	N/A	OTC MONOGRAPH FINAL	1 BOTTLE in 1 CARTON (46783-222-30) > 30 mL in 1 BOTTLE
+ Xeomin	46783-160-10	100 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz North America, Inc.	46783-160	IncobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	06/01/2011	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (46783-160-10) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
+ Xeomin	46783-160-01	100 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz North America, Inc.	46783-160	IncobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	06/01/2011	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (46783-160-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
+ Xeomin	46783-161-01	50 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz North America, Inc.	46783-161	IncobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	06/01/2011	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (46783-161-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
+ Xeomin	46783-165-01	50 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz North America, Inc.	46783-165	IncobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	06/01/2011	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (46783-165-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE

Showing 1 to 28 of 28 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: Merz North America, Inc.

Address: 6501 Six Forks Road Raleigh, NC 27615

License Type: Virtual Manufacturer

License Number: 1065

Status: Active - in good standing

Discipline: No

Issue Date: 12/8/2022

Original Issue: 6/25/2015

Expiration Date: 12/31/2023

Attachment C

Corporate Officer and Director Information

Corporate Officers:

Patrick Urban
President

Matthew Anderson
Vice President, Technical Operations

Joseph Barry
Vice President, General Counsel, Compliance Officer & Secretary

Directors:

Patrick Urban
Robert Rhatigan
Karl Kokrhoun

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MERZ NORTH AMERICA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of July, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of July, 2022.

Elaine F. Marshall

Secretary of State

Certification# 113920973-1 Reference# 18893546- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

From: Bretts, Maranda R. (Licensing) <mrbretts@porziolicensing.com>
Sent: Thursday, December 8, 2022 9:18 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: MerzNA-StateLicenses@merz.de
Subject: RE: Nevada Out-of-State Wholesaler Application-Merz North America, Inc.

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

Maria,

Thank you for reviewing this application. See below and attached in response to your request.

Please feel free to contact me if you require any additional information.

Regards,

Maranda

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Merz North America, Inc. The application is incomplete due to the following missing item(s).

- Please provide the FDA letter of approval

  Attached please find Merz North America, Inc.'s ("MNA's) approved FDA drug product list. Also, MNA intends to sell one prescription medical device, Ulthera. Please advise if you require any additional information.

- On the application it is marked, therefore If providing a **Medical Devices**, Equipment and Gases (MDEG), supply a copy of proof of insurance **(NAC 639.6957).**

  MNA will not sell medical devices direct to patients / end-users. All product will be sold at wholesale to clinics, hospitals, wholesalers, etc. (not to the end-user). As such, MNA is not required to obtain a MDEG license. According to the MDEG application: "This application is required if Medical Devices, Equipment and Gases (MDEG) products will be sold directly to a patient by a prescription." and "If MDEG products will be sold to pharmacies, practitioners, hospitals, clinics and/or wholesalers, then a Wholesaler Application will need to be completed."

- The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00) N/A

- A Medical Devices, Equipment and Gases **(MDEG) Administrator form** must be completed if the business will wholesale **medical devices**, equipment, supplies, gases, including hypodermic devices. **(NAC 639.6957).** (the DR can be the same individual) N/A

- Please confirm the Designated Representative is fully present full time at the facility The Designated Representative is present full time at the facility

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy

Maranda R. Bretts
MRBretts@porziolicensing.com
Phone: (973) 889-4053

PLEASE NOTE NEW EMAIL ADDRESS. Please update your contacts for future correspondences.

PORZIO
Compliance Services

A wholly-owned subsidiary of Porzio, Bromberg & Newman
100 Southgate Parkway P.O. Box 1997
Morristown, NJ 07962-1997
www.porziolicensing.com

Maranda R. Bretts
MRBretts@porziolicensing.com
Phone: (973) 889-4053

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Merz North America, Inc.

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 6501 Six Forks Road

City: Raleigh State: NC Zip: 27615

Mailing Address (if different from physical address): 13900 West Grandview Parkway

City: Sturtevant State: WI Zip: 53177

Telephone: 919-582-8000 Website: www.merzusa.com

Licensing Company Email: MerzNA-StateLicenses@merz.de

Section 2: Personal Information

First: Charles Middle: Kayode Last: Jagun

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 13900 West Grandview Parkway

City: Sturtevant State: WI Zip: 53177

Telephone: [redacted] Email: Charles.Jagun@merz.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Walden University			09/12 - 06/18	
Address	City		State	Zip
	Minneapolis			
Diploma/Degree obtained, if any				
Doctor of Business Administration – Technology Entrepreneurship				
School Name			From - To (MM/YY – MM/YY)	
North Carolina Central University			09/08 - 06/10	
Address	City		State	Zip
	Durham		NC	
Diploma/Degree obtained, if any				
Master of Science - Pharmaceutical Sciences				
School Name			From - To (MM/YY – MM/YY)	
University of Ilorin			09/85 - 06/89	
Address	City		State	Zip
	Ilorin		Nigeria	N/A
Diploma/Degree obtained, if any				
Bachelor of Science – Biochemistry				
School Name			From - To (MM/YY – MM/YY)	
Tafawa Balewa Memorial College			09/80 - 06/85	
Address	City		State	Zip
	Kaduna		Nigeria	N/A
Diploma/Degree obtained, if any				
GCE O/Level				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2005 - 10/20	[redacted] Skybrook Lane	Durham	NC	27703
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Merz Aesthetics North America, Inc.			05/19- Current
Business Address	**City**	**State**	**Zip**
6501 Six Forks Road	Raleigh	NC	27165
Phone	**Title**		**Number of Employed Hours**
919-582-8000	Regulatory Manager		4,520
Description of Duties			
Responsibilities include regulatory intelligence, global regulatory affairs support, product development, post-approval product lifecycle management and designated representative.			

Business Name			From - To (MM/YY – MM/YY)
Bioventus LLC			2015-2019
Business Address	**City**	**State**	**Zip**
4721 Emperor Road	Durham	NC	27703
Phone	**Title**		**Number of Employed Hours**
	Regulatory Affairs Specialist		7,280
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/10/2022
Date

I, Charles K. Jagun, **certify that as the designated representative for**

Merz North America, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Charles Jagun

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles Jagun

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Wake

I, Charles Jagun, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/24/2022

Date

Subscribed and Sworn to before me this 24 day of August, 2022

Robin Lynne Holt

Notary Public Signature

Commission Expires: 1/30/2025

ROBIN LYNNE HOLT NOTARY PUBLIC WAKE COUNTY, NC (Seal)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA Inc.
100 North Tryon Street, Suite 3600
Charlotte, NC 28202

CN102935033-GAWUX-xs-21-22

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Mitsui Sumitomo Insurance USA Inc	22551
INSURER B : Travelers Property Casualty Company Of America	25674
INSURER C : Phoenix Insurance Company	25623
INSURER D : Travelers Indemnity Co Of CT	25682
INSURER E : Navigators Insurance Company	42307
INSURER F : Federal Insurance Company	20281

INSURED
Merz North America, Inc.
Merz, Incorporated
Merz Pharma
6501 Six Forks Road
Raleigh, NC 27615

COVERAGES **CERTIFICATE NUMBER:** ATL-004271432-22 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY**			GL 2122565	07/01/2021	07/01/2022	EACH OCCURRENCE	$	1,000,000
A	X CLAIMS-MADE ☐ OCCUR			GL 2122561 (Products)	07/01/2021	07/01/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$	10,000
	X POLICY ☐ PRO-JECT ☐ LOC						PERSONAL & ADV INJURY	$	1,000,000
	OTHER:						GENERAL AGGREGATE	$	1,000,000
							PRODUCTS - COMP/OP AGG	$	1,000,000
								$	
B	**AUTOMOBILE LIABILITY**			BA-9E099339	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	☐ **UMBRELLA LIAB** ☐ OCCUR			EX-3S189810-21-NF	07/01/2021	07/01/2022	EACH OCCURRENCE	$	15,000,000
	X **EXCESS LIAB** X CLAIMS-MADE						AGGREGATE	$	15,000,000
	☐ DED ☐ RETENTION $							$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N			UB- 6K966865 (AOS)	07/01/2021	07/01/2022	X PER STATUTE ☐ OTH-ER		
C	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		UB-6K867537 (FL)	07/01/2021	07/01/2022	E.L. EACH ACCIDENT	$	1,000,000
D	**(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			UB-6K868177 (WI)	07/01/2021	07/01/2022	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
F	EXCESS LAYER LIABILITY			79837204	07/01/2021	07/01/2022	XS of $15,000,000		10,000,000
E	2ND LAYER EXCESS			NY21EXR787302IV	07/01/2021	07/01/2022	XS of $25,000,000		15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Merz North America, Inc.
6501 Six Forks Rd
Raleigh, NC 27615-6515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.
Lisa Viebrock

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Merz North America, Inc. MDEG License # (if applicable) pending

Physical Address 6501 Six Forks Road

City Raleigh State NC Zip 27615

Mailing Address (if different from physical address) 13900 West Grandview Parkway

City Sturtevant State WI Zip 53177

Telephone 919-582-8000 Website www.merzusa.com

Licensing Company Email MerzNA-StateLicenses@merz.de

Section 2: Personal Information

First Charles Middle Kayode Last Jagun

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 13900 West Grandview Parkway

City Sturtevant State WI Zip 53177

Telephone [redacted] Email Charles.Jagun@merz.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Walden University		09/12-06/18	
Address	**City**	**State**	**Zip**
200 S 5th Street	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Doctor of Business Administration – Technology Entrepreneurship			
School Name		**From - To (MM/YY – MM/YY)**	
North Carolina Central University		09/08-06/10	
Address	**City**	**State**	**Zip**
1801 Fayetteville Street	Durham	NC	27707
Diploma/Degree obtained, if any			
Master of Science - Pharmaceutical Sciences			
School Name		**From - To (MM/YY – MM/YY)**	
University of Ilorin		09/85-06/89	
Address	**City**	**State**	**Zip**
1515, P.M.B.	Ilorin, Nigeria		
Diploma/Degree obtained, if any			
Bachelor of Science – Biochemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Tafawa Balewa Memorial College		09/80-06/85	
Address	**City**	**State**	**Zip**
Angwa Jaba Road, Samaru	Kaduna, Nigeria		
Diploma/Degree obtained, if any			
GCE O/Level			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/05 - current	[redacted] Skybrook Lane	Durham	NC	27703
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Merz North America, Inc.			05/13/2019 - Present	
Business Address		**City**	**State**	**Zip**
6501 Six Forks Road		Raleigh	NC	27615
Phone	**Title**		**Number of Employed Hours**	
919-582-8000	Regulatory Manager		4,520	
Description of Duties				
Responsibilities include regulatory intelligence, global regulatory affairs support, product development, post-approval product life cycle management and designated representative.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Charles Jagun, **certify that as the MDEG Administrator for**

Merz North America, Inc.,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles, Jagun

Print Name (First, Last)

DocuSigned by:
Charles Jagun
686DAB838438420...

Original Signature (electronic, copies or stamps not accepted)

1/12/2023

Date

Board Use Only	Date Received:

The information provided to the Nevada Board of Pharmacy ("Board") by Merz North America, Inc. ("Merz"), as required by the Board, is the confidential and proprietary information of Merz including, without limitation, personal employee data included within this attachment. All confidential protections afforded under federal, Nevada and applicable law applies to the data provided herein, and such data shall not be disclosed under an applicable FOIA statute unless required by law, with necessary notice.

Department	Employee Name	Title	Location
CU1G23002 -Ax GLB Mrktg	Allen, Devon	Franchise Lead Sr Dir	Corporate
	Berta, Gergely	Sr. Dir., Gbl Digital Imp	Corporate
	Betancourt Puga, Laura A.	Sr Marketing Manager	Corporate
	Errington, Stuart	Director Glb Dig Services	Corporate
	Gumus, Can	Chief Marketing Officer	Corporate
	Ho, Jeffrey C.	Sr Mgr Global Prof Rel	Corporate
	Iager, Karen	Exec Admin Asst	Corporate
	Juarez, Lina	Ex Dir Strat Mkting Devic	Corporate
	Lee, Rebecca	Sr Global Database Mgr	Corporate
	Mcdowell, Cameron	Learning Program Manager	Corporate
	Morganti-Wall, Christina	Exec Dir Glbl Dig Strat	Corporate
	Propp, Adam D.	Franchise Lead Director	Corporate
	Shrestha, Dipendra	AD Global Data	Corporate
	Steuer, Alexander U.	Summer Intern	Corporate
	Wieland, Katharina	Franchise Lead Dir, Dev	Corporate
CU1G23004 -AxGLBCorp Comm	Browder, Emily	VP Corp Comm & PR	Corporate
	Brown, Alison	Sr Dir, Corporate Comm	Corporate
	Hill, Lindsay H.	Communications Sr Manager	Corporate
	Kirkman, Lindsay	Sr Global Soc Media Mgr	Corporate
	Oropeza, Ana	Mgr. Global Pub Relations	Corporate
CU1G23005 -Ax GLB COREScv	Allen, Ronnie	Facilities Management Dir	Corporate
	Costantini, Gina R.	Exec Admin	Corporate
	Garner, Bryant	Fleet & Travel Sen Man	Corporate
	Hargett, Ann	Employee Experience Assoc	Corporate
	Kuban-Conlow, Carolyn S.	Employee Experience Assoc	Corporate
	Rhatigan, Robert T.	CEO, Global Merz Ax	Corporate
CU1G25010 -Ax GLBExceMgmt	Balukas, Deedee L.	Executive Assistant	Corporate
	Carmody, Taylor M.	Grad Rotation R&D Intern	Corporate
	Kerr, Samantha	Chief Scientific Officer	Corporate
	Perry Ph.D., Tracyann	Head Clinical Aesthetics	Corporate
	Simmons, Tita	Associate VP, R&D Quality	Corporate
	Soma, Ravikumar	Sen Dir Proj Mgmt	Corporate
	Gill, Evan J.	Project Manager	Corporate
	Koehler, Emily M.	Project Manager	Corporate
	Moore, Sarah	Sr Project Coordinator	Corporate
	Thayer, Nicholas D.	Sr Project Manager	Corporate
	Woodard, James	Sr Project Manager	Corporate
CU1G25013 -AxClin.Science	Duncan, Ashlee W.	Dir Medical Writing	Corporate
	Hofmann, Matthias	DIR Head of Clin Dev	Corporate
	Odena garcia, Gemma	Associate Clinical Dir.	Corporate
	Pandey, Esha	Clinical Scientist	Corporate
	Davis, Timothy W.	Assoc Dir Reg Affairs	Corporate
	Jagun, Charles	Regulatory Manager	Corporate
	Lew, Micki	Director, Reg Affairs	Corporate
	Lowe, Sierra	Sr Regs Affairs Spec	Corporate
	Rivera, Alissa J.	Reg Affairs Coordinator	Corporate
	Strickland, Erika	Sr Mgr - Reg Affairs	Corporate
CU1G25015 -Ax Prod Safety	Green, Angela	Product Safety Scientist	Corporate

	Newman, Melissa	Director, Product Safety	Corporate
	Watkins, Jennifer	Product Safety Lead	Corporate
CU1G25016 -Ax GBL Quality	Allen, Katina	QA Proc, Lm & Mgmnt Mgr	Corporate
	Hutchinson, Michael J.	Manager Quality Assurance	Corporate
CU1G25021 -Ax GLB Executi	Dewberry, Sandra	Med Affairs Ops Sr Mgr	Corporate
	Phillips, Terri L.	Chief Med Affairs Officer	Corporate
	Santos, Devlin O.	Data Analytics Associate	Corporate
CU1G25022-Ax Glb Med Info	Despain, Debra	Sr Medical Info Mgr	Corporate
	Murry, Tamara	Sr Med Info Sci	Corporate
	Ojeda, Kayla	Medical Info Scientist	Corporate
CU1G25023-Ax Glb Comm	Daughtry Ph.D., Hua	Dir. Glob. Scientific Com	Corporate
	Hoffman, Maureen F.	Glob Digit Med Com Sr Mgr	Corporate
CU1G25024-Ax Glb Med Res	Akers, John	EURO/MDR, MA Mgr	Corporate
	Albion, Susanne	Global MA Clin Analyt Dir	Corporate
	Curry, Andrew S.	Associate Med Director	Corporate
	Marx M.D., Ann P.	Global Med Dir, Fillers	Corporate
	Nasrallah, Nicole	Biostatistician	Corporate
	Siemasko, Karyn	Assoc VP Scien Research	Corporate
CU1G25045 -Ax Shar Scvs	Gagliardi, Stefanie	Sr Clinical Project Mgr	Corporate
	Hall, Jackson M.	TMF & Doc Mgmt Specialist	Corporate
	Kocherry, Natasha L.	Sr Clinical Proj Mgr	Corporate
	Mathews, David	Clinical Project Director	Corporate
	Rangnow, Jennifer D.	Dir Gbl Clinical Ops	Corporate
	Walter, Tanya	Manager, TMF and Doc Mgmt	Corporate
	Warren, Jill Y.	Sr Clinical Proj Assoc	Corporate
CU1G26001 -Ax GLB FIN	Adiletta, Peter N.	Sr Project Manager	Corporate
	Dyer, Richard	Gbl Dir, R&D FP&A	Corporate
	Gaglione, Michael	FP&A Manager	Corporate
	Kokrhoun, Karl	Chief Financial Officer	Corporate
	Miller, Christy	Project Manager - PMO	Corporate
	Newman, David M.	Dir, Operational Excellen	Corporate
	Pace, Lida	Mgr - Financial Planning	Corporate
CU1G26002 -Ax GLB Ax PMO	Brese, Bryan P.	Corporate Development Mgr	Corporate
	Flowers, Haley	Executive Assistant	Corporate
	Parrish, Jonathan	Chief Corp Dev Officer	Corporate
	Smith Jr., Thomas S.	Corp Dev Dir	Corporate
CU1G26003 -Ax GLB HR	Allen, Skip	Sr Dir Global L&D	Corporate
	Armstrong, Wendy	Core Svc Admin	Corporate
	Coelho, Hyunna L.	Chief Administrative Offi	Corporate
	Hopp, James	Sen Dir Glob Total Reward	Corporate
	Kalainikas, Lauren	Benefits Specialist	Corporate
	Klein, Ina Nikola	Total Rewards Sr. Manager	Corporate
	Mayer, Nancy	Total Wellness Manager	Corporate
	Montalvo, Jennifer	Dir Employee Experience	Corporate
	Nichols, Ashton	Global L&D LMS Admin	Corporate
	Prudente, Natalie	Sen Dir Glob Total Welln	Corporate
	Winston, Zoe L.	Global L&D Manager	Corporate
CU1G26007 -Ax GLB Legal	Edwards, William	General Counsel, Global	Corporate
	Mileris, Dalia R.	Exec Admin Asst	Corporate

	Rahman Esq., Wasim S.	Assist. General Counsel	Corporate
	Ramsey, Meeghan E.	Paralegal II	Corporate
CU1G26008 - Ax GLB Compli	Falcone, David	Assoc VP Global Complianc	Corporate
	Horwitz, Deborah	Sen Dir Compl&Privacy Ops	Corporate
	Korman Celestini, Christina M.	Compliance Assurance Dir	Corporate
	Serhan, Anthony M.	Sr Dir Strat Part Em Mkts	Corporate
	Wyant, Jennifer	Channel Partner Director	Corporate
	Pettit, Julian P.	Port Dev Specialist	Corporate
CU1X22041 -CS East Area	Fagan, Matthew M.	Portfolio Territory Mgr	Corporate
	Dubuisson, Mary	CORE Services Sr Manager	Corporate
	Floegel, Michael	VP-Commercial Excellence	Corporate
	Gildea, Beth M.	Sr Dir Customer Engagemen	Corporate
	Maxwell, Thomas	Sr Dir Sales Training	Corporate
CU1X22051 FS Ax Inside W	Beirne, Jonathan	Acct SPCLT - Inside Sales	Corporate
	Breit, Noah J.	Acct SPCLT - Inside Sales	Corporate
	Dohanich, Hayley	Acct SPCLT - Inside Sales	Corporate
	Fiedor, Christian	Acct SPCLT - Inside Sales	Corporate
	Furby, Caroline	Acct SPCLT - Inside Sales	Corporate
	Mcneil, Shaneice	Acct SPCLT - Inside Sales	Corporate
	Ruschen, Amy	Acct SPCLT - Inside Sales	Corporate
CU1X22052 -Ax InsideSales	Campbell, Kevin T.	Mgr - Inside Sales	Corporate
	Johnson, Natalie	Acct SPCLT - Inside Sales	Corporate
	Kelly, Lisa	Acct SPCLT - Inside Sales	Corporate
	Kirk, Makala N.	Acct SPCLT - Inside Sales	Corporate
	Letellier, Michael J.	Acct SPCLT - Inside Sales	Corporate
	Marshall, Piper	Acct SPCLT - Inside Sales	Corporate
	Randolph, Carley A.	Acct SPCLT - Inside Sales	Corporate
	Waemess, Weston C.	Acct SPCLT - Inside Sales	Corporate
	Winborn, Kelly	Acct SPCLT - Inside Sales	Corporate
CU1X23010 - Ax Aesthetics	Brunk, Tiffany H.	Assoc. Dir. Port Dig Plat	Corporate
	Buchanan, Morgan L.	Product Mgmt Assoc Dir	Corporate
	Casas, Roberto	VP of Marketing	Corporate
	Cook, Casey	Assoc Dir CRM/CDP US Mktg	Corporate
	Culp, Nathaniel J.	Consr Mktg Assoc. Dir	Corporate
	Damoussi, Emma H.	Consumer Marketing, Dir	Corporate
	Davis, Paige C.	Dir Brand Mktg	Corporate
	Miller, Kimberly L.	Marketing Coordinator	Corporate
	Simmons, Kathryn A.	Port Dig Plat Mktg Coor	Corporate
	Springmeyer, Meghan A.	Sr Mgr Brand Mktg	Corporate
	Tavener, Todd	Assoc Dir US Mkt Intel	Corporate
	Vandersip, Emily	US Brand Mktg Coordinator	Corporate
CU1X23011 - Ax Operations	Beason, Chandler	PIR & Events Assoc Mgr	Corporate
	Duke, Savannah	Marketing Coordinator	Corporate
	Jarvis, Matthew R.	HCP Ed & Advo Assoc Mgr	Corporate
	Kastner, Tasha S.	Marketing Ops Mgr	Corporate
	Ponson, Janice	Man, Engmt Team Proj Plan	Corporate
	Rammel, Caylen	Dir Loy & Strat Alliance	Corporate
	Sadler, Brittney A.	Loyalty Coordinator	Corporate
	Strickford, Dan	US Brand Comm Director	Corporate

	Yazdani, Christine	Mgr Mktg Ops Strat Al	Corporate
CU1X23013 -Ax Comm Analyt	Besenfelder, Jessica	Mgr -Commercial Analytics	Corporate
	Chatla, Archana	ETL Developer	Corporate
	Cleary, Matthew	Advanced Analytics BP	Corporate
	Kenny, Sarah	Sr Comm Analytics BP	Corporate
	McEwan, James	Sales Operations BP	Corporate
	Mordus, Mark L.	Director Comm Analytics	Corporate
	Nyaga, Grace	Comm Analytics Biz Prtnr	Corporate
CU1X23014 -OffofPresident	Stuart, Gremeko	Exec Admin Asst	Corporate
	Urban, Patrick	President, Region NA	Corporate
CU1X23020 -Ax CustService	Ackerman, Jared T.	Customer Engage Ops Coor	Corporate
	Bates, Helena	Sr Manager Cust Solutions	Corporate
	Dillehay, Kimberly	Customer Solutions Agent	Corporate
	Elliott, Jessica	Dir Customer Solutions	Corporate
	Farley, Tyler	Customer Solutions Agent	Corporate
	Gerst, Quando	Sr. Cust Solutions Agent	Corporate
	Gilgen, Ally C.	Customer Solutions Agent	Corporate
	Hunter, Garrison	Regional Sales Specialist	Corporate
	Kappie, Kenneth	Mgr, Customer Solutions	Corporate
	Kupatt, Christian	Customer Solutions Agent	Corporate
	Lucas, Morrie J.	Customer Solutions Agent	Corporate
	McCoy, Tyler	Regional Sales Specialist	Corporate
	Page, Skylar W.	Regional Sales Specialist	Corporate
	Porter, Alicia	Sr. Cust Solutions Agent	Corporate
	Reed, Blossom P.	Regional Sales Specialist	Corporate
	Rossicci, Brandon	Regional Sales Specialist	Corporate
	Shoaf, Amanda	Sr. Cust Solutions Agent	Corporate
	Silver, Jacob M.	Exec Cust Solutions Agent	Corporate
	Taylor, Antrinee M.	Exec Cust Solutions Agent	Corporate
	Trueheart, Traci	Regional Sales Specialist	Corporate
	Watts, Sharmella	Customer Solutions Agent	Corporate
	Snipes, Kaitlyn N.	Grants & Giving Admin	Corporate
CU1X26010 - Ax Finance	Damiano, Elizabeth	Fin Anlst Fin Plan Analys	Corporate
	English, Jennifer B.	Sen Analyst - Contract Op	Corporate
	Huffstetler III, Hilbert H.	Sr. Finance Analyst FP&A	Corporate
	Maxwell, Kelly	Sr. Mgr, FP&A Forecast	Corporate
	Schmidt, Leigh	FP&A Forecast/Analysis Sr	Corporate
	Semon, Craig	Sr Dir Contract Operation	Corporate
	Sine, Alana	Chief Financial Officer	Corporate
	Steffen, Paul W.	Sr. Director, FP&A	Corporate
	Stender, Cathleen	Sr Mgr FP&A	Corporate
CU1X26011 Ax FI Acct Svcs	Fawcett, Kimberly	Tax Sr Mgr	Corporate
	Francis, Antoinette L.	A/P Specialist	Corporate
	Hicks, Kirstin M.	T&E Spec, Treasury Assist	Corporate
	Hooker, Shakeisha	Sr Fin Reporting Analyst	Corporate
	Integlia, Elizabeth L.	Sr Fin Reporting Analyst	Corporate
	Lizarazo, Pablo	Assoc Dir Acct Services	Corporate
	Shepherd, Tracey	Mgr Payroll	Corporate
	Short, Hanna	Director, Acct and Tax	Corporate

	Simmons, Monique	A/P Specialist	Corporate
	Smith, Annastaisha R.	Acct & Reporting Mgr	Corporate
	Vance, Laurie	Assoc Man Acc Payable	Corporate
CU1X26012 -Ax Finance AR	Bennett, Yaquii	Mgr - Accounts Receivable	Corporate
	Daniel, Kristy	Mgr - Accounts Receivable	Corporate
	Hardin, Doretta M.	AR Specialist	Corporate
	Jones, Nurisha V.	Credit Analyst	Corporate
	Moore, Heather L.	Sr Mgr AR	Corporate
	Nichols, Corey	AR Sr. Systems Analyst	Corporate
	Peebles, Debra	AR Specialist	Corporate
	Reives, Keisha	Credit Assoc Manager	Corporate
	Sutphin, Cordelia	Accounts Receivable Agent	Corporate
	Terrell, Paul G.	Credit Analyst	Corporate
	Torry, Tracy	SR. Credit Analyst	Corporate
	Wendell, Nicole	AR Senior Analyst	Corporate
	Williford, Rodney L.	Dir Accounts Receivable	Corporate
CU1X26045 -Ax Human Resou	Busch, Emily	Core Services Manager	Corporate
	Kappie, Michelle	Dir,Talent Acquisition	Corporate
	Lobell, Kimberly	VP - Core Services NA	Corporate
	Moreno, Edith	Incent. Comp. Director	Corporate
	Sitton, Tyra	Dir - Ax Communications	Corporate
CU1X26060 -Ax Sourcing	Desai, Bhavika	Purchasing Manager	Corporate
	Mcclain, Kathryn N.	Contracts Manager	Corporate
	Mcspadden, Leslie A.	Sr Dir, GLB ID Sourcing	Corporate
CU1X26080 - Ax Legal	Barry, Joseph	General Counsel	Corporate
	Holt, Robin	Sr Paralegal & Ops Mgr	Corporate

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810013619

Application/License No. _____

Merz North America, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
6501 Six Forks Rd, Raleigh, North Carolina 27615-6515, United States, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of New York
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 22, 2022.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of September, 20 22.

APPLICANT/PRINCIPAL

Merz North America, Inc.

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Thelma M. Lett
Surety Company's Representative

Thelma M. Lett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Ivana Filipovic

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Chaveriat

Witness Bonnie Rice

Countersigned by:

N/A
Nevada Resident Agent

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Sandy McElhaney, Jessica Frederick, Andrea Allman, Michelle Lute-Heatherly, Thelma M. Lett, Lori A. Wright, Sarah Major, Leslie Patterson, Amanda Mills**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an Authorized Officer) may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated twenty-second day of September, 2022.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

intact specialty solutions

Atlantic Specialty Insurance Company

Period Ended 12/31/2021

Dollars displayed in thousands

Admitted Assets	
Investments:	
Bonds	$ 1,827,267
Preferred Stocks	-
Common Stocks	907,728
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	174,241
Other Investments	20,131
Total Cash & Investments	2,929,367
Premiums and Considerations Due	288,964
Reinsurance Recoverable	24,105
Receivable from Parent, Subsidiary or Affiliates	56,353
All Other Admitted Assets	59,690
Total Admitted Assets	3,358,479

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 1,012,842
Loss Adjustment Expense Reserves	307,403
Total Loss & LAE Reserves	1,320,246
Unearned Premium Reserve	655,993
Total Reinsurance Liabilities	24,180
Commissions, Other Expenses, and Taxes due	63,766
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	442,340
Total Liabilities	2,506,525
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	165,606
Other Including Gross Contributed	677,347
Capital & Surplus	851,954
Total Liabilities and C&S	3,358,479

State of Minnesota
County of Hennepin

I, Kara Barrow, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2021, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 14th day of March, 2022.

Notary Public

KERRI RIECHERS
Notary Public
Minnesota
My Commission Expires January 31, 2025

My Commission Expires January 31, 2025

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01600	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: National Distribution + Contracting Inc.

Physical Address: 407 New Sanford Rd

City: LaVergne State: TN Zip: 37086

Mailing Address (if different from physical address): 402 BNA Drive Ste 500

City: Nashville State: TN Zip: 37217

Telephone: 6153643233 Website: www.ndc-inc.com

Name of Designated Representative (DR): David Rutherford

Licensing Company Email: Compliance@ndc-inc.com DR Email: drutherford@ndc-inc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

N/A

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter
Address: One Baxter Pkwy City: Deerfield State: IL Zip: 60015

Name: Cardinal Health
Address: 250 McKnight St City: Jacksonville State: TX Zip: 75766

Name: Nestle
Address: 1007 US Hwy 202/206 City: Bridgewater State: NJ Zip: 08807

Name: Pfizer
Address: 1555 Shelby Oaks drive City: Memphis State: TN Zip: 38134

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): NDC Acquistion Corp 100% Owned
Corporation/Organization Name: National Distribution + Contracting Inc
Mailing Address: 402 BNA Drive, Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615 366 3230 Email: Compliance@ndc-inc.com
Contact Person Name: Tammy Beasley

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

National Distribution + Contracting Inc

Facility Name

Tammy Beasley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/21/2022

Date

Board Use Only	Date Received: 12-27-22	Amount: 1000.00 CC

29783

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000002183
EXPIRATION DATE: 07/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
NATIONAL DISTRIBUTION & CONTRACTING

COMMISSIONER OF HEALTH

TAMMY BEASLEY
NATIONAL DISTRIBUTION & CONTRACTING
407 NEW SANFORD RD.
LA VERGNE TN 37086-4184

12610149
29783

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
NATIONAL DISTRIBUTION & CONTRACTING
407 NEW SANFORD ROAD
LA VERGNE TN 37086

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000002183
EXPIRATION DATE: 07/31/2023

ASSISTANT COMMISSIONER: HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

National Distribution & Contracting, Inc

Shareholders
NDC Acquisition Corp 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Officers
Jack Thomas Stephens III - CEO
[redacted]West Pope Ct
Homosassa, FL 34448

Tammy Beasley, Asst. Secretary
[redacted]Rosecran Circle
LaVergne, TN 37086

National Distribution and Contracting Inc including the officers, directors, etc have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or has not been involved in, or convicted of any criminal or prohibited acts.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL DISTRIBUTION & CONTRACTING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL DISTRIBUTION & CONTRACTING, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF MAY, A.D. 1953.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

466424 8300

SR# 20223966399

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204806949

Date: 11-08-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684-NDC-CAS2-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED National Distribution & Contracting, Inc. BNA Corporate Center 402 BNA Drive, Suite 500 Nashville, TN 37217	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** N/A — N/A **INSURER B :** N/A — N/A **INSURER C :** Medmarc Casualty Insurance Co. — 22241 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** LOS-002568293-04 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Products / Completed Operations Liability			22TN380011	09/30/2022	09/30/2023	Each Occ. / Aggregate:	$5,000,000
							Each Person Med. Expense:	$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

National Distribution &

Contracting, Inc. BNA Corporate Center 402 BNA Drive, Suite 500
Nashville, TN 37217

CANCELLATION

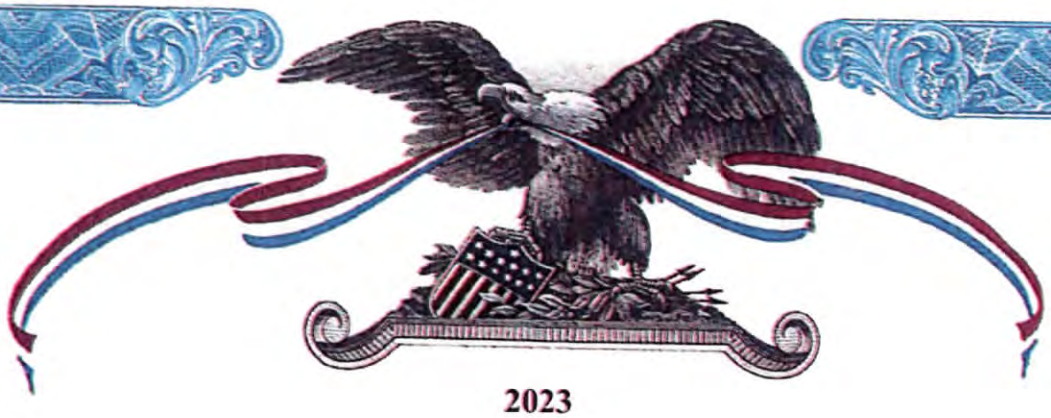
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh Risk & Insurance Services

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The ACORD name and logo are registered marks of ACORD



2023

CERTIFICATE OF REGISTRATION

This certifies that:

National Distribution & Contracting, Inc.
407 New Sanford Rd
La Vergne, TN 37086-4184
United States

is registered with the U.S. Food and Drug Administration pursuant to the Federal Food Drug and Cosmetic Act, as amended by the Bioterrorism Act of 2002 and the FDA Food Safety Modernization Act, such registration having been verified as currently effective on the date hereof by Registrar Corp:

U.S. FDA Registration No.:	**13249010082**
U.S. FDA UFI (DUNS) No.:	**556662059**
U.S. Registration Agent:	**Registrar Corp** 144 Research Drive, Hampton, Virginia, 23666, USA Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

This certificate affirms that the above stated facility is registered with the U.S. Food and Drug Administration pursuant to the Federal Food Drug and Cosmetic Act, as amended by the Bioterrorism Act of 2002 and the FDA Food Safety Modernization Act, such registration having been verified as effective by Registrar Corp as of the date hereof, and Registrar Corp will confirm that such registration remains effective upon request and presentation of this certificate until December 31, 2023, unless such registration has been terminated after issuance of this certificate. Registrar Corp makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp assumes no liability to any person or entity in connection with the foregoing. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.

Registrar Corp
144 Research Drive, Hampton, Virginia, 23666, USA
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179
info@registrarcorp.com • www.registrarcorp.com

David Lennarz
Executive Director
Registrar Corp
Dated: October 26, 2022

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308 - 315

TENNESSEE DEPARTMENT OF HEALTH
BOARD OF PHARMACY
MANUFACTURER/WHOLESALER/DISTRIBUTOR
REPORT OF INSPECTION

Inspected by	Date	Phone No.
Mat Bachman	7/29/15	421-3054

This Inspection Satisfactory: Yes ☒ No ☐

☐ Opening ☐ Relocation ☐ Follow-up ☒ Periodic ☐ New Ownership

Licensee: National Distribution & Contracting — License No. 2183

Mailing Address: 407 New Sanford Road, LaVergne, TN 37086 — Physical Address: SAME — Expiration Date 7/31/15

Manufacturer ☐ Distributor (Includes Medical Gases) ☒ Wholesaler ☒

Distributes drugs to: Community Pharmacists, Hospital Pharmacies, Wholesalers, Physicians, Veterinarians, Researchers

Other: _____

DEA No. N/A — Last Theft/Loss Report: _____

TN Cont. Sub. ☐ — Last DEA Inventory: N/A

Managers Name: Tammy Brasley — Pharmacist (if repackaging): N/A — Pharmacist License No: N/A

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
✓		1. Certificate displayed
✓		2. Board's law book on hand
✓		3. Suitable size and construction to facilitate cleaning, maintenance, and proper operations.
✓		4. Storage area provides adequate lighting, ventilation, temperature, sanitation, humidity, space and equipment.
✓		5. Quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded or adulterated.
✓		6. Maintained in a clean and orderly condition.
✓		7. Free from infestation by insects, rodents, birds, or vermin.

Locks

Compliance Yes	Compliance No	STORAGE
✓		1. Prescription drugs stored at "controlled" room temperature
✓		2. Appropriate manual electro mechanical or electronic temperature, humidity recording equipment, devices and/or logs.

Compliance Yes	Compliance No	SECURITY
✓		1. Access from outside premises shall be kept to a minimum and well controlled.
✓		2. Outside perimeter of the premises shall be well lighted
✓		3. Entry into areas where prescription drugs are held shall be limited to authorized personnel.
✓		4. Alarm system equipment to detect entry after hours: provide suitable protection against theft and diversion; diversion that is facilitated or hidden by tampering with computers or electronic records.

Alarm type: Motion, Cameras, Contact

Business hours: M-F 8:00-4:30

Compliance Yes	Compliance No	RECORD KEEPING
✓		1. Inventories of records of all transactions maintained to reflect:
✓		a. Source of drugs – names and address of seller/or transferor.
✓		b. Address of location shipped from.
✓		c. Identity/quantity of drugs received and distributed or disposed of
✓		d. Dates of receipt of distribution or other disposition of the drugs.
✓		2. Inventories and records maintained so as to be readily retrievable for at least 2 years.

Compliance Yes	Compliance No	WRITTEN POLICIES AND PROCEDURES ON HAND INCLUDE:
✓		1. Oldest approved stock of prescription drug products distributed first.
✓		2. Procedures for handling recalls and withdrawals of prescription drugs.
✓		3. Procedures to remove defective or potentially defective drugs from market.
✓		4. Procedure to protect against and handle crisis that affects security or operation in the event of a strike, flood, or other natural disaster or national emergency.
✓		5. Procedures to insure that any outdated prescription drugs shall be segregated from other drugs – either returned to manufacturer or destroyed.
✓		6. Procedures to identify damaged goods upon receipt to prevent further distribution.
✓		7. Procedures outline education and/or experience for qualification for each job title at the facility.

I [signature], Manager, do hereby acknowledge and understand all notations made on this report and confirm that within 30 days I will notify the Board of Pharmacy in writing of the correction of any and all deficiencies noted above.

Response Required Yes ☐ No ☒

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler National Distribution & Contracting Inc

Pharmacy/Wholesaler License # (if applicable)

Physical Address 407 New Sanford Rd

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) 402 BNA Dr STE 500

City Nashville State TN Zip 37217

Telephone 615 366 3230 Website www.NDC-INC.com

Licensing Company Email Compliance@NDC-INC.com

Section 2: Personal Information

First Davida Middle Danielle Last Rutherford

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ridgemont Drive

City Nashville State TN Zip 37207

Telephone [redacted] Email [redacted]@NDC-INC.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Strayer University			08/10	05/13
Address	**City**		**State**	**Zip**
117 3rd Ave S	Nashville		TN	37210
Diploma/Degree obtained, if any				
Bachelor's / Masters				
School Name			**From - To (MM/YY – MM/YY)**	
McGavock High School			08/90	06/93
Address	**City**		**State**	**Zip**
3150 McGavock Pk	Nashville		TN	37214
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/02-present	[redacted] Ridgmont Dr	Nashville	TN	37207
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: National Distribution Contracting			From - To (MM/YY – MM/YY): 02/13-present
Business Address: 407 new Sanford Rd	City: Lavergne	State: TN	Zip: 37086
Phone: 6158569602	Title: Inventory Control Manag		Number of Employed Hours: 40 hrs. per week
Description of Duties: Inventory Adjustments and counts of RX items			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/15/22
Date

I, Davida Rutherford, **certify that as the designated representative for** National Distribution & Contracting INC.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DR I am at least 21 years of age;
3. DR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Davida Rutherford
Print Name (First, Last)

Davida Rutherford
Original Signature (electronic, copies or stamps not accepted)

12/15/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Davida Rutherford

Print Name (First, Last)

Davida Rutherford

Original Signature (electronic, copies or stamps not accepted)

12/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Davidson

I, Davida Rutherford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Davida Rutherford

Original Signature

12/15/22

Date

Subscribed and Sworn to before me this 15 day of 12/2022.

Notary Public Signature

TAMMY BEASLEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG National Distribution + Contracting Inc MDEG License # (if applicable) _____

Physical Address 407 New Sanford Rd

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) 402 BNA Dr STE 500

City Nashville State TN Zip 37217

Telephone 615 366 3330 Website www.NDC-INC.com

Licensing Company Email COMPliance@NDC-INC.com

Section 2: Personal Information

First Davida Middle Danielle Last Rutherford

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ridgemont Drive

City Nashville State TN Zip 37207

Telephone [redacted] Email [redacted]@NDC-INC.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
McGavock High School		08/90 - 06/93	
Address	**City**	**State**	**Zip**
3150 McGavock Pk	Nashville	TN	37214
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Strayer University			
Address	**City**	**State**	**Zip**
417 3rd Ave S	Nashville	TN	37201
Diploma/Degree obtained, if any			
Bachelor's / Masters			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/02-Present	[redacted] Ridgemont Dr	Nashville	TN	37207
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
National Distributing Contractor		02/13 - present	
Business Address	City	State	Zip
407 New Sanford Rd	Lavergne	TN	37086
Phone	Title	Number of Employed Hours	
615852-9602	Inventory Control Manager	40 hrs. Per week	
Description of Duties			
Inventory Rx Adjusaments, Counts			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/15/22
Date

I, Davida Rutherford, certify that as the MDEG Administrator for National Distribution & Contracting Inc

that I (initial that you have read and meet the following requirements):

1. DR Have a high school diploma or its equivalent;
2. DR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Davida Rutherford
Print Name (First, Last)

Davida Rutherford
Original Signature (electronic, copies or stamps not accepted)

12/15/22
Date

Board Use Only	Date Received: 12-27-22

Employees that handle RX items

Alvarez,Diana
Amaya, Juan
Argueta, Jessica
Crawford,Sheri
Jiron, Sofia
Lopez, Brian
Lumas, Armon
Miller, Andrew
Mismit, Dalila
Mister,Josiah
Prado, Alijah
Smith, James
Ward, Walter
Alicea-Nieves, Alexis
Appiah-Kubi, Emmanuel
Belenski, Johnathan W
Boyd, D'artagnan
Brady, Tim
Burkhart, Matthew
Cagle, Becky
Cooper, Christopher
Davenport, Zach
De la Cruz, Ana
Driver, Doris
Fyle, Percy
Glasgow, Valarie
Guerrero, Sara
Haught, Linda
Lester, Rebecca J
McClain, Steve
Mcgill, Meghan
Mendaga, Tesfaye
Mendez, Jose
Pride, Ladonte
Ramirez, Adriana
Rizk, Reda
Ruiz, Jeffrey

Simpson, Catherine
Villamizar, Jordani
Brian Collier
ABDELSHAHID, HANY
ADEN, ADEN M.
ALAZAWI, GASSAN
ALAZZAWI, ALI B.
ALEMU, KIDIST B.
ANGRIN, HUBERT
BOKA, GEMACHIS A.
DOUNGTAL, MONTIWA
FRANSTOOK, BENJAMIN
GARCIA, OMAR
HARGROVE, JEFFERY P.
HEREFORD, VINCENT C.
HICKS, ANTOINE
INTHAVONG, NIKORN
JONES, ALEXANDER L
KOUNLAVOUTH, SISOUMANY
KWARTENG, MICHAEL A.
MAOKHAMPHIOU, ANDREW
MEBRAHTU FESSEHAYE, AMINE
MICHAEL, MEZGEBU K.
MUSA, SHUKRI M
PATHAMMAVONG, OUDOMSAY
PHANTHADETH, PULEMANA S
PHETDARAVONE, SOMPHONE
SENEMOUNNARATH, KINNY D.
SOURINTHONE, FONGSAMOUTH
SOUVANNAKHIRY, SYAMPHAY
SURAFEL, TINA N.
VALENT, LINO P
VONGSAMPHANH, SOULEEPHON
VONGSAVATH, BUDDHASAK
Khalil, Ali
Bachez, Ana
Dagoberto, Carlos
Porter, Cory
Duran, Dina
Tax, Juan
Eagle, Katie

Gregory, Mario
Phelps, Michael
Sanchez, Nayely
Floris, Patricia
Hayes, Sherry
Bell, Thomas
Holford, Tonia
Nesby, Willie

SURETY RIDER

To be attached to and form a part of

Bond No. 105440336

dated effective July 8, 2010
(MONTH-DAY-YEAR)

executed by National Distribution & Contracting, Inc. , as Principal.
(PRINCIPAL)

and by Travelers Casualty and Surety Company of America , as Surety.

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Facility Address.

407 New Sanford Rd, LaVergne, TN 37086

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective July 8, 2022
(MONTH-DAY-YEAR)

Signed and Sealed January 17, 2023
(MONTH-DAY-YEAR)

National Distribution & Contracting, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Travelers Casualty and Surety Company of America
(SURETY)

By: Andrea Allman
Andrea Allman, Attorney-in-Fact

S-0443/GEEF 10/99

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Andrea Allman of Knoxville, Tennessee, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 17th day of January, 2023.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-600-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 105440336

Application/License No.: _____

National Distribution & Contracting, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 402 BNA Drive, Suite 500, Nashville, TN 37217 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6640 Carothers Pkwy., Suite 300, Franklin, TN 37067 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7/8/2010 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of July, 2010.

APPLICANT/PRINCIPAL
National Distribution & Contracting, Inc.
By: _____
Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America
By: _____
Surety Company's Representative

Pam Pratt, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:
_____, Notary
Witness

_____
Witness

SIGNED and SEALED in the presence of:
_____
Witness Bettye J. Brown

_____
Witness Shannon Boshers

Countersigned by:
_____
Nevada Resident Agent Irma Estes #207379
Nonresident Agent

MELISSA S SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires March 7, 2011

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 220016 Certificate No. 003495797

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Richard M. Miller, Jr., Bettye J. Brown, Irma Estes, Pam Pratt, and Paul Sims

of the City of Nashville, State of Tennessee, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 21st day of May, 2008.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut
City of Hartford ss.

By: George W. Thompson, Senior Vice President

On this the 21st day of May, 2008, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2011.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault, Notary Public

58440-4-09 Printed in U.S.A.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02491	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: MDC Homecare LLC

Physical Address: 415 New Sanford Rd

City: LaVergne State: TN Zip: 37086

Mailing Address (if different from physical address): 403 BNA Drive, Ste 500

City: Nashville State: TN Zip: 37217

Telephone: 615 326 3330 Website: www.preferredmedical.com

Name of Designated Representative (DR): Julio Chavarria

Licensing Company Email: compliance@mdc-inc.com DR Email: jchavarria@preferredmedical.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

N/A

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter
Address: One Baxter Pkwy City: Deerfield State: IL Zip: 60015
Name: Cardinal Health
Address: 200 Mcknight St City: Jacksonville State: TX Zip: 75766
Name: Nestle
Address: 1007 US Hwy 202/206 City: Bridgewater State: NJ Zip: 08807
Name: National Distribution + Contracting
Address: 402 BNA Drive Ste 500 City: Nashville State: TN Zip: 37217

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): National Distribution + Contracting Inc
Corporation/Organization Name: NDC Homecare LLC
Mailing Address: 402 BNA Drive Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615 366 3230 Email: Compliance@ndc-inc.com
Contact Person Name: Tammy Beasley

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ (not a person (National Distribution + contracting Inc)		✓✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

NDC Homecare LLC

Facility Name

Tammy Beasley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/6/2023

Date

Board Use Only	Date Received: 1-9-23	Amount: 1000.00 CK - 48842

NDC Homecare, LLC

Sole Member
National Distribution & Contracting, Inc. 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Officers
Jack Thomas Stephens III - CEO
[redacted]West Pope Ct
Homosassa, FL 34448

Tammy Beasley, Sr. Compliance Manager
[redacted]Rosecran Circle
LaVergne, TN 37086

NDC Homecare, LLC including the officers, directors, etc have not had any past criminal convictions and violations of the state and federal laws regarding drugs or devices or has not been involved in, or convicted of any criminal or prohibited acts.

29932

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000004938
EXPIRATION DATE: 03/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
NDC HOMECARE, LLC

COMMISSIONER OF HEALTH

TAMMY BEASLEY
NDC HOMECARE, LLC
402 BNA
DRIVE SUITE 500
NASHVILLE TN 37217

12650000
29932

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
NDC HOMECARE, LLC
415 NEW SANFORD RD
LA VERGNE TN 37086

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000004938
EXPIRATION DATE: 03/31/2023

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6333287 8300

SR# 20223966698

Authentication: 204807190

Date: 11-08-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684-NDC-CAS2-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** N/A — N/A **INSURER B :** N/A — N/A **INSURER C :** Medmarc Casualty Insurance Co. — 22241 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** LOS-002568292-03 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☑ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Products / Completed Operations Liability			22TN380011	09/30/2022	09/30/2023	Each Occ. / Aggregate:	$5,000,000
							Each Person Med. Expense:	$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	CANCELLATION
NDC Homecare, LLC 402 BNA Dr. Ste 500 Nashville, TN 37217	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE *Marsh Risk & Insurance Services*

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Employees for NDC Homecare that handle RX items

Alvarez,Diana
Amaya, Juan
Argueta, Jessica
Crawford,Sheri
Jiron, Sofia
Lopez, Brian
Lumas, Armon
Miller, Andrew
Mismit, Dalila
Mister,Josiah
Prado, Alijah
Smith, James
Ward, Walter
Alicea-Nieves, Alexis
Appiah-Kubi, Emmanuel
Belenski, Johnathan W
Boyd, D'artagnan
Brady, Tim
Burkhart, Matthew
Cagle, Becky
Cooper, Christopher
Davenport, Zach
De la Cruz, Ana
Driver, Doris
Fyle, Percy
Glasgow, Valarie
Guerrero, Sara
Haught, Linda
Lester, Rebecca J
McClain, Steve
Mcgill, Meghan
Mendaga, Tesfaye
Mendez, Jose
Pride, Ladonte
Ramirez, Adriana
Rizk, Reda
Ruiz, Jeffrey

Simpson, Catherine
Villamizar, Jordani
Brian Collier
ABDELSHAHID, HANY
ADEN, ADEN M.
ALAZAWI, GASSAN
ALAZZAWI, ALI B.
ALEMU, KIDIST B.
ANGRIN, HUBERT
BOKA, GEMACHIS A.
DOUNGTAL, MONTIWA
FRANSTOOK, BENJAMIN
GARCIA, OMAR
HARGROVE, JEFFERY P.
HEREFORD, VINCENT C.
HICKS, ANTOINE
INTHAVONG, NIKORN
JONES, ALEXANDER L
KOUNLAVOUTH, SISOUMANY
KWARTENG, MICHAEL A.
MAOKHAMPHIOU, ANDREW
MEBRAHTU FESSEHAYE, AMINE
MICHAEL, MEZGEBU K.
MUSA, SHUKRI M
PATHAMMAVONG, OUDOMSAY
PHANTHADETH, PULEMANA S
PHETDARAVONE, SOMPHONE
SENEMOUNNARATH, KINNY D.
SOURINTHONE, FONGSAMOUTH
SOUVANNAKHIRY, SYAMPHAY
SURAFEL, TINA N.
VALENT, LINO P
VONGSAMPHANH, SOULEEPHON
VONGSAVATH, BUDDHASAK
Khalil, Ali
Bachez, Ana
Dagoberto, Carlos
Porter, Cory
Duran, Dina
Tax, Juan
Eagle, Katie

Gregory, Mario
Phelps, Michael
Sanchez, Nayely
Floris, Patricia
Hayes, Sherry
Bell, Thomas
Holford, Tonia
Nesby, Willie

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NDC Homecare, LLC

Pharmacy/Wholesaler License # (if applicable) WH02491

Physical Address 415 New Sanford Rd

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) 402 BNA Dr Suite 500

City Nashville State TN Zip 37217

Telephone 6153663230 Website www.preferredmedical.com

Licensing Company Email compliance@ndc-inc.com

Section 2: Personal Information

First Julio Middle Ernesto Last Chavarria

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Barking Dr.

City Smyrna State TN Zip 37167

Telephone [redacted] Email [redacted]@preferredmedical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Don Bosco High School		2/2001 - 11/2006	
Address	City	State	Zip
Ciudadala Don Bosco, Calle a 1/2	Soyapango	El Salvador	
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013 – Present	[redacted] Barking Dr.	Smyrna	TN	37167
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: NDC Homecare, LLC.			From - To (MM/YY – MM/YY): 05/2021 - Present	
Business Address: 415 New Sanford Rd	City: Lavergne		State: TN	Zip: 37086
Phone: 615-366-3230	Title: Warehouse Manager		Number of Employed Hours: 2500	
Description of Duties: Plan, direct, and oversee warehouse operations.				
Business Name: National Distribution & Contracting, Inc.			From - To (MM/YY – MM/YY): 09/2015 - 05/2021	
Business Address: 407 New Sanford Rd	City: Lavergne		State: TN	Zip: 37086
Phone: 615-366-3230	Title: Operations Manager		Number of Employed Hours: 12000	
Description of Duties: Provide management of the daily activities within the Distribution Center.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: NDC Homecare, LLC				From - To (MM/YY – MM/YY): 05/2021 - Present
Business Address: 415 New Sanford Rd	City: Lavergne		State: TN	Zip: 37086
Phone: 615-366-3230	Title: Warehouse Manager			Number of Employed Hours: 9,600
Description of Duties: Plan, direct, and oversee warehouse operations.				

Business Name: National Distribution + Contracting, Inc.				From - To (MM/YY – MM/YY): 09/2015 - 05/2021
Business Address: 407 New Sanford Rd	City: Lavergne		State: TN	Zip: 37086
Phone: 615-366-3230	Title: Operations Manager			Number of Employed Hours:
Description of Duties: Provide management of the daily activities within the Distribution Center.				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:	City:		State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:	City:		State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:	City:		State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/05/2023
Date

I, Julio Chavarria, **certify that as the designated representative for**

NDC Homecare, LLC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JEC I am at least 21 years of age;
3. JEC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JEC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JEC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JEC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JEC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Julio Chavarria
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/05/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julio Chavarria
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/05/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Julio Chavarria, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/05/2023
Date

Subscribed and Sworn to before me this 5 day of Jan. 2023.

Notary Public Signature

TAMMY BEASLEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG NDC Homecare, LLC MDEG License # (if applicable) MP03070

Physical Address 415 New Sanford Rd

City LaVergne State TN Zip 37086

Mailing Address (if different from physical address) 402 BNA Dr Suite 500

City Nashville State TN Zip 37217

Telephone 6153663230 Website www.preferredmedical.com

Licensing Company Email compliance@ndc-inc.com

Section 2: Personal Information

First Julio Middle Ernesto Last Chavarria

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Barking Dr.

City Smyrna State TN Zip 37167

Telephone [redacted] Email [redacted]@preferredmedical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Don Bosco High School		2/2001 - 11/2006	
Address	**City**	**State**	**Zip**
Ciudadela Don Bosco, calle a 1/2	Soyapango	El Salvador	
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013 - Present	[redacted] Barking Dr	Smyrna	TN	37167
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
NDC Homecare, LLC			05/2021 - Present
Business Address	**City**	**State**	**Zip**
415 New Sanford Rd	Lavergne	TN	37086
Phone	**Title**	**Number of Employed Hours**	
615-366-3230	Warehouse Manager	2500	

Description of Duties

Plan, direct, and oversee warehouse operations

Business Name			From - To (MM/YY – MM/YY)
National Distribution & Contracting, Inc.			04/2015 - 05/2021
Business Address	**City**	**State**	**Zip**
407 New Sanford Rd	Lavergne	TN	37086
Phone	**Title**	**Number of Employed Hours**	
615-366-3230	Operations Manager	12,000	

Description of Duties

Provide management daily within the Distribution center.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/05/2023
Date

I, Julio Chavarria, **certify that as the MDEG Administrator for** NDC Homecare, LLC.,

that I (initial that you have read and meet the following requirements):

1. JEC Have a high school diploma or its equivalent;
2. JEC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JEC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JEC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julio Chavarria
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/05/2023
Date

Board Use Only	Date Received: 1-9-23

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 106862655

Dated effective: 5/24/2018
(MONTH, DAY, YEAR)

executed by: NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	407 Sanford Road	415 New Sanford Road

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 4/7/2021
(MONTH, DAY, YEAR)

Signed and Sealed 4/7/2021
(MONTH, DAY, YEAR)

NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply
PRINCIPAL

BY: _____
TITLE

Travelers Casualty and Surety Company of America
SURETY

BY: Pam Pratt
Pam Pratt, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporation duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Pam Pratt** of **Nashville** **Tennessee** , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by la

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **7th** day of **April** , **2021**

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: School Health Corporation

Physical Address: 5600 Apollo Drive

City: Rolling Meadows State: IL Zip: 60008

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 630-339-7916 Website: www.schoolhealth.com

Name of Designated Representative (DR): Susan Rogers

Licensing Company Email: rrogers@schoolhealth.com DR Email: rrogers@schoolhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: school physicians/practitioners		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/19/2018	10/08/2018	IL	Rolling Meadows	Cook County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
YE-891-435		State of Illinois - Springfield		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Robert Rogers			n/a	
Name of Business/Industry/Entity				
n/a				

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

11/15/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Mylan
Address: 781 Chestnut Ridge Rd. City: Morgantown State: WV Zip: 26505
Name: Kaleo
Address: 111 Virginia Street City: Richmond State: VA Zip: 23219
Name: Medline
Address: 1 Three Lakes Drive City: Northfield State: IL Zip: 60093
Name: Cardinal
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois
Parent Company (if any): n/a
Corporation/Organization Name: School Health Corporation
Mailing Address: 5600 Apollo Drive
City: Rolling Meadows State: IL Zip: 60008
Telephone: 630-339-7916 Email: rrogers@schoolhealth.com
Contact Person Name: Rob Rodgers

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

School Health Corporation

Facility Name

Robert Rogers

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/15/22

Date

Board Use Only	Date Received: 12-15-22	Amount: 1000.00 CK- 645685

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.002482

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2024

LICENSED WHOLESALE DRUG DISTRIBUTOR

SCHOOL HEALTH CORPORATION
ROBERT ROGERS
5600 APOLLO DR
ROLLING MEADOWS, IL 60008-4019

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

17307073

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 1804984

File Number 3910-374-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SCHOOL HEALTH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 26, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* JANUARY *A.D.* 2023 .

Authentication #: 2301303220 verifiable until 01/13/2024
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

School Health Corporation Officers

	Officer Title	DOB	SSN
Robert D. Rogers Y	President	[redacted]	
Susan C. Rogers	Secretary		
Robert S. Cormack	Treasurer		

Rob, Susan and Scott all work at 5600 Apollo Drive, Rolling Meadows, IL 60008

School Health Corporation Ownership

	DOB	SSN/FEIN	Ownership
Robert D. Rogers Y	[redacted]		18.2%
Susan C. Rogers			23.4%
Robert S. Cormack			41.2%
Nancy G. Cormack 1996 Irrevocable Trust			16.8%

Rob, Susan and Scott all work at 5600 Apollo Drive, Rolling Meadows, IL 60008

Health Corporation leases a 87,460 sq.ft. building from CG Limited Partnership

CG Limited Partnership is owned by:

R. Scott Cormack	49.3%
Susan C. Rogers	49.3%
SHSC, Inc.	1.49%

U.S. Department of Health & Human Services

a A A

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SEARCH

FDA U.S. FOOD & DRUG ADMINISTRATION

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

FDA Home ◎ Medical Devices ◎ Databases

New Search | Back To Search Results

Establishment:
SCHOOL HEALTH CORPORATION
5600 Apollo Drive
Rolling Meadows, IL 60008
Registration Number: 3002814031
FEI Number*: 3002814031
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
SCHOOL HEALTH CORPORATION
865 MUIRFIELD DRIVE
HANOVER PARK, IL US 60133
Owner/Operator Number: 9103081

Official Correspondent:
Robert D Rogers
865 MUIRFIELD DRIVE
HANOVER PARK, IL 60133
Phone: 630-5820024

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 01/09/2023
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies / Privacy

First Name	Last Name	Position Title	Cost Center 1
Melissa	Agema	VP, Supply Chain & Operations	100-Executive
SCOTT	CORMACK	VP, Corporate Development	100-Executive
Laura	Hannon	Vice President , Finance	100-Executive
Jerry	Pancini	Vice President, Information Technology	100-Executive
SUSAN	ROGERS	Chief People Officer	100-Executive
Robert	Rogers	President	100-Executive
JOHN	ROONEY	VP SALES & MARKETING	100-Executive
Lisa	Bencini	Corporate Training Manager	150-HUMAN RESOURCES
Jean	Borgardt	RECEPTIONIST	150-HUMAN RESOURCES
JOAN	DIDIER	Human Resources Admin and School Health Ambassador	150-HUMAN RESOURCES
Sheila	Feikes	RECEPTIONIST	150-HUMAN RESOURCES
Eleni	Hatzis	Human Resources Generalist	150-HUMAN RESOURCES
Susan	Paddack	HUMAN RESOURCES ADMINISTRATIVE ASSISTANT	150-HUMAN RESOURCES
Martin	Sarsany	Human Resources Director	150-HUMAN RESOURCES
Christopher	Furmanek	Technology Systems Administrator	200-INFORMATION TECHNOLOGY
Eduardo	Galvęz	Technical Support Analyst	200-INFORMATION TECHNOLOGY
Alexander	Sarsany	Technology Support Analyst II	200-INFORMATION TECHNOLOGY
Erik	Ziemer	Technology Support Supervisor	200-INFORMATION TECHNOLOGY
Lequita	Fitts	eCommerce Merchandising Assistant	225-ECOMMERCE
Lynette	Guza	ECOMMERCE SALES MANAGER	225-ECOMMERCE
Brian	Kissane	Ecommerce Administrator	225-ECOMMERCE
Trey	McCarty	eCommerce Channel Specialist	225-ECOMMERCE
Michael	Wilson	ECOMMERCE MANAGER	225-ECOMMERCE
Kelly	Anderson	CC QUALITY MONITOR MGR/TRAINER	250-CC STAFF
Daniel	Glass	CUSTOMER CARE MANAGER	250-CC STAFF
GENEVIEVE	HENDLE	Customer Care Supervisor	250-CC STAFF
Kelly	Hobin	Customer Care Senior Supervisor	250-CC STAFF
Tannavi	Jaiswal	CUSTOMER CARE REPRESENTATIVE I	250-CC STAFF
Shanquetta	Jones	CUSTOMER CARE REPRESENTATIVE II	250-CC STAFF
Brenda	Medina	Customer Care Corporate Systems Trainer	250-CC STAFF
Lizbeth	Melchor Pureco	CUSTOMER CARE REPRESENTATIVE III	250-CC STAFF
Rajane'e	Robinson-Crosby	CUSTOMER CARE REPRESENTATIVE II	250-CC STAFF
Angie	Schultz	CUSTOMER CARE REPRESENTATIVE II	250-CC STAFF
Keenan	Silver	CUSTOMER CARE REPRESENTATIVE I	250-CC STAFF

Wendy	Smith	CUSTOMER CARE REPRESENTATIVE II	250-CC STAFF
Khaja	Uddin	CUSTOMER CARE REPRESENTATIVE I	250-CC STAFF
Helen	Abbink	ORDER PROCESSING COORDINATOR II	251-ORDER PROCESSING
Anna	Colgan	Order Processing Administrative Assistant	251-ORDER PROCESSING
Yesenia	Cruz	ORDER PROCESSING COORDINATOR I	251-ORDER PROCESSING
Stephanie	Esquivel	ORDER PROCESSING COORDINATOR I	251-ORDER PROCESSING
Latta	Shah	ORDER PROCESSING COORDINATOR I	251-ORDER PROCESSING
Juliane	Watkins	Order Processing Manager	251-ORDER PROCESSING
Shane	Alexander	Pricing Department Administrator	275-BIDDING
John	Anfenson	Pricing Specialist II	275-BIDDING
JASON	DIDIER	Pricing Manager	275-BIDDING
Alicia	Fachet	Pricing Specialist I	275-BIDDING
ERIC	HOYSACK	Pricing Specialist III	275-BIDDING
Alex	Lytle	Pricing Specialist I	275-BIDDING
Samantha	Medine	Pricing Specialist II	275-BIDDING
Julie	Rummel	Pricing Department Administrator	275-BIDDING
ANDREW	WLEZEN	Pricing Supervisor	275-BIDDING
Alex	Arapidis	Marketing Assistant	300-MARKETING
Jordan	Bradley	Marketing Assistant	300-MARKETING
Nicole	Farrell	Marketing Director	300-MARKETING
Jaimie	Frake	Marketing Operations Assistant	300-MARKETING
Dolores	Lin-Teo	SENIOR GRAPHIC DESIGNER	300-MARKETING
Ellie	Papadakis	MARKETING COORDINATOR	300-MARKETING
PAUL	TORGUS	SENIOR GRAPHIC DESIGNER	300-MARKETING
Sergio	Mayen	Service Center Supervisor	325-CPR SERVICE
Berni	Stach	Service Center and Facilities Technician	325-CPR SERVICE
Lucia	Argueta Martinez	Picking Packing Associate I	350-DISTRIBUTION STAFF
David	Bartula	Senior Operations Manager DC	350-DISTRIBUTION STAFF
Jhoulys	Betancourt	Freight Shipping Associate II	350-DISTRIBUTION STAFF
Vincent	Bouchard	Freight Shipping Associate II	350-DISTRIBUTION STAFF
ANGEL	CANTU	Operations Manager, Freight, Shipping, & Safety	350-DISTRIBUTION STAFF
OMAR	CANTU	Operations Manager - Picking / Packing	350-DISTRIBUTION STAFF
VICTORINA	CARDENAS	Picking Packing Associate II	350-DISTRIBUTION STAFF
Sean	Charles	Forklift Operator	350-DISTRIBUTION STAFF
Abel	Chavez	Forklift Operator	350-DISTRIBUTION STAFF

MARIA	CHAVEZ	Kitting Repack Coordinator	350-DISTRIBUTION STAFF
Yazmin	Cruz	Receiving Associate 1	350-DISTRIBUTION STAFF
Edson	Da Silva	Forklift Operator	350-DISTRIBUTION STAFF
LARRY	DAVIS	Operations Manager, Receiving	350-DISTRIBUTION STAFF
Joseph	Faraci	Freight Shipping Supervisor	350-DISTRIBUTION STAFF
Alex	GALLEGOS	Receiving Team Leader	350-DISTRIBUTION STAFF
HILDA	GARCIA	Picking Packing Associate II	350-DISTRIBUTION STAFF
LORI	LEMKE	LOGISTICS & TWL SYSTEMS ANALYST	350-DISTRIBUTION STAFF
Lucila	Marrufo	Supply Chain Clerk	350-DISTRIBUTION STAFF
CLEOTILDE	ONTIVEROS	Picking Packing Associate II	350-DISTRIBUTION STAFF
Mark	Paredes	Receiving Associate II	350-DISTRIBUTION STAFF
Nathalia	Perez	Freight Shipping Associate I	350-DISTRIBUTION STAFF
Maria	Perez	Picking Packing Associate II	350-DISTRIBUTION STAFF
Vanessa	Perez Frausto	Freight Shipping Associate I	350-DISTRIBUTION STAFF
Brett	Potter	Receiving Associate 1	350-DISTRIBUTION STAFF
MONICA	QUIROGA	Team Lead Picking Packing	350-DISTRIBUTION STAFF
Orlando	Rea-Valdez	Freight Shipping Supervisor	350-DISTRIBUTION STAFF
Silvia	Rodriguez	Order Fulfillment Coordinator	350-DISTRIBUTION STAFF
Charles	Russell jr	Receiving Associate 1	350-DISTRIBUTION STAFF
Lizbeth	Tinajero	Picking Packing Associate II	350-DISTRIBUTION STAFF
Maria	Tinajero-Velasquez	Picking Packing Supervisor	350-DISTRIBUTION STAFF
Darius	Williams	Receiving Team Leader	350-DISTRIBUTION STAFF
Nick	Bertolucci	Product Management Assistant	375-PROD MGMNT STRATEGIC SOURCING
Jonathon	Brushenko	Strategic Sourcing Manager	375-PROD MGMNT STRATEGIC SOURCING
Shawn	Currie	Product Manager II	375-PROD MGMNT STRATEGIC SOURCING
ASHLEY	GRAHAM	Product Manager I	375-PROD MGMNT STRATEGIC SOURCING
Caitlin	McGill	Product Manager II	375-PROD MGMNT STRATEGIC SOURCING
Jon	Neilson	Manager, Product Management	375-PROD MGMNT STRATEGIC SOURCING
JOSE	ORTIZ	Product Manager I	375-PROD MGMNT STRATEGIC SOURCING
Michelle	Oswald	Product Manager I	375-PROD MGMNT STRATEGIC SOURCING
Ciara	Quirk	Product Management Associate	375-PROD MGMNT STRATEGIC SOURCING
Julie	Thorpe	Product Management Associate	375-PROD MGMNT STRATEGIC SOURCING
Dan	Vidican	Product Manager I	375-PROD MGMNT STRATEGIC SOURCING
Kevin	Cull	INVENTORY CONTROL ANALYST	400-INVENTORY CONTROL
Amanda	Dahlem	Inventory Control Distribution Liaison	400-INVENTORY CONTROL

DANIEL	JALOWIEC	INVENTORY CONTROL MANAGER	400-INVENTORY CONTROL
Brianna	Kozak	Replenishment Buyer	400-INVENTORY CONTROL
Jake	Traficanti	Replenishment Buyer II	400-INVENTORY CONTROL
JULISSA	MELOUN	ACCOUNT PAYABLE TL	450-FINANCE
Jacqueline	Morales	ACCOUNTS RECEIVABLE REPRESENTATIVE	450-FINANCE
SHERRY	MUSSACHIO	Accounting Operations Manager	450-FINANCE
Kyle	Overby	Financial Manager	450-FINANCE
Evelyn	Perez	Accounting Assistant	450-FINANCE
KIM	VOCK	ACCOUNTS RECEIVABLE REPRESENTATIVE	450-FINANCE
Sennen	Manu	Project Manager	475-Project Management
Beth	Reed	Project Manager	475-Project Management
Jessica	Tam	Sales Coordinator	501-Sales Support
Greg	Barca	SENIOR INSIDE SALES REP	525-INSIDE SALES
Joseph	Bieda	INSIDE SALES STAFF	525-INSIDE SALES
Guy	Crimaldi	Inside Sales Manager	525-INSIDE SALES
Danita	Jones	INSIDE SALES STAFF	525-INSIDE SALES
Kristi	Leahy	SENIOR INSIDE SALES REP	525-INSIDE SALES
David	Lustig	INSIDE SALES STAFF	525-INSIDE SALES
Steve	Sherman	INSIDE SALES STAFF	525-INSIDE SALES
Tim	Talty	INSIDE SALES STAFF	525-INSIDE SALES
Daniel	Becker	Business Analytics Manager	550-BUSINESS ANALYTICS
Joseph	DeJesus	Business Intelligence Analyst	550-BUSINESS ANALYTICS
Shareen	Mullen	Salesforce Manager	550-BUSINESS ANALYTICS
Daniel	Olaguez	Business Systems Analyst	550-BUSINESS ANALYTICS

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
GCG Risk Management Consultants LLC
410 North Michigan Avenue
12th Floor
Chicago IL 60611

CONTACT NAME:
PHONE (A/C, No, Ext): (312) 642-1000 **FAX (A/C, No):**
E-MAIL ADDRESS: Certs@AlperServices.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Old Republic Insurance Company	24147
INSURER B :	Cincinnati Insurance Company	10677
INSURER C :	Admiral Insurance Company	24856
INSURER D :	U.S. Pro Insurance	
INSURER E :		
INSURER F :		

INSURED
School Health Corporation
Attention: Julissa J. Meloun
5600 Apollo Drive
Rolling Meadows IL 60008

COVERAGES **CERTIFICATE NUMBER:** ALGLWCEX **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractural Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		MWZY 311657-22	02/01/2022	02/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	Y		EBA0643416	02/01/2022	02/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			BEX09603060-04	02/01/2022	02/01/2023	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	MWC 311656 22	02/01/2022	02/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Excess Liability			BEX09604654-00	11/01/2022	02/01/2023	Limit	$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

KinderCare Education LLC are included as Additional Insureds as respect to General and Auto Liability when required by written contract per policy forms. This Insurance is Primary, Non-Contributory in favor of the Additional Insureds. Waiver of Subrogation applies in favor of the Additional Insureds as respect to Workers Compensation as required by written contract per policy forms.

CERTIFICATE HOLDER

KinderCare Education LLC
5005 Meadows Rd Suite 200
Attn: Risk Management
Lake Oswego OR 97035

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stephen C. Odom

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
GCG Risk Management Consultants LLC	School Health Corporation
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

D. Cyber Liability #2CIAIL17S010546000 2/1/2022-2/1/2023 Aggregate limit $2,000,000, Retention $25,000 per loss

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Susan C. Rogers

PROFESSIONAL EXPERIENCE

1993 – Present **School Health Corporation** – Rolling Meadows, IL
National full-service distributor of medical supplies and equipment to health professionals in education settings from pre-school to college.

CHIEF PEOPLE OFFICER (2015 – Present)

PRESIDENT (2000 – 2015)
Responsibilities include oversight of company's distribution facility including supervisory responsibility for warehouse and fulfillment managers. Accountable for recordkeeping, storage and shipment for drugs and devices.

VICE PRESIDENT – ADMINISTRATION (1997 – 2000)

HUMAN RESOURCES COORDINATOR (1993 – 1997)

1992 – 1993 **Corporate Concierge Unlimited** – Chicago, IL
CORPORATE CONCIERGE

1991 – 1992 **Rosie's Kitchen** – Evanston, IL
CATERING SALES REPRESENTATIV

EDUCATION

M.B.A., Human Resource Management – Lewis University, 1998
B.A., Speech Communications – Indiana University, 1991

OTHER ACTIVITIES

Buehler YMCA – Board Member
Harper College Foundation Board Member
Prevent Blindness America – Volunteer
Marion Jordan Elementary School PTA Health and Safety Committee

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler School Health Corporation

Pharmacy/Wholesaler License # (if applicable) 004.002482

Physical Address 5600 Apollo Drive

City Rolling Meadows State IL Zip 60008

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 630-339-7916 Website www.schoolhealth.com

Licensing Company Email rrogers@schoolhealth.com

Section 2: Personal Information

First Susan Middle C Last Rogers

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 5600 Apollo Drive

City Rolling Meadows State IL Zip 60008

Telephone 630-339-7916 Email rrogers@schoolhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached Susan Rogers Resume			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003- Present	[redacted] Pheasant Trail	Inverness	IL	60067
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
School Health Corporation			1993 – Present
Business Address	**City**	**State**	**Zip**
5600 Apollo Drive	Rolling Meadows	IL	60008
Phone	**Title**		**Number of Employed Hours**
630-339-7916	CPO		12,000 hours
Description of Duties	overseeing administration, documentation of all company operational matters.		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Susan C Rogers, **certify that as the designated representative for**

School Health Corporation,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Susan C Rogers

Print Name (First, Last)

Susan C. Rogers

Original Signature (electronic, copies or stamps not accepted)

11/11/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan C Rogers

Print Name (First, Last)

Susan C. Rogers

Original Signature (electronic, copies or stamps not accepted)

11/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Susan C. Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Susan C. Rogers

Original Signature

11/15/2022

Date

Subscribed and Sworn to before me this 15 day of November.

Alicia Fachet

Notary Public Signature

OFFICIAL SEAL
Alicia Marie Fachet
Notary Public, State of Illinois
My Commission Expires 08/23/2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: School Health Corporation — MDEG License # (if applicable): n/a

Physical Address: 5600 Apollo Drive

City: Rolling Meadows — State: IL — Zip: 60008

Mailing Address (if different from physical address): 5600 Apollo Drive

City: Rolling Meadows — State: IL — Zip: 60008

Telephone: 630-339-7916 — Website: www.schoolhealth.com

Licensing Company Email: rrogers@schoolhealth.com

Section 2: Personal Information

First: Susan — Middle: C — Last: Rogers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: 5600 Apollo Drive

City: Rolling Meadows — State: Rolling — Zip: 60008

Telephone: 630-339-7916 — Email: srogers@schoolhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
See attached resume				
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003- Present	[redacted] Pheasant Trail	Iverness	IL	60067
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
School Health Corporation			1993-present
Business Address	**City**	**State**	**Zip**
5600 Apollo Drive	Rolling Meadows	IL	60008
Phone	**Title**		**Number of Employed Hours**
630-339-7916	CPO		12,000 hrs
Description of Duties			
overseeing administration, documetnation of all company operational matters.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Susan C. Rogers

Original Signature (electronic, copies or stamps not accepted)

1/17/2023

Date

I, Susan Rogers, certify that as the MDEG Administrator for

School Health Corporation,

that I (initial that you have read and meet the following requirements):

1. SCR Have a high school diploma or its equivalent;
2. SCR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SCR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SCR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan Rogers

Print Name (First, Last)

Susan C. Rogers

Original Signature (electronic, copies or stamps not accepted)

1/17/2023

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: School Health Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 5600 Apollo Drive

City: Rolling Meadows State: IL Zip: 60008

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 630-339-7916 Website: www.schoolhealth.com

Licensing Company Email: rrogers@schoolhealth.com

Section 2: Personal Information

First: Robert Middle: Last: Rogers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address:

City: Rolling Meadows State: IL Zip: 26505

Telephone: Email:

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana University		1987-1991	
Address	**City**	**State**	**Zip**
	Bloomington	IN	
Diploma/Degree obtained, if any			
B.S. Marketing			

School Name		From - To (MM/YY – MM/YY)	
DePaul University		1996-1999	
Address	**City**	**State**	**Zip**
	Chicago	IL	
Diploma/Degree obtained, if any			
Masters in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
			60008
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003 - Present	[redacted] Pheasant Trail	Inverness	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	School Health Corporation		From - To (MM/YY – MM/YY) 1998-Present
Business Address 5600 Apollo Drive	City Rolling Meadows	State IL	Zip 60008
Phone 630-339-7916	Title Treasurer		
Description of Duties Serving as officer			

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	
Description of Duties		

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Rogers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Robert Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/15/22

Date

Subscribed and Sworn to before me this 15 day of November.

Notary Public Signature

OFFICIAL SEAL
Alicia Marie Fachet
Notary Public, State of Illinois
My Commission Expires 08/23/2023

(Seal)

August 2, 2021
RE: Ticket #YE-891-435

To Whom It May Concern:

On August 19, 2018, I was driving home with my wife from a dinner with friends. I was stopped for going 10 mph over the neighborhood speed limit and ultimately charged with Misdemeanor DUI. It was a poor choice and one that I regret.

The court ordered 1-year supervision with full driving privileges which was completed successfully. In addition, I successfully completed risk education classes and counseling. The supervision was terminated satisfactorily on 9/11/19.

I had no previous record prior to this event and none since.

Sincerely,

Rob Rogers

Robert D. Rogers

Central States Institute of Addiction
DISTRICT REFERENCE NO: 03-226732-03
Monitoring Information Checklist

Ticket #:	**YE-891-435**	Name:	**Robert D Rogers**
Place of Arrest:	**Barrington**	Driver's License #:	**R26276469191**
Order Date:	**10/08/2018**	Classification Level:	**2M - MODERATE RISK**
Court Location:	**ROLLING MEADOWS RM. 201**		
Return to Court Date:	**09/11/2019 09:00 AM**		

Since Your Disposition on these Charges:

01. Have you received a new DUI arrest? **NO**

02. Have you received a new alcohol/drug related arrest? **NO**

03. Have you been arrested for any other offenses? **NO**

04. Have you completed the risk education classes? **YES**

Date Started: 3/9/19
Date Ended: 3/30/19
Post Test Score: 96%

05. Have you been ordered to complete any hours of counseling? **YES**

Date Started: 02-26-19
Date Ended:4/25/19
Hours Ordered: 12
Hours Completed: 12

06. Have you been ordered to attend a victim impact panel? **YES**

Victim Impact Panel Completed? **YES**

07. Have you been ordered to complete any days of Community Service/SWAP? **NO**

Community Service/SWAP completed?

08. Have you paid all your court fines? **YES**

09. Have you paid all your CSI/ADAS fees? **YES**

10. Have you completed all court ordered conditions? **YES**

Remarks:

All court ordered conditions completed.

If no new arrest, supervision may be terminated.....

Offender's Signature
Robert D Rogers

ADAS Representative
Renee Retondo

Date: 8/27/2019

018116100269

OFFICE OF THE SECRETARY OF STATE

STATE OF ILLINOIS SPRINGFIELD

NOTICE/ORDER OF RESCIND

Order Rescinded

ROBERT D. ROGERS
[redacted] PHEASANT TRL
INVERNESS, IL 60067

Type	Statutory Summary Susp.
Effective Date	10-04-18
Authority Section	11-501.1
License Number	[redacted]
Ticket,Docket or Reference No.	

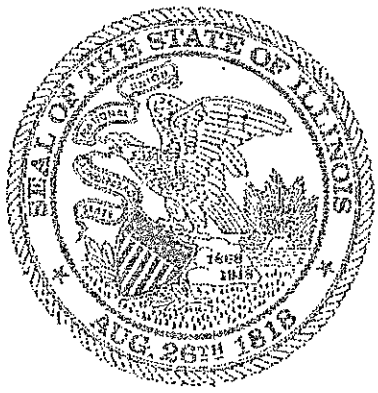
YOU ARE HEREBY NOTIFIED that pursuant to the ILLINOIS VEHICLE CODE, the Notice/Order indicated above was removed from your driving record and RESCINDED on 10-04-18.

This action is based upon evidence on file with the Secretary of State which rescinds the above captioned Notice/Order.

THE STATUS OF YOUR DRIVERS LICENSE AND/OR DRIVING PRIVILEGES IS VALID. YOU MAY RETAIN THE DRIVERS LICENSE YOU HAVE IN YOUR POSSESSION. IF THAT LICENSE HAS BEEN LOST, YOU MAY GO TO THE NEAREST DRIVER SERVICES FACILITY AND APPLY FOR A DUPLICATE DRIVERS LICENSE.

IMPORTANT - READ CAREFULLY

If you have any other outstanding Notice/Order of revocation, cancellation, or suspension in effect, please contact the Driver Services Department regarding any requirements to be met. This Notice/Order **does not** release you from any future court appearance requirements you may have involving traffic related matters or outstanding warrants. Please direct any questions regarding court appearances to the appropriate court in care of the Circuit Clerk's Office.



This rescind is authorized by the Director of the Driver Services Department, Office of the Secretary of State.

Notice/Order has been entered and filed in the Driver Services Department of the Office of the Secretary of State and the Notice/Order of Rescind mailed to the person named herein.

ROBERT ROGERS
President

PROFESSIONAL EXPERIENCE

1998 – Present **School Health Corporation** – Rolling Meadows, IL
PRESIDENT
Responsible for establishing short and long-term operating and strategic goals, presiding over the workforce, managing budgets, ensuring proper allocation of resources, and ensuring all departments meet their goals. Supervise and direct departmental managers, develop reports and plans, and analyze business problems and successes to optimize future operations.

1994 – 1998 **Bank One Corporation and subsidiaries**
American National Bank – Chicago, IL
VICE PRESIDENT, COMMERCIAL BANKER (1994–1998)

NBD Bank Illinois – Schaumburg, IL (1993–1994)
PERSONAL BANKER

NBD Bank, N.A. – Detroit, MI (1992–1993)
ASSISTANT BRANCH MANAGER

EDUCATION

M.B.A., Finance with Honors– DePaul University Kellstadt Graduate School of Business, 1998
B.S., Marketing – Indiana University, 1991

Additional training in Treasury Management

OTHER ACTIVITIES

Healthy Schools Campaign – Chairman (2010 – Present)
NASN Endowment Committee – Chairman (2002 – 2004)
Prevent Blindness America – Past Board Member, Volunteer
Marion Jordan Elementary School PTA Health and Safety Committee
Competitive marathoner – New York, Boston Marathon Qualifier

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: School Health Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 5600 Apollo Drive

City: Rolling Meadows State: IL Zip: 60008

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 630-339-7916 Website: www.schoolhealth.com

Licensing Company Email: scormack@schoolhealth.com

Section 2: Personal Information

First: Robert Middle: S. Last: Cormack

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address:

City: Rolling Meadows State: IL Zip: 26505

Telephone: Email:

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lewis University		1996-1998	
Address	**City**	**State**	**Zip**
1 University Pkwy	Romeoville	IL	60446
Diploma/Degree obtained, if any			
Masters in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Elmhurst College		1994-1997	
Address	**City**	**State**	**Zip**
190 S Prospect Ave	Elmhurst	IL	60126
Diploma/Degree obtained, if any			
Business			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010 -- Present	[redacted] Marbridge Court	North Barrington	IL	60010
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
School Health Corporation			1989 - Present
Business Address	**City**	**State**	**Zip**
5600 Apollo Drive	Rolling Meadows	IL	60008
Phone	**Title**		
630-339-7916	President		
Description of Duties	Director of Corporate Development, mergers + acquisitions		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/12/1991	12/12/1991	WI		Walworth
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
WI552892		State of Wisconsin		
Reason/Charge				
Reckless driving				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Robert S. Cormack			n/a	
Name of Business/Industry/Entity				
n/a				

Provide explanation below:

See Attached

Robert S Cormack

Original Signature (electronic, copies or stamps not accepted)

11/15/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Cormack

Print Name (First, Last)

Robert Cormack — 11/15/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Robert Cormack, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Robert Cormack — 11/15/22

Original Signature — **Date**

Subscribed and Sworn to before me this 15 day of November.

Alicia Fachet

Notary Public Signature

OFFICIAL SEAL
Alicia Marie Fachet
Notary Public, State of Illinois
My Commission Expires 08/23/2023

(Seal)

August 4, 2021
RE: Ticket #WI552892

To Whom It May Concern:

On December 12, 1991, approximately 30 years ago, I was involved in an accident and ultimately charged with reckless driving. It was a poor choice and one that I regret. As a result, I served a 45-day work release program which was terminated.

I had no previous record prior to this event and none since.

Sincerely,

R. Scott Cormack

R. Scott Cormack

WALWORTH COUNTY
Est. 1839
WISCONSIN

Date: September 21, 2021

To Whom It May Concern:

Clerk of Circuit Court

Kristina M. Secord
Clerk of Circuit Court

Hon. Phillip A. Koss
Circuit Court Judge
Branch I

Hon. Daniel S. Johnson
Circuit Court Judge
Branch II

Hon. Kristine E. Drettwan
Circuit Court Judge
Branch III

Hon. David M. Reddy
Circuit Court Judge
Branch IV

Re: Record Search on: Robert Scott Cormack DOB [redacted]

We have received your request to complete a search of our records concerning an records / charges against the above captioned person.

However, we have diligently searched our circuit court records and we hereby certify that we cannot locate any violations, ordinances or criminal records agains the name of: Robert Scott Cormack DOB [redacted] at the Walworth County Clerk of Courts, Judicial Center, in Elkhorn, Wisconsin.

Please note that in accordance with the Wisconsin Supreme Court Rules, ordinance records are destroyed after 5 years, and criminal traffic after 20 years. You may want to check any municipal or sheriff's offices to see if they have any records.

Should you have any other questions, please do not hesitate to contact our offices at 262.741.7012.

Sincerely,

Records Department
Walworth County Clerk of Courts

1800 County Road NN
PO Box 1001
Elkhorn, WI 53121
262.741.7012 tel
262.741.7002 fax

R. SCOTT CORMACK
President

PROFESSIONAL EXPERIENCE

1991 – Present **School Health Corporation** – Rolling Meadows, IL
Chief Strategy Officer, Owner

EDUCATION

M.B.A. – Lewis University, 1999
B.S. – Elmhurst University, 1991

OTHER ACTIVITIES

Prevent Blindness America – Past Board Member, Volunteer

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: School Health Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 5600 Apollo Drive

City: Rolling Meadows State: IL Zip: 60008

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 630-339-7916 Website: www.schoolhealth.com

Licensing Company Email: srogers@schoolhealth.com

Section 2: Personal Information

First: Susan Middle: C. Last: Rogers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☒ F ☐ X

Mailing Address:

City: Rolling Meadows State: IL Zip: 60008

Telephone: Email:

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana University		1987-1991	
Address	**City**	**State**	**Zip**
	Bloomington	IN	
Diploma/Degree obtained, if any			
B.A. Speech			

School Name		From - To (MM/YY – MM/YY)	
Lewis University		1994-1997	
Address	**City**	**State**	**Zip**
	Romeoville	IL	
Diploma/Degree obtained, if any			
Masters in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
			60008
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003 - Present	[redacted] Pheasant Trail	Inverness	IL IL	60067
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
School Health Corporation			1995-Present
Business Address	**City**	**State**	**Zip**
5600 Apollo Drive	Rolling Meadows	IL	60008
Phone	**Title**		
630-339-7916	~~President~~ Chief People Officer		
Description of Duties			
Oversees administration, documentation of all company human resources and administrative matters			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/12/1991	12/12/1991	WI		Walworth

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
WI552892	State of Wisconsin

Reason/Charge
Reckless driving

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Robert S. Cormack	n/a

Name of Business/Industry/Entity
n/a

Provide explanation below:

See Attached

Susan C. Rogers
Original Signature (electronic, copies or stamps not accepted)

11/15/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan C. Rogers
Print Name (First, Last)

Susan C. Rogers — 11/15/2022
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Susan Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Susan C. Rogers — 11/15/2022
Original Signature — **Date**

Subscribed and Sworn to before me this 15 day of November.

Alicia Fachet
Notary Public Signature

OFFICIAL SEAL
Alicia Marie Fachet
Notary Public, State of Illinois
My Commission Expires 08/23/2023

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107434614

Application/License No. _____

School Health Corporation
_____, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5600 Apollo Drive Rolling Meadows IL 60008
_____, as
Address of Applicant/Principal
PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, a
Surety Company
corporation organized under the laws of the state of CT
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 2989 Hartford, CT 06104-2989
_____ as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 05/19/2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19TH day of MAY, 2021.

APPLICANT/PRINCIPAL

COMPANY
School Health Corporation

Authorized Representative

SURETY

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

MICHAEL NESCHKE, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

MICHAEL NESCHKE - 71364

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **MICHAEL K NESCHKE** of **MOUNT JULIET**, **Tennessee**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January, 2019.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **17th** day of **January, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 19th day of MAY, 2021.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

A1SuretyBonds.com
11205 LEBANON RD #13
MOUNT JULIET, TN 37122
Phone 800.757.4880 Fax 800.757.5581

Surety Bond Receipt

To: Robert D. Rogers
5600 Apollo Drive
Rolling Meadows Illinois 60008

Date: 5/19/2021

Nevada Pharmaceutical Wholesaler License Surety Bond

Thank you for your recent purchase! Attached you will find your which you will need to sign if/where indicated and turn into the entity requiring the bond. We highly recommend you keep a copy of the bond for your records.

Bond Number:	107434614
Bond Amount:	$100,000.00
Bond Premium:	$750.00
Shipping	$0.00
Credit Card fee for amounts over $1000:	$0.00
Payment Received:	$750.00

For future reference, when calling our office or in correspondence, please reference your **Account ID #** 120819

Please help us keep your information up to date by advising if there are any changes to your account (address, phone, email, etc.) Furthermore, if there has been any material change in ownership, business name or bond requirement, please let us know.

Thank you for using A1SuretyBonds.com for all of your bonding needs!

The Surety Syndicate, LLC dba A1SuretyBonds.com is rated A+ by the Better Business Bureau!

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02816	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Strides Pharma, Inc.

Physical Address: 2 Tower Center Boulevard, Suite 1102

City: East Brunswick State: NJ Zip: 08816

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.stridesarco.com

Name of Designated Representative (DR): Nagesh Majeti

Licensing Company Email: SPI@slsny.com DR Email: nagesh@stridesusa.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Gabapentin	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distributors		☒ Others: Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/30/2019	03/03/2020	NV		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Nevada Department of Health and Human Services

Reason/Charge
Penalty for non-compliance with reporting requirements of Nevada Revised Statutes (NRS) 439B.695

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Strides Pharma, Inc.

Provide explanation below:

Penalty for non-compliance with reporting requirements of Nevada Revised Statutes (NRS) 439B.695
Please see attached Summary.

Original Signature (electronic, copies or stamps not accepted)

11/30/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NJ

Parent Company (if any): Strides Arcolab International Ltd

Corporation/Organization Name: Strides Pharma, Inc.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: SPI@slsny.com

Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 42543, 64380	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓ ✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓ ✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓ ✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner **owning more than 10% of the business stocks/shares.** Access form at http://bop.nv.gov/Services/newapps/Business/ N/A 100% owned by Strides Arcolab International Ltd		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** 3PL's DEA included	✓	✓ ✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A Privately Held	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓ ✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓ ✓ online	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A no MDEG	✓	✓ ✗	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A no MDEG	✓	✓ ✗	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Strides Pharma, Inc.

Facility Name

Terrence David Fullem

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/30/2022

Date

Board Use Only	Date Received: 12-8-22	Amount: 1000.00 CK-8804

Pharma Tech Law

Privileged and Confidential

March 7, 2022

To Whom it May Concern:

I am U.S. outside counsel to Strides Pharma Inc. (the "Company") and have been for at least three years. The purpose of this Privileged and Confidential communication to is to confirm the history and the outcome of the deficiency fines assessed against the Company by the state of Nevada.

I was the outside general counsel for the Company when the Nevada Department of Human Services letter dated September 30, 2019 (the "Letter") was received by the Company and is attached hereto as Exhibit A. The Company rectified the deficiency on October 14, 2019 by filing all of the required sales data with the state.

As you know, the Letter initially cited reporting failures on behalf of one product the Company sold into the state of Nevada. The Letter initially sanctioned a fine of $910,000 against the Company (the "Penalty"), to which the Company took exception. After discussing and preparing a thorough defense to this Penalty, we conducted several internal meetings and prepared for a dispute resolution meeting with the state. We next had an informal dispute resolution meeting on January 9, 2020, where we were partially successful and lowered the Penalty to $271,350 (the "New Penalty") as set forth in a letter from the state of Nevada dated February 6, 2020 and attached here as Exhibit B.

The Company next sent a check in the full amount of the New Penalty to the state of Nevada on March 4, 2020. The check was cashed by the state and is attached hereto as Exhibit C. That was the last we heard of this matter, and to my knowledge, this matter is resolved with the state of Nevada and does not impact any future sales into the state. Also to my knowledge, the Company has been filing timely reports of products it sells into the state of Nevada since this incident.

If you should have any questions, or if I may be of further assistance, please don't hesitate to contact me at 914-772-9973 or via email at: da@pharmatechlaw.com

Kind regards,

Dimitrios J. Angelis, Esq.

Pharma Tech Law

Exhibit A

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
4126 Technology Way, Suite 100
Carson City, NV 89706
Telephone (775) 684-4000 • Fax (775) 684-4010
http://dhhs.nv.gov

September 30, 2019

CERTIFIED MAIL: 9171 9690 0935 0218 7061 59

Strides Pharma, Inc.
2 Tower Center Blvd , Suite 1102
East Brunswick NJ, 08816

NOTICE OF ADMINISTRATIVE PENALTY

YOU ARE HEREBY NOTIFIED that the Department of Health and Human Services (DHHS) is imposing upon your organization an administrative penalty of $910,000 for violation of Nevada Revised Statutes (NRS) 439B.635-640. Due to continued noncompliance with reporting requirements, DHHS reserves the right to impose additional penalties until you come into compliance with reporting requirements according to NRS 439B.695(2).

Statutory Authority

DHHS is imposing a penalty in accordance with NRS 439B.695(2), that states:

> If a manufacturer fails to provide to the Department the information required by NRS 439B.635, 439B.640 or 439B.660, a pharmacy benefit manager fails to provide to the Department the information required by NRS 439B.645, a nonprofit organization fails to post or provide to the Department, as applicable, the information required by NRS 439B.665 or a manufacturer, pharmacy benefit manager or nonprofit organization fails to post or provide, as applicable, such information on a timely basis, and the failure was not caused by excusable neglect, technical problems or other extenuating circumstances, the Department may impose against the manufacturer, pharmacy benefit manager or nonprofit organization, as applicable, an administrative penalty of not more than $5,000 for each day of such failure.

Facts Supporting the Administrative Penalty

As mandated by NRS 439B.635-640, manufacturers of prescription drugs that appear on the 2019 list compiled by DHHS pursuant to NRS 439B.630 were required to prepare and submit an annual report on or before April 1, 2019. By the required submission date, DHHS did not receive a report from your organization even though your organization manufactured drugs that appeared on the beforementioned list. Additionally, DHHS verified that your company's essential diabetes drugs were purchased by Medicaid patients in Nevada in 2018. Your organization was notified on 8/23/2019 of noncompliance with pharmaceutical drug manufacturer reporting requirements outlined in Nevada Revised Statutes (NRS) 439B.635-640. Your organization has not yet responded

Pharma Tech Law

Exhibit B

Steve Sisolak
Governor

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Director's Office
Helping people. It's who we are and what we do.

Richard Whitley, MS
Director

February 6, 2020

CERTIFIED MAIL: #9171 9690 0935 0218 7065 31

Strides Pharma
2 Tower Center Blvd, Suite 1102
East Brunswick, NJ 08816

Re: Penalty for non-compliance with reporting requirements of Nevada Revised Statutes (NRS) 439B.695

To Whom It May Concern:

Thank you for participating in the Nevada Department of Health and Human Services (DHHS) informal dispute resolution meeting on 1/9/2020. This letter will serve to notify you that you were out of compliance with Nevada Revised Statutes (NRS) 439B.635-640; memorialize the actions taken by DHHS to resolve noncompliance; and inform you of the immediate steps which are necessary for resolution.

Nevada Revised Statutes (NRS) 439B.635-640 requires manufacturers that produce essential diabetes drugs defined by DHHS to submit information to the Department. Additionally, if a drug on the list had a significant price increase, manufacturers are also required to submit a report describing the reasons for the increase in price.

Your organization is defined as the manufacturer of drugs included in the 2019 DHHS Essential Diabetes Drug List for which a report was due on April 1, 2019. By the required submission date, DHHS did not receive a report from Strides Pharma. On 8/23/2019, your organization was notified of non-compliance with pharmaceutical drug manufacturer reporting requirements and on 10/14/2019 DHHS received your complete report.

NRS 439B.695 gives DHHS the authority to impose a penalty of $5,000 per day to drug manufacturers for failure to comply with the requirements stated. Based on your organization's noncompliance with the report due date, the timeliness of completion of the required report and information provided at the informal dispute resolution meeting, a penalty in the amount of $271,350.00 will be assessed against Strides Pharma.

Payment of the aforementioned amount is due to DHHS by March 6, 2020. Payment should be submitted to the following address and checks can be addressed to "Department of Health and Human Services."

Department of Health and Human Services
Director's Office
4126 Technology Way, Suite 100
Carson City, NV 89706

If the payment is not received by March 6, 2020, DHHS will refer the case to the State of Nevada Attorney General's Office to produce a court order to obtain the penalty.

Sincerely,

Richard Whitley, MS
Director

Pharma Tech Law

Exhibit C

Bank of America

Online Banking

SPI Regular Checking 9724: Account Activity Transaction Details

Check number:	00000004727
Post date:	03/04/2020
Amount:	-271,350.00
Type:	Check
Description:	Check
Merchant name:	Check
Transaction category:	Cash, Checks & Misc: Checks



Strides Pharma, Inc.

Corporate Address: Strides Pharma, Inc., 2 Tower Center Blvd. Suite 1102, East Brunswick, NJ 08816 USA
FEIN: 46-2953153
www.stridesarco.com

Drug Labeler Code: 42543, 64380
Incorporation State: NJ
Incorporation Date: 6/11/2013

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
TCB	2 Tower Center Boulevard Suite 1102 East Brunswick, NJ 08816 County: Middlesex	3011707936	N/A	078868278	No	(609) 773-5000	(609) 935-0806

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Nagesh Majeti	[redacted]Wildflower Ct Columbus, NJ 08022	Quality Director	No	[redacted]	[redacted] *All States*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Strides Arcolab International Ltd	Unit 4, Metro Centre, Dwight Road, Tolpits Lane Watford, Hertfordshire, WD18 9SS United Kingdom	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Rajkumar Kailashdutt Tripathi	[redacted]Lukas Blvd Morganville, NJ 07751	Secretary		[redacted]	[redacted]

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	DOB	Driver's License
Incorp Services, Inc.		

3PLS

Name	Address	Title	Prescribing Authority	DOB	Driver's License
UPS Supply Chain Solutions	1860 Outer Loop Louisville, KY 40219				

Disciplinary History: NV 2020

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

STRIDES PHARMA, INC.
0400580219

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 11, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

INCORP SERVICES INC
208 WEST STATE STREET
TRENTON, NJ 08608-1002

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of September, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6135949835

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Home State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745306

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

2 TOWER CENTER BLVD - STE 1102 EAST BRUNSWICK, NJ 08816-
1 RAM RIDGE RD CHESTNUT RIDGE,NY 10977-
30 DUNNIGAN DR MONTEBELLO (SUFFERN), NY 10901-
80 RED SCHOOL HOUSE RD CHESTNUT RIDGE, NY 10977-

Reg. No.
5004572

STRIDES PHARMA INC
C/O STATE LICENSE SERVICING
1751 STATE RTE 17A, STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 9/28/2022

Registration Number: 5004572 **Registered as:** Manufacturer and Wholesale

Name: STRIDES PHARMA INC

DBA:

Address: 2 TOWER CENTER BLVD - STE 1102 , EAST BRUNSWICK, NJ 08816

Original Issue Date: 10/24/2013 **Expiration Date:** 01/31/2023

Current Issue Date: 11/19/2021

Disciplines: No

Additional Registered Addresses:
1 RAM RIDGE RD, CHESTNUT RIDGE, NY 10977
30 DUNNIGAN DR, MONTEBELLO (SUFFERN), NY 10901
80 RED SCHOOL HOUSE RD, CHESTNUT RIDGE, NY 10977

Registrant Verification For

U P S SUPPLY CHAIN SOLUTION INC,

DEA Number:	RU0346088
Expiration Date:	05/31/2023
Additional Company Info:	
Registered Address:	1860 OUTER LOOP ROAD
City:	LOUISVILLE
State:	KY
Zip Code:	40219
Business Activity:	DISTRIBUTOR
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	05/10/2022

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Labeler Code Proof
42543

/ NDC (index.cfm)

National Drug Code Directory

Current through September 12, 2022

You have searched Finished drug products

Search Results: '42543'

Back to Search Page () | Search Again ()

CSV

Display All **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Amantadine Hydrochloride	42543-497-01	100 mg/1	TABLET	ORAL	ANDA209035	Strides Pharma Inc.	42543-497	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/04/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (42543-497-01)
Amantadine Hydrochloride	42543-493-05	100 mg/1	CAPSULE	ORAL	ANDA209047	Strides Pharma Inc.	42543-493	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/31/2017	N/A	ANDA	500 CAPSULE in 1 BOTTLE (42543-493-05)
Amantadine Hydrochloride	42543-497-05	100 mg/1	TABLET	ORAL	ANDA209035	Strides Pharma Inc.	42543-497	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	08/08/2017	N/A	ANDA	500 TABLET in 1 BOTTLE (42543-497-05)
Amantadine Hydrochloride	42543-493-01	100 mg/1	CAPSULE	ORAL	ANDA209047	Strides Pharma Inc.	42543-493	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/31/2017	N/A	ANDA	100 CAPSULE in 1 BOTTLE (42543-493-01)
Buspirone Hydrochloride	42543-741-06	5 mg/1	TABLET	ORAL	ANDA202330	Strides Pharma Inc.	42543-741	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/01/2021	N/A	ANDA	100 TABLET in 1 BOTTLE (42543-741-06)
Buspirone Hydrochloride	42543-741-07	5 mg/1	TABLET	ORAL	ANDA202330	Strides Pharma Inc.	42543-741	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/01/2021	N/A	ANDA	500 TABLET in 1 BOTTLE (42543-741-07)
Buspirone Hydrochloride	42543-741-08	5 mg/1	TABLET	ORAL	ANDA202330	Strides Pharma Inc.	42543-741	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/01/2021	N/A	ANDA	1000 TABLET in 1 BOTTLE (42543-741-08)
Buspirone Hydrochloride	42543-742-06	10 mg/1	TABLET	ORAL	ANDA202330	Strides Pharma Inc.	42543-742	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/01/2021	N/A	ANDA	100 TABLET in 1 BOTTLE (42543-742-06)
Buspirone Hydrochloride	42543-742-07	10 mg/1	TABLET	ORAL	ANDA202330	Strides Pharma Inc.	42543-742	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/01/2021	N/A	ANDA	500 TABLET in 1 BOTTLE (42543-742-07)

Labeler Code Proof
63480

/ NDC (index.cfm)

National Drug Code Directory

Current through September 12, 2022

Records marked with (U): This information was removed from publication, because the record is uncertified.

You have searched Finished drug products

Search Results: *'64380'*

Back to Search Page () | Search Again ()

CSV

Display All **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Abacavir	64380-717-03	300 1/1	TABLET	ORAL	ANDA091050	Strides Pharma Science Limited	64380-717	Abacavir	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	10/28/2016	N/A	ANDA	60 TABLET in 1 BOTTLE (64380-717-03)
Abacavir	64380-717-01	300 1/1	TABLET	ORAL	ANDA091050	Strides Pharma Science Limited	64380-717	Abacavir	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	10/28/2016	N/A	ANDA	60 TABLET in 1 BLISTER PACK (64380-717-01)
Acarbose	64380-758-06	25 mg/1	TABLET	ORAL	ANDA090912	Strides Pharma Science Limited	64380-758	acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG	12/08/2016	N/A	ANDA	100 TABLET in 1 BOTTLE, PLASTIC (64380-758-06)
Acarbose	64380-760-06	100 mg/1	TABLET	ORAL	ANDA090912	Strides Pharma Science Limited	64380-760	acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG	12/10/2016	N/A	ANDA	100 TABLET in 1 BOTTLE, PLASTIC (64380-760-06)
Acarbose	64380-759-06	50 mg/1	TABLET	ORAL	ANDA090912	Strides Pharma Science Limited	64380-759	acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG	12/10/2016	N/A	ANDA	100 TABLET in 1 BOTTLE, PLASTIC (64380-759-06)
Acetazolamide	64380-833-06	125 mg/1	TABLET	ORAL	ANDA209734	Strides Pharma Science Limited	64380-833	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG	11/20/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (64380-833-06)
Acetazolamide	64380-834-06	250 mg/1	TABLET	ORAL	ANDA209734	Strides Pharma Science	64380-834	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG	11/20/2017	N/A	ANDA	100 TABLET in 1 BOTTLE (64380-834-06)

Mackenzie Winne - All Ope... > 77477

Reply | Add note | Forward | Close | Merge | Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

NJ- letter No official Verification

Employment Profile - Effective Date Effective as of 08/31/2022

First Name	Last Name	Job Title Description	Home Department	Location
Christopher	Justiniano	Accountant I	000002-Finance	NJ-New Jersey
Paridhi	Jain	Senior Analyst, Finance	000002-Finance	NJ-New Jersey
Melissa	Zerrenner	Coordinator, CR Site	000001-Management	NJ-New Jersey
Srinadh	Aligina	Director, IT	000006-Information Technology	NJ-New Jersey
Scot H	Reid	Senior Director, Human Resources	000023-Human Resources	NJ-New Jersey
John E	Sheehan	Director, OTC	000102-Sales OTC	NJ-New Jersey
Brandon	Johnson	Senior Analyst, Business Finance	000002-Finance	NJ-New Jersey
Tonisha	Clark	Associate I, Quality and PV	000004-Quality	NJ-New Jersey
Kristen	Moore	Customer Service Representative	000010-Customer Service	NJ-New Jersey
Rajkumar K	Tripathi	Director, Finance	000002-Finance	NJ-New Jersey
Ronak	Patel	Senior Associate III, Regulatory Affairs	000003-Regulatory	NJ-New Jersey
Nagesh	Majeti	Director, Quality	000004-Quality	NJ-New Jersey

SPI-TCB-NV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Strides Pharma, Inc.

Pharmacy/Wholesaler License # (if applicable): WH02816

Physical Address: 2 Tower Center Boulevard, Suite 1102

City: East Brunswick State: NJ Zip: 08816

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.stridesarco.com

Licensing Company Email: SPI@slsny.com

Section 2: Personal Information

First: Nagesh Middle: Last: Majeti

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Wildflower Ct

City: Columbus State: NJ Zip: 08022

Telephone: [redacted] Email: nagesh@stridesusa.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Andhra University, School of Chemistry		April 1992 - April 1994	
Address	**City**	**State**	**Zip**
Junction, Andhra University South Campus, Visakhapatnam	Andhra Pradesh	India	530003
Diploma/Degree obtained, if any			
Masters in Analytical Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Osmania University		April 1989 - March 1992	
Address	**City**	**State**	**Zip**
Osmania University Main Rd, Amberpet, Hyderabad	Telangana	India	500007
Diploma/Degree obtained, if any			
Bachelors in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
APSWR School		March 1986 - April 1987	
Address	**City**	**State**	**Zip**
Gopalapuram	Gopalapuram, AP	India	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 - current	[redacted] Wildflower Ct.	Columbus	NJ	08022
9/15 - 11/20	[redacted] Royal Oaks Ct	Monmouth Junction	NJ	08852
2012- 2015	[redacted] Whitehall Dr	Doylestown	PA	18901
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Strides Pharma, Inc.			10/2012 - Present
Business Address	**City**	**State**	**Zip**
2 Tower Center Boulevard, Suite 1102	East Brunswick	NJ	08816
Phone	**Title**	**Number of Employed Hours**	
(609) 773-5000	Director, Quality		

Description of Duties
Focused manger with conceptually strong skills and through understanding of Pharmaceutical Quality Requirements, backed with over Twenty-seven (27) years of experience. Managing Quality Operations, Oversee complete Quality Management System for Commercial Quality in US. Provide guidance to Quality team, interpretation, support, training and input on regulations, guidelines, company policies and procedures.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Nagesh Majeti, **certify that as the designated representative for**

Strides Pharma, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nagesh Majeti
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nagesh Majeti
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2022
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Nagesh Majeti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — Nagesh Majeti

10/10/2022
Date

Subscribed and Sworn to before me this 10 day of October

Notary Public Signature

JENNIFER B. FRASER
Notary Public, State of New Jersey
Commission # 50176949
My Commission Expires 11/3/2026

(Seal)

August 10, 2022

THE HARTFORD

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

REINSTATEMENT NOTICE

Re: **Bond Number:** 21BSBIF1606

Principal: STRIDES PHARMA INC.

Bond Type: Medicare/Medicaid Providers - All Other (State)

On 08/05/2022 **, we sent you Notice of Cancellation/Non-Renewal on the above bond to be effective**

☐ _____ **days following receipt**

☒ 09/14/2022

Please disregard our Notice of Cancellation/Non-Renewal and consider this bond in full force and effect without interruption.

We are sorry for any inconvenience this may have caused your office.

Hartford Fire Insurance Company

By: Amy Jo Francis
Amy Jo Francis, Attorney-in-Fact

CC: STRIDES PHARMA INC.
2 Tower Center Boulevard, Suite 1102

East Brunswick,NJ 08816

CC: BROWN & BROWN OF FLORIDA INC
PO BOX 745961
DAYTONA BEACH, FL 32114

AGT: Please forward a copy of this reinstatement notice to the insured. Thank You.

STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

Date: 12/05/2022

To: Nevada State Board of Pharmacy

Re: Strides Pharma, Inc.

License # WH02816

Facility Address: 2 Tower Center Boulevard, Suite 1102, East Brunswick, NJ 08816

Dear Sir/Madam:

Please be advised that I represent **Strides Pharma, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order #____8804____ for your fee in the amount of **$1,000.00**. As required, the following documents are also being submitted:

- ☒ Bond - Payable to State of Nevada
- ☒ Certificate of Good Standing from Formation State
- ☒ Company Particulars with Personal Info
- ☒ DEA Registration Certificate **use 3PL's**
- ☒ Home State License Verification, Board-Sealed **NJ online verification**
- ☒ Home State License/Exemption Letter, Copy
- ☒ List of All Employees at Facility
- ☒ Proof of Assigned Labeler Code
- ☒ Discipline Docs

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slsnysupport.com

Kind regards,

Jennifer Schneider
VP, Client Services

DEC - 8 2022

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Telix Pharmaceuticals (US) Inc.

Physical Address: 11700 Exit 5 Parkway, Suite 200

City: Fishers State: IN Zip: 46037

Mailing Address (if different from physical address): 11700 Exit 5 Parkway, Suite 200

City: Fishers State: IN Zip: 46037

Telephone: 3175889700 Website: telixpharma.com

Name of Designated Representative (DR): Gregg Pittelkow

Licensing Company Email: us.licenses@telixpharma.com DR Email: gregg.pittelkow@telixpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Telix International Pty Ltd

Corporation/Organization Name: Telix Pharmaceuticals (US) Inc.

Mailing Address: 11700 Exit 5 Parkway, Suite 200

City: Fishers State: IN Zip: 46037

Telephone: 3175889700 Email: us.licenses@telixpharma.com

Contact Person Name: Gregg Pittelkow

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Telix Pharmaceuticals (US) Inc.

Facility Name

Darren Patti

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

05 SEP 22

Date

Board Use Only	Date Received: _____	Amount: _____

Company Information

Company Name: Telix Pharmaceuticals (US) Inc.
Address: 11700 Exit 5 Parkway, Suite 200
City, State, Zip: Fishers, Indiana 46037
Phone: 317-588-9700
Website: telixpharma.com
E-mail: us.licenses@telixpharma.com

FEIN: 82-4003948
State of Formation: Delaware
Date Incorporated: 8/14/2017
File Number: 6511272:

Ownership Information

Telix Pharmaceuticals (US) Inc. is 100% owned by Telix International Pty Ltd

Parent Company Address: 55 Flemington Road, Suite 401, North Melbourne, Victoria 3051
Parent Company Email: info@telixpharma.com

Officers

Michael Didocha - CFO, Americas
Business Address: 12 Municipal Dr. Suite 330, Fishers, IN 46038
Business Phone: 317-588-9700
Email: michaeldidocha@telixpharma.com
Ownership %: 0

Darren Patti – COO, Americas
Business Address: 12 Municipal Dr. Suite 330, Fishers, IN 46038
Business Phone: 317-588-9700
Email: darren.patti@telixpharma.com
Ownership %:0

Mark Kevin Richardson- CEO, Americas
Business Address: 11700 Exit 5 Pkwy., Suite 200, Fishers, IN 46037
Business Phone: 512.809.6820
Email: kevin.richardson@telixpharma.com
Ownership: %0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELIX PHARMACEUTICALS (US) INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELIX PHARMACEUTICALS (US) INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6511272 8300

SR# 20221601415

Authentication: 203257216

Date: 04-25-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

TELIX PHARMACEUTICALS

Employee List for Telix facility located in Fishers, Indiana

Antisdel,Zachary
Beavers,Nathaniel
Bhamra,Satpal
Bunch,Nathan
Didocha,Michael
Dorton,Ryan
Gopinath,Kavya
Greer,Sabrina
Hamblin,Jennifer
Hurst,David
Ilori,Tinuade
Jones,Gabrielle Leigh
Kaufmann,Jason
Kim,John
Law,Scott
Mancini,Blair Gioviano
Mayer,Peter John
McCarty,Lynsi
Mullen,Brody
Muller,Michael
Obot,Andrew Raymond
O'Hara,Michael
Orick,Heather A
Paul,Matthew J
Pittelkow,Gregg Richard - Designated Representative
Stone,Ann
Vandegriff,Chad
Wardach,Michael D
Yoder-Eastes,Kristopher Ryan

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through September 19, 2022

You have searched Finished drug products

Search Results: *'Telix'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+ ILLUCCIX	74725-100-25		KIT	INTRAVENOUS	NDA214032	Telix Pharmaceuticals US Inc.	74725-100	Kit for the preparation of gallium Ga 68 gozetotide injection		HUMAN PRESCRIPTION DRUG	12/17/2021
+ ILLUCCIX	74725-100-64		KIT	INTRAVENOUS	NDA214032	Telix Pharmaceuticals US Inc.	74725-100	Kit for the preparation of gallium Ga 68 gozetotide injection		HUMAN PRESCRIPTION DRUG	12/17/2021

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
MS
1/16/23

Top (https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

FACET LIFE SCIENCES

Facet Secure <facet_secure@facetls.com>

Labeler Code Request Approved

1 message

edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Reply-To: edrls@fda.hhs.gov
To: facet_secure@facetls.com
Bcc: Lalnunpuii.Huber@fda.hhs.gov

Sun, Apr 5, 2020 at 6:55 AM

eDRLS - Electronic Drug Registration & Listing System

Current Date: 05-APR-2020
Labeler DUNS: 116991792
Labeler Name: Telix Pharmaceuticals US Inc.
Labeler Code: 74725

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Description of Operations

Telix is a VirtualManufacturer. Telix's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributor and Specialty Pharmacies by their Third-Party Logistics Provider, UPS Supply Chain Solutions, Inc., who is licensed to ship pharmaceutical products into your state.

Telix Pharmaceuticals is privately held.

Telix Pharmaceuticals was incorporated in the State of Delaware on 8/14/2017; File # 6511272

Contract Manufacturer Information:
Telix will be using the contract manufacturer(s) below to produce our product:

Grand River Aseptic Manufacturing
140 Front Ave SW
Grand Rapids, MI 49504
FEIN: 3008716173

AndersonBrecon Inc. (DBA PCI Pharma Services)
4545 Assembly Drive
Rockford, IL 61109
FEIN: 1421377

Grand River Aseptic Manufacturing manufactures Telix's product and PCI Pharma Services packages the finished product. At no time does Grand River Aseptic Manufacturing or PCI Pharma Services own the product, contract with Telix's customers, invoice, nor sell a Telix product. Telix's products are not Controlled Substances.

Labeler Code: 74725

Third Party Logistic information:
For distribution into the commercial supply channels, UPS Supply Chain Solutions, Inc. acts as Telix Pharmaceutical's Third Party Logistics (3PL) provider to manage the storage and distribution of Telix's product to Specialty Distributor and Specialty Pharmacies throughout the United States.

UPS Supply Chain Solutions Inc.
6204 New Cut Road
Fairdale, KY 40118

Telix's hours of operation are 8:30 am – 5:00pm EST Monday through Friday.

Wholesale Drug Distributor Frequently Asked Questions (WDD FAQ's):

Rule: If an entity is physically shipping legend drugs into or within Indiana, it must be licensed as a wholesale drug distributor (WDD) and be Verified-Accredited Wholesale Distributors™ (VAWD™) certified unless its business practice is explicitly expected out of the licensure requirement by Indiana statute (i.e. manufacturer, medical gas only, animal drug only).

Q: "Our company does not physically store, possess, or ship legend drugs into Indiana. We are the NDA holder. We contract out with a manufacturer and third party logistics provider to ship our drugs into the state. Do I need a WDD license in Indiana?"
A: No. If the company does not physically ship the drugs into Indiana, it does not need a WDD license.

Q: "I'm a reverse distributor and only destroy the drugs. Do I need a WDD license?"
A: Yes. Reverse distributors need a WDD license and VAWD in Indiana (as all WDD licensees must be VAWD accredited). Reverse distributors physically handle legend drugs and therefore require licensure. Reverse distributors are also explicitly listed as WDD in Indiana statute.

Q: "Our company is a third party logistics provider in California that ships to a wholesale drug distributor in Illinois that ships to a chain drug warehouse in Indiana. Which one of us needs a license?"
A: The third party logistics provider is not required to be licensed in Indiana as the company does not physically ship drugs into the state; however, both the wholesale drug distributor and chain drug warehouse must be licensed and VAWD accredited.

Q: "Our company is a third party logistics provider that coordinates shipments from a wholesale drug distributor in Texas to a wholesale drug distributor in Michigan for shipment into Indiana and the company—on rare occasion—ships directly into Indiana. Do we need a license?"
A: Yes. Any physical shipment of legend drugs within or into Indiana requires WDD licensure.

Q: "Our company only ships medical gas and over-the-counter drugs into Indiana, but we held a WDD license in the past and we want to renew. Can we obtain a license?"
A: No. A medical gas only distributor or over-the-counter drug only distributor does not require licensure in Indiana and the Board will not issue a license to any company that is not required to be licensed.

Q: "Our company only physically ships veterinary drugs into Indiana. Do we need a WDD license?"
A: It depends. If the legend drugs may also be used for humans, your company needs a license—even if the drugs are intended for animal use. If the legend drugs are "animal use only", the company does not need a license.

Q: "Our company is a repackager for a manufacturer and we send legend drugs directly to a licensed and VAWD accredited WDD in Indiana. We only ship to one company at one location. Do we need a license?"
A: Yes. Repackagers are not exempted by statute and need a license to ship legend drugs within or into Indiana.

Q: "My company is a manufacturer and we deliver our drugs to a WDD in Indiana. We understand that we do not need a license, but we have always had one and wish to continue with licensure in Indiana. Can we obtain a license?"
A: No. A manufacturer will not be issued a license even it ships directly into Indiana, irrespective of any past licensure; however, if a manufacturer also ships legend drugs that it did not manufacture into Indiana, it must be licensed.

There is a newer version of this Section

2019 Indiana Code
Title 25. Professions and Occupations
Article 26. Pharmacists, Pharmacies, Drug Stores
Chapter 14. Wholesale Legend Drug Distributors and Third Party Logistics Providers
25-26-14-1. Application of chapter

Universal Citation: IN Code § 25-26-14-1 (2019)

IC 25-26-14-1 Application of chapter

Sec. 1. (a) This chapter applies to any individual, partnership, limited liability company, corporation, or business firm:

(1) located in or outside Indiana; and

(2) engaging in the wholesale distribution of legend drugs in Indiana.

(b) Except as required by federal law or regulation, the requirements of this chapter do not apply to a manufacturer that is approved by the federal Food and Drug Administration. However, the board may adopt rules concerning manufacturers that the board considers appropriate and necessary.

(c) The requirements of this chapter do not apply to a medical gas manufacturer or distributor that only manufactures or distributes medical gases.

As added by P.L.182-1991, SEC.3. Amended by P.L.8-1993, SEC.394; P.L.212-2005, SEC.23; P.L.98-2006, SEC.12.

Disclaimer: These codes may not be the most recent version. Indiana may have more current or accurate information. We make no warranties or guarantees about the accuracy, completeness, or adequacy of the information contained on this site or the information linked to on the state site. Please check official sources.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Telix Pharmaceuticals (US) Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 11700 Exit 5 Parkway, Suite 200

City: Fishers State: IN Zip: 46037

Mailing Address (if different from physical address): 11700 Exit 5 Parkway, Suite 200

City: Fishers State: IN Zip: 46037

Telephone: 3175889700 Website: telixpharma.com

Licensing Company Email: us.licenses@telixpharma.com

Section 2: Personal Information

First: Gregg Middle: Richard Last: Pittelkow

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 11700 Exit 5 Parkway, Suite 200

City: Fishers State: IN Zip: 46037

Telephone: [redacted] Email: gregg.pittelkow@telixpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of St. Thomas			
Address	**City**	**State**	**Zip**
2115 Summit Ave	St. Paul	MN	55105
Diploma/Degree obtained, if any			
BA, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Blaine Senior High School		09/75 - 05/78	
Address	**City**	**State**	**Zip**
12555 University Ave NE	Blaine	MN	55434
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Present	[redacted] Rangeline Rd, Apt. [redacted]	Carmel	IN	46032
8/18 - 2/21	[redacted] McKinley St NE	Minneapolis	MN	55418
10/13 - 8/18	[redacted] Crestwyck Cir.	Mount Joy	PA	17552

Applicant's initials GRP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Telix Pharmaceuticals (US) Inc.			From - To (MM/YY – MM/YY): 10/17/2022-Present	
Business Address: 11700 Exit 5 Parkway, Suite 200		City: Fishers	State: IN	Zip: 46037
Phone: 3175889700	Title: Director – Global Supply Chain & Logistics		Number of Employed Hours: 360	
Description of Duties: See Attached Resume				
Business Name: Telix Pharmaceuticals			From - To (MM/YY – MM/YY): 11/21-10/22	
Business Address: 12 Municipal Dr. Suite 330		City: Fishers	State: IN	Zip: 46038
Phone: 317 588 9700	Title: Director – Global Supply Chain and Logistics		Number of Employed Hours: 1440	
Description of Duties: See Attached Resume				
Business Name: Telix Pharmaceuticals			From - To (MM/YY – MM/YY): 3/21-11/21	
Business Address: 12 Municipal Dr. Suite 330		City: Fishers	State: IN	Zip: 46038
Phone: 317 588 9700	Title: Global Logistics Manager		Number of Employed Hours: 1120	
Description of Duties: See Attached Resume				
Business Name: Labcorp / Covance, Inc.,			From - To (MM/YY – MM/YY): 9/13-1/19	
Business Address: 310 Swamp Bridge Rd		City: Denver	State: PA	Zip: 17517
Phone: (717) 336-4921	Title: Associate Director Regulatory and Global Logistics		Number of Employed Hours: 11,520	
Description of Duties: See Attached Resume				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:		City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Telix Pharmaceuticals (US) Inc.			10/17/2022-Present
Business Address	**City**	**State**	**Zip**
11700 Exit 5 Parkway, Suite 200	Fishers	IN	46037
Phone	**Title**	**Number of Employed Hours**	
3175889700	Director – Global Supply Chain & Logistics	360	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Telix Pharmaceuticals			11/21-10/22
Business Address	**City**	**State**	**Zip**
12 Municipal Dr. Suite 330	Fishers	IN	46038
Phone	**Title**	**Number of Employed Hours**	
317 588 9700	Director – Global Supply Chain and Logistics	1440	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Telix Pharmaceuticals			3/21-11/21
Business Address	**City**	**State**	**Zip**
12 Municipal Dr. Suite 330	Fishers	IN	46038
Phone	**Title**	**Number of Employed Hours**	
317 588 9700	Global Logistics Manager	1120	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Labcorp / Covance, Inc.,			9/13-1/19
Business Address	**City**	**State**	**Zip**
310 Swamp Bridge Rd	Denver	PA	17517
Phone	**Title**	**Number of Employed Hours**	
(717) 336-4921	Associate Director Regulatory and Global Logistics	976	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials GRP

I, Gregg Pittelkow, **certify that as the designated representative for**

Telix Pharmaceuticals (US) Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gregg Pittelkow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

AUG 30, 2022

Date

Applicant's initials GRP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregg Pittelkow
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

AUG 30, 2022
Date

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of HAMILTON

I, GREGG PITTELKOW, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

AUG 30, 2022
Date

Subscribed and Sworn to before me this 30th day of August.

Notary Public Signature

NOTARY PUBLIC SEAL INDIANA
TYLER GOULD
Notary Public
Hamilton County, State of Indiana
Commission Expires Feb. 03, 2030
Commission Number: NP0738916

(Seal)

Gregg Pittelkow

Experienced Supply Chain and Logistics Professional

[redacted]South Rangeline Road
Carmel, IN 46032

https://www.linkedin.com/in/[redacted]

[redacted]

[redacted]@gmail.com

An experienced professional with a proven track record in supply chain, logistics, trade compliance, and vendor management. Acknowledged as an influential team manager with excellent communication, organization and prioritization skills needed to effectively manage multiple assignments in a fast-paced environment. A respected leader, with a proven ability to build highly motivated teams focused on achieving goals and exceeding expectations.

Skills

- Strategic sourcing of transportation, warehousing, brokerage, and consulting services
- Lean Six Sigma Green Belt
- Cold chain logistics
- Vendor RFP, selection, management, and audit
- Ground, air, and ocean freight operations
- Hazardous materials / dangerous goods
- Supply chain management
- Global logistics management
- Employee development, team building, global team management
- Fleet operations and management
- Global trade compliance
- Business process improvement
- Industry and government relations
- Microsoft Office Suite
- Project management
- Quality management systems

Work History

Nov. 2021 - Present

Director – Global Supply Chain and Logistics

Telix Pharmaceuticals Ltd., Fishers, IN

- Lead a supply chain and logistics team responsible for global inventory management, planning and procurement, clinical and commercial product distribution, and vendor management
- Onboarded a new clinical 3PL vendor, resulting in cost savings of approximately 25% and greatly reduced transit times versus previous vendors
- Successfully lead the distribution of the first Telix commercial drug product, Illuccix®, with over 99.98% of shipments arriving on-time and in-full
- Sourced and onboarded an experienced global customs consultant to guide the company in customs valuations, HTS classifications, assists, duty drawback, GST/VAT and other trade related transactions

Mar. 2021 – Nov. 2021

Global Logistics Manager

Telix Pharmaceuticals Ltd., Fishers, IN

- Responsible for the global movement of clinical trial materials and commercial products using a variety of 3PL providers in North America, EMEA, and APAC
- Created the Telix global logistics operation from scratch, working with internal and external clients to source 3PL vendors, negotiate contracts, evaluate and select cold chain shipping containers, and build a global supply chain and logistics team
- Led the successful on-time and on-budget implementation of a major global 3PL integrator, from RFP and contract negotiation to system testing, integration, and training through to on-line implementation within a tight five-month timeline

Sep. 2013 – Jan. 2019 **Associate Director Regulatory and Global Logistics**
Labcorp / Covance, Inc., Denver, PA

- Managed a global team responsible for logistics and compliance (FDA, EMA, GDP, GMP, DOT, TSA, USDA, ICAO, USFWS, CDC, CITES, CBP, EU, etc.) for transportation of materials, products, and research models
- Led a successful transition from an in-house transportation model to exclusive use of 3PL vendors, resulting in annual net savings in excess of USD 400,000 and elimination of USD 1,000,000+ in capital expenditures
- Negotiated new contracts with vendors which resulted in annual savings in excess of 20%
- Led a project to commercialize the company's extensive knowledge of transportation regulations in developing a new service offering for clients
- Designed new transportation networks to streamline operations, reduce costs, and mitigate transportation related risks

Aug. 2011 – Sep 2013 **Manager Import – Export Compliance**
The Toro Company, Inc., Bloomington, MN

- Led a team responsible for day-to-day import and export operations across all modes of transportation (ground, ocean, air)
- Responsible for all aspects of Toro's global trade compliance program, including C-TPAT, CBP- DOT, EAR, ITAR, FCPA, OFAC, and Incoterms programs and regulations
- Oversaw internal review processes concerning free trade agreements, HTS classifications, country of origin, assists, record keeping, inventory systems and other compliance elements
- Implemented a duty drawback program to recover over USD 100,000 annually in excess duty paid
- Led a project to automate restricted and denied party screening to mitigate risk to the company

Jan. 1994 – Jun. 2010 **Senior Operations Specialist**
Delta Air Lines, Inc., Minneapolis, MN

- Achieved multi-year 10%+ annual revenue increases through successful management of special product lines (pharmaceuticals, live animals, perishables, hazardous materials, high value goods, etc.)
- Achieved a 90%+ reduction in fines by developing new training materials, job aids, SOPs to make compliance easier
- Developed, distributed, and maintained all Delta Cargo and NWA Cargo manuals, operations bulletins, and related materials to ensure compliance with DOT, FAA, TSA, IAC, IATA and ICAO regulations

Education

Bachelor of Arts: Business Administration
University of St. Thomas – Saint Paul, MN

Certification: Certified Professional Project Manager (CPPM)
University of St. Thomas – Saint Paul, MN

Certification: Lean Six Sigma Green Belt
Project Management Academy – Minneapolis, MN

Certification – Current Good Manufacturing Process (cGMP)
Biopharma Institute

Affiliations

- Member, IATA Time and Temperature Working Group, 2014 - 2019
- Chairman, IATA Live Animals and Perishables Board, 2004 – 2010
- Advisor, U.S. Department of State – FSI, 2009 – 2021

A KeyCorp Bank

KeyBank

KEYBANK NATIONAL ASSOCIATION
STANDBY LETTER OF CREDIT SERVICES
MAIL CODE: OH-01-51-0574
4910 TIEDEMAN ROAD
CLEVELAND, OHIO 44144-2338
TEL NO: 216-813-3703, 3715, or 4039
FAX NO: 216-813-3719

Date: December 20, 2022

Beneficiary:
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206 Wholesaler
Reno, NV 89521

Applicant:
Telix Pharmaceuticals (US), Inc.
11700 Exit 5 Pkwy
Suite 200
Fishers, IN 46037

We hereby amend our Irrevocable Standby Letter of Credit Number S328210 as follows:

Amendment Sequence Number: 001

Applicant address is hereby amended to:

11700 Exit 5 Pkwy
Suite 200
Fishers, IN 46037

All other terms and conditions remain unchanged. This amendment is to be considered an integral part of the Letter of Credit and must be attached thereto.

KeyBank National Association

Joseph Coreno
Authorized Signer

Judith D'Cruz
Authorized Signer



A KeyCorp Bank

KeyBank

KEYBANK NATIONAL ASSOCIATION
STANDBY LETTER OF CREDIT SERVICES
MAIL CODE: OH-01-51-0574
4910 TIEDEMAN ROAD
CLEVELAND, OHIO 44144-2338
TEL NO: 216-813-3703, 3715, or 4039
FAX NO: 216-813-3719

Irrevocable Standby Letter of Credit No. S328210 Date: August 2, 2022

Beneficiary:
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206 Wholesaler
Reno, NV 89521

Applicant:
Telix Pharmaceuticals (US), Inc.
12 Municipal Drive, Suite 330
Fishers, IN 46038

Amount: $25,000.00

Expiry: August 2, 2023

We hereby establish our Irrevocable Standby Letter of Credit No. S328210 in your favor for account of Telix Pharmaceuticals (US), Inc. for a sum or sums not exceeding a total of USD $25,000.00 (Twenty Five Thousand and 00/100 United States Dollars), available by your draft(s) at sight drawn on KeyBank National Association, Cleveland, Ohio bearing the clause, "Drawn under KeyBank National Association Irrevocable Standby Letter of Credit No. S328210 dated August 2, 2022" accompanied by the following document(s):

1. Beneficiary's statement signed by an authorized representative stating:
"We certify that Telix Pharmaceuticals (US), Inc. has not performed or fulfilled all of the undertakings, covenants and conditions in accordance with the terms of the agreement between Telix Pharmaceuticals (US), Inc. and Nevada State Board of Pharmacy."

2. This original Letter of Credit and any amendments.

Partial drawings are permitted.

It is a condition of this Letter of Credit that the expiration date shall automatically be extended, without amendment, for additional periods of one year from the present and each future expiration date, unless we notify you in writing, by registered mail/return receipt requested, or overnight courier service at least fifteen (15) days prior to the then current expiration date that we elect not to extend this Letter of Credit for such additional period of time. Upon receipt of such notice, you may draw hereunder up to the full amount then available by presentation of your sight draft drawn on us accompanied by the original letter of credit and all amendments thereto.

CONTINUED ON NEXT PAGE

This Letter of Credit is subject to the International Standby Practices 1998, ICC Publication No. 590.

In the event this Standby Letter of Credit is no longer required prior to the current expiration date, the original Letter of Credit and all amendments must be submitted to KeyBank National Association, at the above address, with a signed letter on the Beneficiary's letterhead addressed to KeyBank National Association agreeing to its cancellation.

We hereby engage with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored on due presentation and delivery of documents as specified to KeyBank National Association, Standby Letter of Credit Services, Mail Code: OH-01-51-0574, 4910 Tiedeman Rd., Cleveland, Ohio 44144-2338 on or before August 2, 2023 or any automatically extended expiration date.

KeyBank National Association

Deanna Gaskins
Authorized Signer

Judith D'Cruz
Authorized Signer

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03021	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Tetraphase Pharmaceuticals, Inc.

Physical Address: 201 Jones Road, Suite 400

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): 201 Jones Road, Suite 400

City: Waltham State: MA Zip: 02451

Telephone: 617-715-3600 Website: www.tphase.com

Name of Designated Representative (DR): Larry Edwards

Licensing Company Email: compliance@ljpc.com DR Email: ledwards@ljpc.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): La Jolla Pharmaceutical Company

Corporation/Organization Name: Tetraphase Pharmaceuticals, Inc.

Mailing Address: 201 Jones Road, Suite 400

City: Waltham State: MA Zip: 02451

Telephone: 617-715-3600 Email: compliance@ljpc.com

Contact Person Name: Bonnie Gaudette

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, **dated within the last 12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Tetraphase Pharmaceuticals, Inc.
Facility Name

Larry Edwards
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

09/21/2022
Date

Board Use Only	Date Received: 11-9-22	Amount: 1000.00 CK-17290

TETRAPHASE PHARMACEUTICALS

Company Information

Tetraphase Pharmaceuticals, Inc.
201 Jones Road Suite 400
Waltham, MA 02451
(617) 715-3600
Email: compliance@ljpc.com
Website: www.tphase.com

FEIN: 20-5276217
State of Formation: Delaware
Date Incorporated: 07/07/2006
File Number: 4186628

Ownership

Tetraphase Pharmaceuticals, Inc. is 100% owned by La Jolla Pharmaceutical Company.

Parent Company Address: 201 Jones Road Suite 400, Waltham, MA 02451
Parent Company Phone: (617) 715-3600
Parent Company FEIN: 33-0361285

Corporate Officer

Larry G Edwards – President and Chief Executive Officer
201 Jones Road Suite 400
Waltham, MA 02451
(617) 715-3600

TETRAPHASE PHARMACEUTICALS

Description of Operations

Tetraphase Pharmaceuticals, Inc. ("Tetraphase") is a virtual manufacturer of prescription drugs located in Waltham, MA. Tetraphase's product is manufactured by a contract manufacturer and will be distributed to Specialty Distributors by a third-party logistics provider (3PL) who is licensed to ship pharmaceutical products into your state. Sales records are stored at the 3PL.

Tetraphase Pharmaceuticals, Inc. uses the following contract manufacturer to produce the product, Xerava:

Patheon
5900 Martin Luther King Jr. Hwy
Greenville, NC 27834
FDA: 1018495
Contact: Patrick McNally
Phone: 252-707-7397

Products:
Patheon manufactures and packages Tetraphase's product. At no time does Patheon own the product, contract with Tetraphase's customers, invoice, nor sell a Tetraphase product. Tetraphase's products are not controlled substances. Accordingly, Tetraphase is not required to maintain DEA registration.

Labeler Code: 71773

Third-Party Logistics Information:
For distribution into the commercial supply channels, Cardinal Health "SPS" acts as Tetraphase's third-party logistics (3PL) provider to manage the storage and distribution of Tetraphase's product to customers throughout the United States. Cardinal Heath "SPS" address is:

Cardinal Health "SPS"
15 Ingram Boulevard
LaVergne, TN 37086
Contact: Cynthia Rhodes
Phone: (615) 793-1200

√ Verified
12/9/22

Tetraphase's has 70 employees, and their hours of operation are 9:00 a.m. – 5:00 p.m. (EST), Monday through Friday.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000769	01/26/2022	01/26/2023	Virtual Drug Manufacturers

ISSUED TO

TETRAPHASE PHARMACEUTICALS, INC.
201 JONES ROAD
SUITE 400
WALTHAM, MA 002451
ATTN: LARRY EDWARDS PRESIDENT AND CEO

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

845218

RECIPIENT'S COPY

RENEWAL

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000769	01/26/2022	01/26/2023	Virtual Drug Manufacturers

ISSUED TO

TETRAPHASE PHARMACEUTICALS, INC.
201 JONES ROAD
SUITE 400
WALTHAM, MA 002451
ATTN: LARRY EDWARDS PRESIDENT AND CEO

Margret R Cooke

RENEWAL

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, 3rd Floor
Boston, MA 02108

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

May 26, 2022

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To Whom This May Concern,

Please be advised that **Tetraphase Pharmaceuticals INC (MA0000769)**, located at **201 Jones Road Suite 400 A Waltham, MA 02541** has an active MCSR as a Virtual Drug Manufacturer is in good standing. The current registration has an issue date of **01/26/2022** and expires on **01/26/2023**

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Mallory Gentle

Mallory Gentle
Program Coordinator

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . The Information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Facilities are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TETRAPHASE PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TETRAPHASE PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 2006.

Jeffrey W. Bullock, Secretary of State

4186628 8300

SR# 20222329815

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203548966

Date: 05-29-22

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
PRINT

Current through December 01, 2021

You have searched Finished drug products

Search Results: '71773'

Back to Search Page () | Search Again ()

CSV | Excel

Display All records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Xerava	71773-050-05	50 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA211109	Tetraphase Pharmaceuticals, Inc.	71773-050	eravacycline	ERAVACYCLINE DIHYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/10/2018	N/A	NDA	1 VIAL, GLASS in 1 CARTON (71773-050-05) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, GLASS
Xerava	71773-050-12	50 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA211109	Tetraphase Pharmaceuticals, Inc.	71773-050	eravacycline	ERAVACYCLINE DIHYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/10/2018	N/A	NDA	12 VIAL, GLASS in 1 CARTON (71773-050-12) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, GLASS
Xerava	71773-100-12	100 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA211109	Tetraphase Pharmaceuticals, Inc.	71773-100	eravacycline	ERAVACYCLINE DIHYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/14/2020	N/A	NDA	12 CARTON in 1 PACKAGE (71773-100-12) > 1 VIAL, GLASS in 1 CARTON (71773-100-05) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, GLASS

Showing 1 to 3 of 3 entries Previous 1 Next

Background Information
(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV
(mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions
(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files
(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

First Name	*Last Name*
Brent	Ables
Ralph	Ackerman
Christopher	Adams
Susan	Auther
Brennan	Barry
Bruce	Bearden
Mari	Belfour
Debra	Bell
David	Blais
Mark	Boyd
Richard	Clark
Lindsay	Claus-Marks
Jay	Coleman
Shawn	Collard
Kevin	Conley
Christopher	Cox
Mary	Dayton
Steven	Denson
Debra	DeRosa
Keith	DiPasquale
Megan	Eddleman
Larry	Edwards
Steven	Ferris
Bonnie	Gaudette
Charles	Greenfeld
Michael	Greez
Mitchell	Hall
John	Hendrix
Tony	Hodges
Edgar	Hoffman
Sarah	Johnson
John	Kostas
John	Lancaster
Shelby	Littlewood
Mark	Ludwig
Carolyn	Mack
Richard	Manjone
Mary	Murphy
Matthew	O'Connor
Kristine	Olson
John	Richard
Barney	Rinaldi

Paula	Rusu
Lisa	Schechter
Luke	Seikkula
Adam	Shubin
Sherry	Siegert
Jeff	Smaha
Jason	Smith
Aimee	Southerly
Bridget	Tygh
Willie	Tyndall
April	Wardenburg
Tracie	Woodley
Leo	Yasinski
Kaori	Yasutomi
Kristie	Zappas

First name	Last name
Brennan	Barry
Shawn	Collard
Kevin	Conley
Kayleigh	Correira
Larry	Edwards
Bonnie	Gaudette
Michael	Greez
Richard	Manjone
Matthew	O'Connor
Paula	Rusu
Jason	Smith

TETRAPHASE PHARMACEUTICALS

Description of Operations

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Tetraphase Pharmaceuticals, Inc. uses the following contract manufacturer to produce the product, Xerava:

Patheon
5900 Martin Luther King Jr. Hwy
Greenville, NC 27834
FDA: 1018495
Contact: Patrick McNally
Phone: 252-707-7397

Products:
Patheon manufactures and packages Tetraphase's product. At no time does Patheon own the product, contract with Tetraphase's customers, invoice, nor sell a Tetraphase product. Tetraphase's products are not controlled substances. Accordingly, Tetraphase is not required to maintain DEA registration.

Labeler Code: 71773

Third-Party Logistics Information:
For distribution into the commercial supply channels, Cardinal Health "SPS" acts as Tetraphase's third-party logistics (3PL) provider to manage the storage and distribution of Tetraphase's product to customers throughout the United States. Cardinal Heath "SPS" address is:

Cardinal Health "SPS"
15 Ingram Boulevard
LaVergne, TN 37086
Contact: Cynthia Rhodes
Phone: (615) 793-1200

Tetraphase's has 70 employees, and their hours of operation are 9:00 a.m. – 5:00 p.m. (EST), Monday through Friday.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Tetraphase Pharmaceuticals, Inc.

Physical Address 201 Jones Road, Suite 400

City Waltham State MA Zip 02451

Mailing Address (if different from physical address) 201 Jones Road, Suite 400

City Waltham State MA Zip 02451

Telephone 617-715-3600 Website www.tphase.com

Licensing Company Email compliance@ljpc.com

Section 2: Personal Information

First Larry Middle _____ Last Edwards

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 201 Jones Road Suite 400

City Waltham State MA Zip 02451

Telephone [redacted] Email ledwards@ljpc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ohio University		01/89 to 05/93	
Address	**City**	**State**	**Zip**
1 Ohio University	Athens	OH	45701-2979
Diploma/Degree obtained, if any			
BS - Kinesiology/Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Bishop Fenwick High School		01/85 to 05/89	
Address	**City**	**State**	**Zip**
4855 State Route 122	Franklin	OH	45005
Diploma/Degree obtained, if any			
College prep			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/11	[redacted]Whispering Way	Stow	MA	01775
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Tetraphase Pharmaceuticals, Inc.			06/15 to Present	
Business Address		City	State	Zip
201 Jones Road, Suite 400		Waltham	MA	02451
Phone	Title		Number of Employed Hours	
617-715-3600	President & CEO		40	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Cubist Pharmaceuticals			04/14 - 06/15	
Business Address		City	State	Zip
65 Hayden Ave		Lexington	MA	02421
Phone	Title		Number of Employed Hours	
(781) 860-8660	Executive Director of Marketing, Gram Negative Franchise		40	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Merck & Co., Inc.			01/10 - 04/14	
Business Address		City	State	Zip
90 E Scott Ave		Rahway	NJ	07065
Phone	Title		Number of Employed Hours	
(732) 594-4000	Global Marketing Director, Clostridium Difficile & New		40	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
AT&T Communications			01/96 - 01/99	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
	Major Account Manager		40	
Description of Duties				
See attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Larry Edwards, **certify that as the designated representative for**

Tetraphase Pharmaceuticals, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Larry Edwards
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/21/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Larry Edwards
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/21/2022
Date

Please have this section completed in the presence of a Notary Public.

State of MA, ss. County of Middlesex

I, Larry Edwards, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/21/2022
Date

Subscribed and Sworn to before me this 21st day of September, 2022.

Notary Public Signature

Brennan D Barry
My Commission Expires December 11, 2026
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
(Seal)

Applicant's initials _____

Larry Edwards

[redacted] Whispering Way, Stow, MA 01775 ♦ C: [redacted] ♦ [redacted]@gmail.com

EXECUTIVE PROFILE

Dynamic **Commercial Leader** with 24 years of impactful and progressive pharmaceutical and biotech experience. Broad expertise and global enterprise-wide perspective established through executive and management roles exposed to diverse commercial disciplines with consistent success. Deep commercial launch experience acquired from several global and domestic product launches in the anti-infective therapeutic areas. Outstanding presentation, communication and cross-functional team management and team building skills. High-energy, results-oriented leader with an entrepreneurial and a "roll-up my sleeves" attitude.

PROFESSIONAL EXPERIENCE

Tetraphase Pharmaceuticals, 6/2015 - Present

President & CEO — ***Present***

- President & CEO of Tetraphase Pharmaceuticals

Chief Operating Officer — ***3/2017-7/2019***

- Work with CEO on all Investor related activities and Financing opportunities
  - Successfully closed a $70MM equity round in 3Q 2017
- Responsible for building and providing leadership to the US and EU Commercial Organization
  - Currently building and managing a Global Distribution Strategy and Infrastructure
    - Build, hire and lead Global supply chain team
  - Develop an innovative global strategy for Marketing and Sales to ensure a successful launch
    - Hire and lead Marketing, Sales, and Training teams
    - Hire and lead Sales Operations Team and analysts
- Continue to lead all Global pre-launch Marketing activities and Pricing/Reimbursement
- Lead all Business Development activities
  - Focus efforts on Partnering opportunities outside of the US and EU 5
    - Currently closing two definitive agreements with ex-US partners
    - Finalizing definitive agreement for back-up manufacturer
  - Potential in-licensing opportunities US and EU 5
- Work with Clinical team on new study designs and lifecycle management plans for late and early stage assets
- Lead for pipeline valuation and prioritization efforts
- Lead Medical Affairs and provide input into market development activities
  - Lead efforts in building Scientific Platform, Lexicon, Scientific Response Letters
  - Hire and oversee management of medical affairs group
- Provide Quarterly updates and input to Board of Directors on all Commercial Strategies and Plans
- Work with Executive team to provide quarterly earnings updates to the Street and Investors

Chief Commercial Officer — ***6/2015-2/2017***

- Promoted from Vice President of Commerical Operations to Chief Commecial Officer in 2016
- Responsible for all pre-launch Marketing Activities (Domestic and Global)
  - Brand Naming, Brand Hallmarks, and Brand Creative Development
  - Develop Brand Positioning, Messaging, Value Proposition and Lead all Market Research
  - Forecasting work for eravacycline and early stage compounds
  - Pricing and Market Access Strategy
  - Hospital Segmentation work and Sales Force Structure
  - Market Development plans for late and early stage compounds
- Hire and oversee Marketing team (HCP, Scientific Lead and Forecasting)
- Commercial point for all labeling Discussions (FDA and EMA)

- Assist with Business Development activities in US and ROW

Cubist Pharmaceuticals, 4/2014 – 6/2015

Executive Director of Marketing, Gram Negative Franchise ***4/2014 – 6/2015***

- Managed a team of Marketers who were responsible for all facets of marketing - HCP promotions (personal and non-personal), Field Sales point, Physician Medical Education, Congresses, Market Research and Forecasting
- Responsible for all pre-launch and post launch Marketing activities for new gram-negative compound ZERBAXA
- Commercial Lead for all label discussions with the FDA
- Lead for Lifecycle management work for antibacterial franchises
- Managed a budget of $13MM dollars and ended the year at 100% to plan.
- Worked with Sales Planning and Sales Management on;
    - Guidance and input around Incentive Compensation for field sales force
    - Developed methodology around Hospital and Physician targets
    - Training initiatives and sales force execution
- Commercial point for Cubist/Merck integration

Merck & Co., Inc., 1999 – 4/2014

Global Marketing Director, Clostridium Difficile & New Infectious Disease Products ***2010-4/2014***

- Responsible for all pre-launch Marketing activities for early and late stage Hospital ID products
    - Provide commercial strategy and direction to Basic and Clinical Research for product/program development
    - Development of Global Scientific Platforms for multiple new products
    - Commercial point for all labeling initiatives
    - Development of Value/Payer Proposition and Global Brand Positioning
    - Led activities with Countries to ensure the appropriate Health Economic plans were in place
        - Key endpoints in clinical studies and Pricing and reimbursement
    - Lead for all Market Research projects - buying process, benefit ladder, customer portraits, and drivers/barriers
    - Management of Thought Leader Development for all compounds (Ad Boards, Expert Input Forums)
    - Development of Lifecycle Management plan
- Worked on an acquisition that will potentially bring cumulative sales > $11B over lifecycle of the compound
- Spearheaded development timeline change for MK-7655 which allows it to come to market 1.5 years earlier ($61MM)

Associate Director of Marketing, Vaccines and Infectious Diseases ***2007-2010***

- Franchise lead for Integration planning for Legacy Merck and Legacy Schering Plough AB/AF products
- Developed Scientific, and Promotional Strategy for successful launch of New Pediatric Indication, which led to strategic account wins estimated around $39mm dollars, and maintained market leadership throughout 2008-2009
- Led multiple Market Research projects that led to succinct messaging, improved strategy, and updated buying process
- Developed messaging platform for CANCIDAS, resulting in an additional $25mm dollars by gaining share from Fluconazole
- I worked with multiple Agencies while managing a $5.8mm, $4.9mm, and $3.7mm promotional budget respectively, appropriately funding across the marketing mix to drive over $318mm ('07'), over $279mm ('08'), and over $205mm ('09') in gross sales revenue
- Developed targeting tool for the field that helped them pull through Marketing Strategy
- Indirectly managed 3 separate departments that consisted of 4 FTE's
- Led all Scientific Strategy Initiative for the US Antifungal Franchise
- Franchise Point for all labeling initiatives, Investigator Initiated Study Programs and Academic Collaborative Studies

Western Region Sales Director **2005-2007**

- Consistently grew district revenue, and exceeded plan for 2 consecutive years in a market that was declining at a rate of 3%
- Managed a diverse team of 10 sales representatives covering 9 States with a total district revenue of $30mm in 2005, $37mm in 2006, and $51mm in 2007
- Coached and trained representatives, ensuring that the marketing strategy was effectively executed at local territory level and ensured the pull through of Regional tactical plans
- Designed 2007 National Sales Incentive Plan for Managers and Representatives
- Helped mentor two new managers and assisted them with business reviews and account planning
- Consistently received above average 360 review feedback from my team, colleagues and stakeholders

Brand Trainer (Hospital/ID/Oncology/Specialty) **2003-2005**

- Developed innovative training programs; Day in the Life of an Ophthalmologist, Tumor Boards, Hospitalist Training and Web based training while collaborating with National Thought Leaders
- Developed accelerated curriculum for the Oncology team increasing their knowledge of the Oncology marketplace
- Collaborated with Marketing and other cross functional teams to ensure training was consistent with franchises strategic plans
- Led training initiatives for Managers, Managed Care, and 2 product launch meetings
- Received numerous Awards for Excellence, and Special Achievement Awards

Hospital Acute Care Representative, Phoenix AZ **2001-2003**

- Managed two territories in '02; growing primary territory to 118% to plan, and grew new territory from 49% to plan to 101%
- Ranked second in the Nation for INVANZ sales in '02'; Received several outstanding selling awards throughout '02'
- Finished at 142% to plan for total product portfolio in '01'
- Accountable for the largest PRIMAXIN and CANCIDAS sales objectives in the District
- Successfully launched 2 new products; CANCIDAS and INVANZ

Office Based Representative, Phoenix AZ **1999-2001**

- Number one cluster in the South Central for '99' and '00' at 112% and 129% to plan
- Won Rookie of the Year in '99'
- Covered vacant A&A Specialty Representative position for 7 months while continuing to promote other products

AT&T Communications, 1996-1999

Major Account Manager, Phoenix AZ **1998-1999**

- Top Producer and Presidents Club award winner '98'
- Conducted extensive business analysis work to assist representatives with acquiring new accounts, and achieving monthly quotas
- Assisted account executives in career and business development, worked closely with Human Resources to achieve set goals
- Responsible for all facets of operational management; local marketing, hiring, training, coaching, expense management

Commercial Account Executive, Phoenix AZ **1996-1997**

- Top Producer in ' 97'
- Masters club award winner
- In '97' achieved 250% to plan monthly average
- Sold the first multimillion dollar 1.9GHz Wireless Office System for all of AT&T
- In '96' achieved 125% to plan for a monthly average, after first six months of market development

▼ EDUCATION:

Masters of Business Administration

- St. Joseph's University, Philadelphia PA

Bachelors of Science in Business & Healthcare Administration

- Ohio University, Athens OH

MarshMcLennan Agency

Marsh & McLennan Insurance Agency LLC
9171 Towne Centre Drive | Suite 100
San Diego | CA 92122
+1 800 321 4696
MarshMMA.com
CA Insurance Lic. 0H18131

09/08/2022

Ms. Bonnie Gaudette
Tetraphase Pharmaceuticals, Inc.
201 Jones Road, Suite 400
Waltham, MA 02451

RE: NV Pharmaceutical Bond
Bond #0810690

Dear Bonnie:

Please find enclosed the following:

(x) Bond

( ) Continuation Certificate

(x) Invoice #2001256

( ) Other

Please sign the enclosed bond with two witnesses and file with the Nevada State Board of Pharmacy. Should you have any questions, please do not hesitate to call.

Sincerely,

Marsh McLennan Agency

Patricia White
Senior Client Manager - Surety

Enclosure

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0810690

Application/License No. WH03021

Tetraphase Pharmaceuticals, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
201 Jones Road, Suite 400, Waltham, MA 02451, as
(Address of Applicant/Principal)
PRINCIPAL, and Harco National Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Illinois
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/8/2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of September, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Patricia White, Attorney-in-fact
print name

Brennan D Barry
My Commission Expires December 11, 2025
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0810690

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SANDRA CORONA, SHANNON ALVAREZ, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2021

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2021 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY My Comm. Exp. 04-04-2023 No. 50079910

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 08, 2022

A00874

Irene Martins, Assistant Secretary

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Valneva USA, Inc.

Physical Address: 4550 Montgomery Ave., Suite 460

City: Bethesda State: MD Zip: 20814

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.valneva.com

Name of Designated Representative (DR): Theresa Lynn Childs

Licensing Company Email: VAL@SLSNY.com DR Email: theresa.childs@valneva.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: US Government		☒ Others: Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Vaxserve, Inc.
Address: 54 Glenmaura National Blvd., suite 301 City: Moosic State: PA Zip: 18507

Name: Medico Mart, Inc.
Address: 2323 Corporate Drive City: Waukesha State: WI Zip: 53189

Name: ASD Specialty Healthcare, LLC
Address: 3101 Gaylord Parkway City: Frisco State: TX Zip: 75034

Name: Cardinal Health 108, LLC
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Valneva Austria GmbH
Corporation/Organization Name: Valneva USA, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: VAL@SLSNY.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA Registration #: 3012607736	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership, Valneva Austria GmbH		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A - Non-Publicly Traded	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ No Devices, Equipment and Gases	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). No Devices, Equipment and Gases	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form at:** http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Valneva USA, Inc.

Facility Name

John Kanaras

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/4/2022

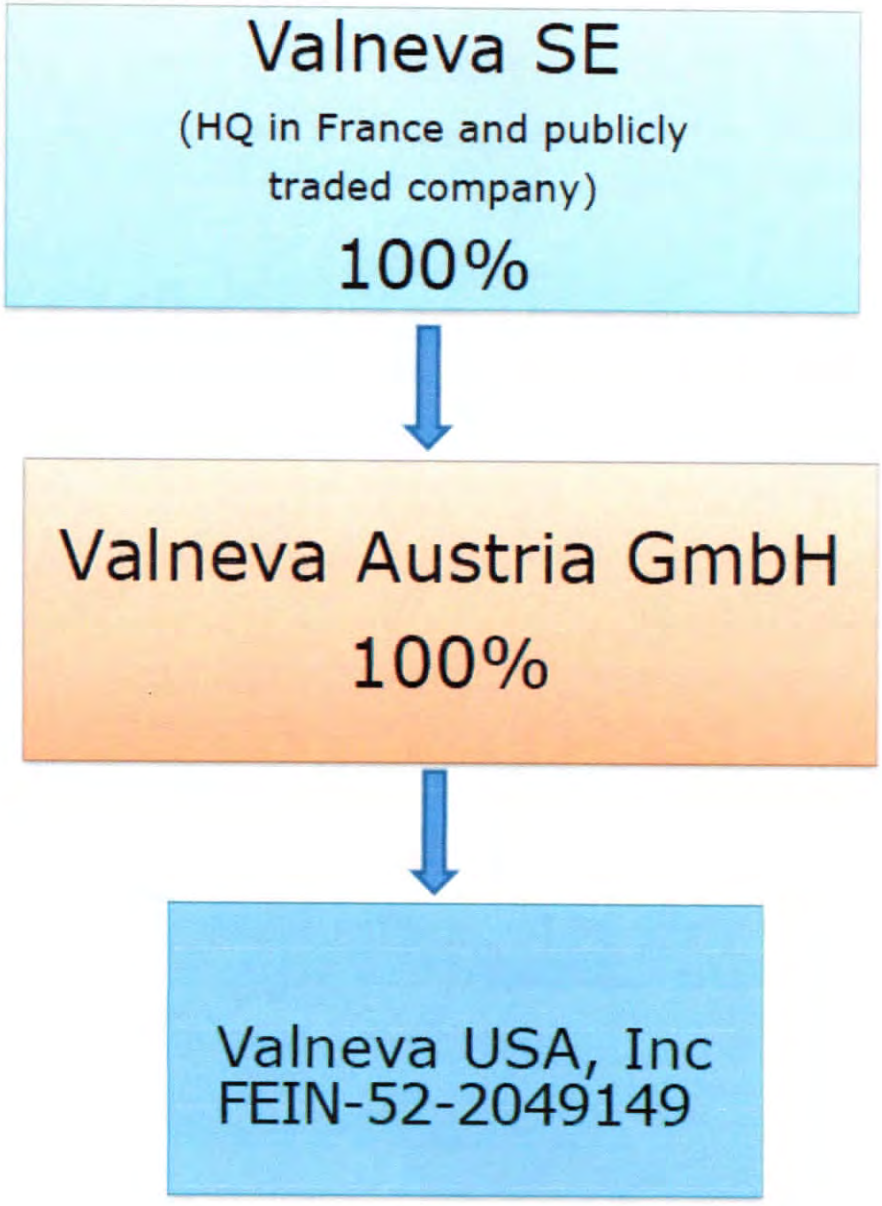
Date

Board Use Only	Date Received: 11-15-22	Amount: 1000.00 CK-61254

Org Chart

valneva
VALNEVA USA, INC.
4550 Montgomery Avenue, Suite 460
Bethesda, MD 20814, USA

Organizational Chart



T +1 301-556-4500
F +1 301-556-4501
www.valneva.com

Valneva USA, Inc.

Corporate Address: 4550 Montgomery Ave., Suite 460, Bethesda, MD 20814 USA
FEIN: 52-2049149
www.valneva.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 5/14/1997

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BMD	4550 Montgomery Ave. Suite 460 Bethesda, MD 20814 County: Montgomery	3012607736	N/A - No CS	004431065	No	(301) 556-4500	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Theresa Lynn Childs	[redacted]Longview Dr. Ellicott City, MD 21042	Designated Representative	No	[redacted]	[redacted]	[redacted]

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Valneva Austria GmbH	Campus Vienna Biocenter 3 Vienna, 1030 Austria	N/A	100 %	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Thomas Lingelbach	910 Clopper Road Suite 160S Gaithersburg, MD 20878	President & CEO	No	N/A	[redacted]	
Franck Charles Marie Grimaud	910 Clopper Road Suite 160S Gaithersburg, MD 20878	Chief Business Officer	No	N/A		
Manfred Tiefenbacher	910 Clopper Road Suite 160S Gaithersburg, MD 20878	Secretary	No	N/A		
John Kanaras	910 Clopper Road Suite 160S Gaithersburg, MD 20878	Vice President & General Manager	No	[redacted]		[redacted]
Luis F Perez	[redacted]Redfield Road Doylestown, PA 18902	Vice President, Commercial Operations		[redacted]		[redacted]

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corp			

Company Particulars

Valneva USA, Inc.

3PLS Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Cardinal Health 105, LLC. (Specialty Pharmaceutical Services)	15 Ingram Blvd LaVergne, TN 37086					

Officer List

valneva

VALNEVA USA, INC.
4550 Montgomery Avenue Suite 460
Bethesda, MD 20814, USA

August 3, 2022

Valneva USA, Inc. Officers

To Whom It May Concern:

The officers of Valneva USA, Inc, as of June 7, 2021, are the following:

- Thomas Lingelbach - President & Chief Executive Officer
- Franck Grimaud - Chief Business Officer
- Manfred Tiefenbacher – Secretary
- John Kanaras - Vice President & General Manager
- Luis Perez - Vice President, Commercial Operations

Kind regards,

John Kanaras

Vice President & General Manager

T +1 301-556-4500
F +1 301-556-4501
www.valneva.com

Good Standing Formation State

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALNEVA USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

2752015 8300

SR# 20223356615

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204257501

Date: 08-26-22

Home State (MD) Verification of License

Details

Demographic Information

Name: Valneva USA, Inc.

Address Information

Address: 4550 Montgomery Ave
Suite 460

City: Bethesda **State:** MD **Zip:** 20814

Maryland License\Permit Information

Number: D03299 **Type:** Distributor **Status:** Active

Original Issued: 5/1/2012 **Date Renewed:** 4/21/2021 **Expires:** 5/31/2023

No Speciality Information
No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

Valneva USA, Inc.

List of Employees

Theresa Lynn Childs	DR	4550 Montgomery Ave., Suite 460, Bethesda, MD 20814
Ashley Marie Vogel	Manager	4550 Montgomery Ave., Suite 460, Bethesda, MD 20814
Stephanie Guidy	Admin	4550 Montgomery Ave., Suite 460, Bethesda, MD 20814

An official website of the United States government Here's how you know

Drug Establishments Current Registration Site

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New Search

Search Results for **Valneva USA**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Valneva USA, Inc.	3012607736	004431065	ANALYSIS;	4550 Montgomery Avenue, suite 460, Bethesda, Maryland (MD) 20814, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Tuesday, Jan 17, 2023

Return to Drug Firm Annual Registration Status Home Page

Verified M.H 1/18/23

Theresa (Terri) L. Childs

Ellicott City, MD

[redacted] · [redacted]@gmail.com · www.linkedin.com/in/[redacted]

- QA and GMP for vaccines, biopharmaceuticals, small molecule pharmaceuticals, generics, regulated consumer products, DEA schedule I products
- CMOs and contract testing laboratories; raw material, API and packaging material suppliers
- Global clinical supply product release and Tech Transfer
- More than 30 years' experience in FDA-regulated firms

EXPERTISE

- Experienced manager of Distribution Quality Management, Change Control, Document Control, Materials Quality Management, and First to File ANDAs
- Management of FDA routine and prior approval inspections, and Maryland state Board of Pharmacy inspections
- Accomplished and effective project team QA representative
- FDA remediation

PROFESSIONAL EXPERIENCE

Valneva USA, Bethesda Maryland **07/22 - Current**

Designated Representative

- Responsible for maintaining records for disposition of inventory and for providing inventory oversight

Pace Life Sciences, Frederick Maryland **08/15 - Current**
formerly Meridian BioGroup LLC

Senior Technical Specialist

- ***Acting Quality Assurance Manager*** for Valneva USA July 2016 – present
- Quality consultant for the vaccine and biotechnology industry performing third-party audits for s Meridian clients, ISO and GMP, US and EU
- Developed a gap assessment with prioritized remediation plan and change control documentation package supporting suite upgrade for Phase 3 manufacturing for vaccine developer.
- On-going management of CAPA resolution initiative and remediation of long-standing backlog of deviations, non-conformances and investigations for clinical CMO.
- On-going development and implementation of a change control management procedure and revised deviation management procedure.
- Developed a gap analysis and implemented changes in preparation for manufacture of phase 1 investigational medicinal product for the EU market.

Actavis Mid-Atlantic LLC (Now Allergan), Owings Mills, Maryland **05/02 – 06/15**

Associate Director, Quality Assurance R&D (2014 - 2015)

- Promoted in place; recognition of self-sufficient management of QMS in Owings Mills R&D.
- Increased departmental efficiencies while supporting 6 ANDAs. Five ANDA's have been accepted for filing and one is a confirmed first to file (FTF) application.
- Responsible and accountable for ensuring compliance of all site quality R&D operations.
- Maintain site compliance through shut down, ensuring no impact to data and filing integrity.
- Assure all methods successfully transferred prior to site closure.
- Actively seek and implement QA department synergies within and across R&D organizations.
- Assure compliant status for suppliers and ensure quality agreements are established.
- Host two FDA Pre Approval Inspections (PAI) - VAI outcomes, recommendation for product approvals.

Research and Development Quality Systems Manager (2008-2014)

- Enhanced and maintained Quality Systems for Research and Development (R&D).
- Ensured method and specification development and method validation and transfer in accordance with company and regulatory requirements.

- Managed R&D site quality and compliance activities, staying abreast of industry changes and modifying site practices accordingly.
- Supported 4 – 6 semi solid, liquid, injectable and inhalation ANDA submissions annually with projects of increasing complexity while maintaining existing staffing level. Four of these products are approved and on the market adding approximately $8MM in annual sales.
- Lead an FDA PAI of R&D with a VAI outcome resulting in ANDA approval recommendations.
- Supported DEA and other agency inspections leading to approval to handle Schedule I medicines.
- Supported clinical blinding and compliant and timely batch release activities for clinical trials.
- Core team member for internal and external audits ensuring no compliance risks to ANDA approval.
- Proven ability to manage risk and coach project teams through risk assessment.
- Responsible for Document retention ensuring ready availability of legally required documents.

Quality Assurance Manager Baltimore, MD (2002-2008)

- Implemented supplier defect reporting measures and improved tracking tools to minimize waste and reduce reject rates.
- Managed increasingly diverse teams over a six-year FDA remediation period: creation, distribution and maintenance of controlled documents, review and approval of change controls, training system development and maintenance, control and issuance of all drug labeling, sampling, inspection and release of all inbound materials, sampling, inspection and lot status control for outbound product at point of distribution.
- Reengineered Change Control system for improved efficiency.
- Established and staffed the Distribution Quality Assurance function, implemented standard operating procedures where none previously existed.
- Revised over 900 controlled documents as part of QUMAS implementation.
- Created and implemented new Raw Material specification process to comply with Quality System Corrective Action Plan Commitments to the FDA, ensured all changed were FDA approved as appropriate prior to implementation.
- Updated all active product specifications to include current USP requirements.

Procter and Gamble Cosmetics, Hunt Valley, MD **05/89 – 09/01**

Quality Assurance Manager

- Leadership experience with Micro, Technical Service, Third Party Contract Manufacturing Quality and Component Quality improving internal cGMP compliance.
- Implemented a skill based qualification program for technicians to reduce errors.
- Mapped initial and on-going supplier quality assessment process.
- Coordinated implementation of Global P&G Material Quality Systems in Hunt Valley: inventory savings over $2MM, reduced lab turnaround time by 60% and supplier lead times by 2 weeks while implementing supplier quality reporting measures and tracking tools.
- Led Quality Assurance Safety Team for three years improving internal rating for each of the three years, reducing TIR to 0, and improving internal safety rating by 75%.
- Improved and implemented certification and reduced testing programs for 25 CMOs.

American Cyanamid. Havre de Grace, MD

Process Engineer

EDUCATION

Master of Administrative Science - Management, The Johns Hopkins University, Baltimore, MD
Bachelor of Chemical Engineering - The Catholic University of America, Washington, DC

MEMBERSHIP AND OTHER

PDA

Seven years as ad hoc lecturer – "Validation Master Planning and Supporting Quality Systems" UMBC Graduate Biotechnology course – Biotechnology GMP Facility Design, Construction and Validation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Valneva USA, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4550 Montgomery Ave., Suite 460

City: Bethesda State: MD Zip: 20814

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.valneva.com

Licensing Company Email: VAL@SLSNY.com

Section 2: Personal Information

First: Theresa Middle: Lynn Last: Childs

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Longview Dr.

City: Ellicott City State: MD Zip: 21042

Telephone: [redacted] Email: theresa.childs@valneva.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Johns Hopkins University		08/86 - 05/89	
Address	**City**	**State**	**Zip**
100 International Dr	Baltimore	MD	21218
Diploma/Degree obtained, if any			
Master of Administrative Science - Management			

School Name		From - To (MM/YY – MM/YY)	
The Catholic University of America		08/81-05/85	
Address	**City**	**State**	**Zip**
620 Michigan Ave NE	Washington	DC	20064
Diploma/Degree obtained, if any			
Bachelor of Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Bentley High School		08/78 - 06/81	
Address	**City**	**State**	**Zip**
15100 Hubbard Street	Livonia	MI	48154
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003 - present	[redacted] Longview Dr.	Ellicott City	MD	21042s
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Valneva USA, Inc.			07/2022 - Present	
Business Address		**City**	**State**	**Zip**
4550 Montgomery Ave., Suite 460		Bethesda	MD	20814
Phone	**Title**		**Number of Employed Hours**	
(301) 556-4500	Sr. Technical Specialist		~ 519 hrs	
Description of Duties				
• Responsible for maintaining records for disposition of inventory and for providing inventory oversight				

Business Name			From - To (MM/YY – MM/YY)	
Pace Life Sciences formerly Meridian BioGroup LLC			08/2015 - Present	
Business Address		**City**	**State**	**Zip**
4539 Metropolitan Ct		Frederick	MD	21704
Phone	**Title**		**Number of Employed Hours**	
(612) 656-1175	Sr. Consultant Previously Sr. Technical Specialist		~ 14,560 hrs	
Description of Duties				
Quality consultant for the vaccine and biotechnology industry performing third-party audits for s Meridian clients, ISO and GMP, US and EU. On-going development and implementation of a change control management procedure and revised deviation management procedure.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Theresa Lynn Childs, **certify that as the designated representative for**

Valneva USA, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Theresa Lynn Childs

Print Name (First, Last)

Theresa L. Childs

Original Signature (electronic, copies or stamps not accepted)

01 NOV 2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Theresa Lynn Childs

Print Name (First, Last)

Theresa L Childs

Original Signature (electronic, copies or stamps not accepted)

01 NOV 2022

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Howard

I, Theresa Lynn Childs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Theresa L. Childs

Original Signature

Theresa Lynn Childs

NOV. 2, 2022

Date

Subscribed and Sworn to before me this 2nd day of November 2022.

Notary Public Signature

Michael C Vallone
NOTARY PUBLIC
Frederick County
State of Maryland
My Commission Expires
April 26, 2025

(Seal)

CHUBB

WESTCHESTER FIRE INSURANCE COMPANY
436 Walnut Street, Philadelphia, PA 19106

Bond Rider

To be attached to and made a part of Bond Number K40449760

On behalf of Valneva USA Inc **, as Principal, and executed by Westchester Fire Insurance Company, as Surety, in favor of** State of Nevada and to the Nevada State Board of Pharmacy **as Obligee.**

In consideration of the mutual agreements herein contained, the Principal and the Surety hereby consent to the following changes:

Principal address becomes 4550 Montgomery Avenue, Suite 460, Bethesda, MD 20814

This change is to become effective August 1st, 2022

All other terms and conditions of the above said bond shall remain unchanged.

Signed, sealed and dated this August 26th, 2022

Westchester Fire Insurance Company

By Karen Brandt
Karen Brandt, **Attorney-in-fact**

(Principal)

By Valneva USA Inc

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY**, and **ACE AMERICAN INSURANCE COMPANY**, corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Donna Barchman, Karen Brandt, Sharon Dean, Barbara Duggan, Andrea Flagiello, Rashidah Hasan, Amanda Montagno, Craig Gortner, Frances Morris, Rupert Swindells and Lindsay Ward of Philadelphia, Pennsylvania

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **16th** day of **November, 2019**.

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss:

On this **16th** day of **November, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY**, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** and know the corporate seals thereof; that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316585
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** on August 20, 2010, **WESTCHESTER FIRE INSURANCE COMPANY** on December 11, 2006, and **ACE AMERICAN INSURANCE COMPANY** on March 30, 2009:

RESOLVED, that the following authorizations relate to the execution by and on behalf of the Companies of bonds, undertakings, recognizances, contracts and other written commitments of the Companies entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Companies is hereby authorized to execute any Written Commitment for and on behalf of the Companies, under the seal of the Companies or otherwise.

(2) Each duly appointed attorney-in-fact of the Companies is hereby authorized to execute any Written Commitment for and on behalf of the Companies, under the seal of the Companies or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Companies is hereby authorized, for and on behalf of the Companies, to appoint in writing any person the attorney-in-fact of the Companies with full power and authority hereby conferred in his or her name, place and stead to execute, for and on behalf of the Companies, under the seal of the Companies or otherwise, such Written Commitments of the Companies as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Companies is hereby authorized, for and on behalf of the Companies, to delegate in writing to any other officer of the Companies the authority to execute, for and on behalf of the Companies, under the Companies' seal or otherwise, such Written Commitments of the Companies as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to the foregoing resolutions and the seal of the Companies may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolutions shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Companies, and such Resolutions shall not in any way limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

I, Dawn M. Chloros, Assistant Secretary of **FEDERAL INSURANCE COMPANY**, **VIGILANT INSURANCE COMPANY**, **PACIFIC INDEMNITY COMPANY**, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** (the "Companies"), do hereby certify that

(i) the foregoing Resolutions adopted by the Boards of Directors of the Companies are true, correct and in full force and effect;
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ this 26th day of August 2022.

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Facsimile (908) 903-3656 e-mail: surety@chubb.com

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Vifor Pharma, Inc.

Physical Address: 200 Cardinal Way

City: Redwood City State: CA Zip: 94063

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (650) 421-9500 Website: www.viforpharma.com/us

Name of Designated Representative (DR): Dorothy Won

Licensing Company Email: licensure@viforpharma.com DR Email: dorothy.won@viforpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Samples - patients/phys		■ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Patheon (Ontario, Canada)
Address: 111 Consumers Drive City: Whitby State: ON Zip: L1N 5Z5

Name: Patheon (Ontario, Canada)
Address: 2100 Syntex Court City: Mississauga State: ON Zip: L5N 7K9

Name: Saltigo GmbH (North Rhine-Westphalia, Germany)
Address: Chempark Leverkusen, Building K 10 City: Leverkusen State: NRW Zip: D-51369

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Vifor Pharma Ltd.
Corporation/Organization Name: Vifor Pharma, Inc.
Mailing Address: 200 Cardinal Way
City: Redwood City State: CA Zip: 94063
Telephone: (650) 421-9500 Email: licensure@viforpharma.com
Contact Person Name: Zheng Bao

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vifor Pharma, Inc.

Facility Name

Keren Tenenbaum

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6-3-22

Date

Board Use Only	Date Received: _____	Amount: _____

CA.GOV dca SEARCH

BOARD OF PHARMACY

ISSUANCE DATE
FEBRUARY 25, 2022

EXPIRATION DATE
FEBRUARY 1, 2024

CURRENT DATE / TIME
FEBRUARY 1, 2023
9:42:18 AM

LICENSING DETAILS FOR: WLS 7974

NAME: VIFOR PHARMA, INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

200 CARDINAL WAY
REDWOOD CITY CA 94063
SAN MATEO COUNTY

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIFOR PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4412341 8300

SR# 20230046646

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202433634

Date: 01-05-23

Corporate Officers/Owners - Vifor Pharma, Inc.

Molly Painter, President, U.S.

Business Address: 200 Cardinal Way, Redwood City, CA 96403

Phone Number: (650) 421-9554

Ownership: 0%

Keren Tenenbaum, General Counsel, Vice President of Legal and Compliance

Business Address: 200 Cardinal Way, Redwood City, CA 96403

Phone Number: (650) 421-9541

Ownership: 0%

Vifor Pharma, Ltd.

Rechenstrasse 37, CH-9014 St., Gallen, Switzerland

Ownership: 100%

Employee List Vifor

First Name	Last Name
Gail	Ackourey
Andrew	Ajello
Melissa	Ali
Amy	Alston
Amy	Althouse
John	Ameres
Jean	Anderson
Brian	Antonoplos
Margaret	Aquino
Brad	Arlett
Paul	Astacio
Erica	Averyt
Patricia	Banks
Zheng	Bao
Narciso	Barajas
Sajani	Barot
Vahe	Barsoumian
Meghan	Bartleson
Kerry	Bass
Abbie	Batson
Jose	Belano
Mark	Berendsen
Craig	Bloom
Matthew	Bocchino
Matthew	Bond
Dennis	Boulay
Lori	Bragg
Catherine	Brinkley-Talley
Gesile	Bryant
Jeffrey	Budden
Mary Ann	Butterfield
Melinda	Caldwell
Kristen	Campites
Kimberly	Cannata
Christine	Chan
Nathan	Cheng
Elizabeth	Clark
Shelley	Clark
K.C	Clarke
Stacy	Coburn
Erica	Cohen
Elizabeth	Collins
Tilton	Conner
Daniel	Coperine
Kim	Coppom

Terry	Cormier
Jeffrey	Costlow
Julie	Cote
Nikki	Curtis
Philip	Daniel
Cheree	Daven
Lea	David
Rosalind	Davis
Brian	Deal
Tom	Deckelman
Robert	DeLand IV
Linda	Demopoulos
Tejas	Desai
Raymond	DeSibio
Philip	DiGennaro
Debra	Dodd
Paulynn	Dorotheo
Joseph	Duran
Matthew	Ehrlich
Stacy	English
Michael	Etscheidt
Bobbi	Evans
John	Fazio
Jose	Ferrer
Maida	Figuereo
Lauren	Finkelstein
Karen	Finn
Carlos	Flores
Kirk	Fournie
Robert	Fox
James	Francisco
Linda	Freeman
Penny	Gallaway
Becky	Galvin
Taleen	Garabetian
Christine	Garforth
Jeanne	Goad
Emmanuel	Gomez
Charles	Goulburn
Abby	Graton Droge
Skylar	Griffenberg
Shonda	Hampton
Kellie	Hardesty
Stephanie	Harkins
Cheryl	Harris
Emily	Havnewitz
Matthew	Heban

Scott	Heim
Michael	Heller
Dana	Henry
Carlos	Hong
Holt	Hooper
Todd	Hoppes
Tom	Howard
Sadie	Imam
Sean	Jansen
Michael	Johnson
Barry	Johnson
Jodi	Jones
Samantha	Jove
Jennifer	Kammerer
Tim	Kanter
Kyley	Kaplan
Brett	Kelly
Manmohan	Khandelwal
Darcy	Kiefaber
David	Kincaid
Richmond	Kinnah
Vasuki	Kumpeson
Tanya	Kuzminsky
Kevin	LaGuerre
Jessica	Lau
Heather	Lee
Kevin	Leimbach
Kit	Leung
Lingyun	Li
Jack	Lin
Scott	Littlefield
Virginia	Lyons
Kelly	Machak
Jason	Manipon
Varetta	Manlove
Stacie	Marone
Sean	Mayers
Dennis	McCallum
Kevin	McCarthy
Maureen	McColgan
Stacy	McConnell
Robert	McGillen
Michelle	Mendoza
Matthew	Metcalf
Perla	Mijares
Tim	Mikhelashvili
Edward	Moore

David	Moore
Tatiana	Morgunova
Rebeccah	Moriarty
Bunnie	Nakamoto-Kwan
Antonietta	Noche
Jill	Northway
Ebun	Ojeniyi
Rebecca	Olabode
Juliana	Oliveira
Phung	Osborn
Molly	Painter
Edward	Palumbo
Alex	Park
Nital	Patel
Todd	Pawson
Jodi	Peck (Jarmosco)
Wendy	Pevear
Elizabeth	Phillips
Jennifer	Pierce
Kris	Poppie
Manuel	Razo
Tina	ReQua
Troy	Rhett
Lourdes	Ricafort
Garth	Richardson
Wendy	Rockwell
Amy	Rodnick
Shuri	Romero
Timothy	Roos
Carla	Rush
Kerrie	Russell
Lorraine	Ryan
Melisa	Santillano
Isobel	Santos
Whitney	Scott
Lisa	Serota
Robert	Shoemaker
Joan	Shutte
Larry	Silva
Thomas	Skiba
Vipan	Sood
Andrea	Sriver
Marne	Stander
Keith	Stanek
Britten	Starkey
Kimberly	Stern
Michelle	Stith

Michael	Stitt
Zlatka	Stone
Chris	Suhay
Julie	Sullivan
Kate	Takahashi
Jocelyn	Tanaka
Joseph	Taylor
Keren	Tenenbaum
Jacquelyn	Thomas
John	Thomas
Janeen	Thompson
Brian	Thompson
Dharma	Thumukuntla
James	Tippie
Ching	Tobia
Jaime	Turza
Bradley	Upton
Kelly	Urbaczewski
Leigh	Varnadore
Elisa	Ventura
Jill	Wagner
Steven	Waid
Charles	White
Amy	Wilcox
Stephen	Wilkinson
John	Williams
Tanya	Wilson
Donna	Wittebort
Tamera	Wolanin
Dorothy	Won
Steven	Woods
Natalie	Wren
Ching Hua	Wu
Joy	Yllana
Almas	Youkhanna
Julie	Zahrebelski

Maria Herrera

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Thursday, January 26, 2023 7:45 AM
To: Allian, Yusoff
Subject: RE: [EXTERNAL] Vifor Pharma, Inc. (Labeler Code # 53436)

CAUTION:This email originated from outside of the Vifor Pharma Group organisation. Do not click on links or open attachments unless you recognise the sender and know the content is safe.

Labelers

NAME	DUNS	LABELER CODE	TYPE	STATUS	LABELER COMPLIANCE STATUS
Vifor Pharma, Inc.	808446087	53436	NDC/NHRIC LABELER CODE REQUEST	ACTIVE	CREATE NEW CASE

From: Allian, Yusoff <yusoff.allian@viforpharma.com>
Sent: Thursday, January 26, 2023 9:54 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Subject: RE: [EXTERNAL] Vifor Pharma, Inc. (Labeler Code # 53436)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

Thank you for the response and the letter below.

Since the original issuance of this letter, Relypsa, Inc. has changed its name to Vifor Pharma, Inc. (the Labeler Code Excel spreadsheet (as provided on the FDA.gov website (see screenshot below)) has Vifor Pharma, Inc. listed as the holder of Labeler Code #53436)

NDC/NHRIC Labeler Codes

Share Tweet LinkedIn Email Print

Electronically Submitted NDC/NHRIC Labeler Codes

This is a list of NDC/NHRIC Labeler Codes which have been electronically submitted.

Can I please get an updated FDA approval letter showing that Vifor Pharma, Inc. is the current holder of Labeler Code #53436?

Thank you,
Yusoff

BUSINESS USE

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Wednesday, January 4, 2023 9:04 PM
To: Allian, Yusoff <yusoff.allian@viforpharma.com>
Subject: RE: [EXTERNAL] Vifor Pharma, Inc. (Labeler Code # 53436)

You don't often get email from edrls@fda.hhs.gov. Learn why this is important

CAUTION:This email originated from outside of the Vifor Pharma Group organisation. Do not click on links or open attachments unless you recognise the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 09/24/2012
Labeler DUNS: 808446087
Labeler Name: Relypsa, Inc.
Labeler Code: 53436

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. Please resubmit your Labeler Code Request SPL with the assigned number above to complete the assignment.

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Regards,
DD

From: Allian, Yusoff <yusoff.allian@viforpharma.com>
Sent: Wednesday, January 4, 2023 7:00 PM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Subject: [EXTERNAL] Vifor Pharma, Inc. (Labeler Code # 53436)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

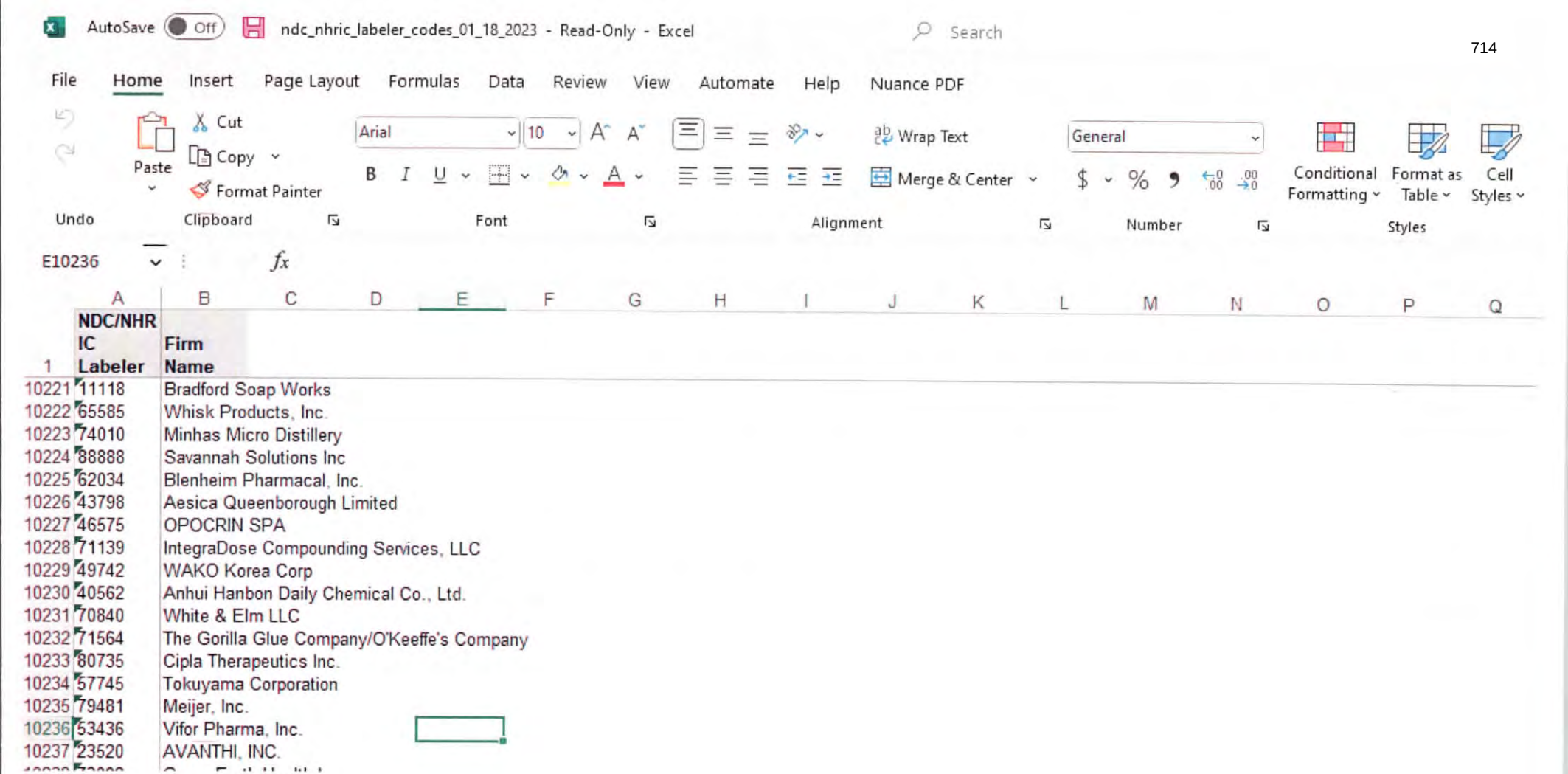
Can you please advise me on how to get a copy of the FDA Approval letter for the above-referenced labeler code?

Thank you,

Yusoff Allian
Corporate Counsel
Legal / CSL Vifor
Direct phone +16504219649
Yusoff.Allian@viforpharma.com

CSL
Driven by Our Promise

BUSINESS USE



	A	B
1	NDC/NHRIC Labeler	Firm Name
10221	11118	Bradford Soap Works
10222	65585	Whisk Products, Inc.
10223	74010	Minhas Micro Distillery
10224	88888	Savannah Solutions Inc
10225	62034	Blenheim Pharmacal, Inc.
10226	43798	Aesica Queenborough Limited
10227	46575	OPOCRIN SPA
10228	71139	IntegraDose Compounding Services, LLC
10229	49742	WAKO Korea Corp
10230	40562	Anhui Hanbon Daily Chemical Co., Ltd.
10231	70840	White & Elm LLC
10232	71564	The Gorilla Glue Company/O'Keeffe's Company
10233	80735	Cipla Therapeutics Inc.
10234	57745	Tokuyama Corporation
10235	79481	Meijer, Inc.
10236	53436	Vifor Pharma, Inc.
10237	23520	AVANTHI, INC.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vifor Pharma, Inc.

Physical Address 200 Cardinal Way

City Redwood City State CA Zip 94063

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Dorothy Middle Katherine Last Won

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address 200 Cardinal Way

City Redwood City State CA Zip 94063

Telephone [redacted] Email dorothy.won@viforpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials DW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Santa Barbara		8/92 - 6/96	
Address	**City**	**State**	**Zip**
1210 Cheadle Hall	Santa Barbara	CA	93106
Diploma/Degree obtained, if any			
Bachelors of Science, Biology			

School Name		From - To (MM/YY – MM/YY)	
Presentation High School		9/88 - 6/92	
Address	**City**	**State**	**Zip**
2281 Plummer Ave	San Jose	CA	95125
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2005-present	[redacted]Ralston Ave	Belmont	CA	94002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Vifor Pharma, Inc.			From - To (MM/YY – MM/YY): 11/2015 - present
Business Address: 200 Cardinal Way	City: Redwood City	State: CA	Zip: 94063
Phone: 650-779-6148	Title: Executive Director, Commercial Operations		Number of Employed Hours: 6000+
Description of Duties: Responsible for managing all aspects of field operations, marketing operations, and commercial planning. Collaborate cross-functionally with senior leaders across all areas of the organization.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title ?		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DV

I, Dorothy Won, **certify that as the designated representative for**

Vifor Pharma, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Dorothy Won

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dorothy Won

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Mateo

I, Dorothy Won, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/2/22

Date

Subscribed and Sworn to before me this 2nd day of June, 2022.

Perla C. Mijares

Notary Public Signature

PERLA C. MIJARES
Notary Public - California
San Mateo County
Commission # 2258776
My Comm. Expires Oct 15, 2022

(Seal)

Applicant's initials

INCREASE PENALTY RIDER

BOND AMOUNT $25,000.00 BOND NO. 57BSBIH3563

To be attached and form a part of Bond No. 57BSBIH3563 dated the 1st Day of September, 2020, executed by Hartford Fire Insurance Company as surety, on behalf of Vifor Pharma, Inc. as current principal of record, and in favor of State of Nevada and to the Nevada State Board of Pharmacy, as Obligee for PHARMACEUTICAL WHOLESALER SURETY BOND, and in the amount of Twenty Five Thousand Dollars and 00/100 ($25,000.00).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Hartford Fire Insurance Company hereby consents that effective from the 23rd Day of May, 2022, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE INCREASED:

FROM: Twenty Five Thousand Dollars and 00/100 ($25,000.00)

TO: One Hundred Thousand Dollars and 00/100 ($100,000.00)

The INCREASE of said bond penalty shall be effective as of the 23rd Day of May, 2022, and does hereby agree that the continuity of protection under said bond subject to changes in penalty shall not be impaired hereby, provided that the aggregate liability of the above mentioned bond shall not exceed the amount of liability assumed by it at the time the act and/or acts of default were committed and in no event shall such liability be cumulative.

Signed, sealed and dated this 9th Day of June, 2022

Vifor Pharma, Inc.
PRINCIPAL

BY _____

Hartford Fire Insurance Company
SURETY

BY _____
Joshua Sanford, ATTORNEY-IN-FACT

THE ABOVE BOND IS HEREBY AGREED TO AND ACCEPTED BY:

State of Nevada and to the Nevada State Board of Pharmacy
OBLIGEE

BY _____
TITLE

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: Willis Service Center
Agency Code: 13-650092

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of unlimited:***

Erin L. Kiernan, Melissa Stanton, Aimee R. Perondine, Donna M. Planeta, Michelle Anne McMahon, Joshua Sanford, Bethany Stevenson, Saykham Chanthasone, Samuel E Begun, Eric Strba, Bryan M. Caneschi, Kristopher Pisano, Rebecca M. Josephson, Nicholas Turecamo, Alexis Apostolidis, Cassandra Baez, Kathryn Pryor, Jacqueline Rose Susco, Jennifer Gail Godere Amanda Pienina D'Angelo, Gentry Stewart
of ***Hartford, CT***

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle L. LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 9, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 57BSBIH3563

Application/License No. _____

Relypsa, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Cardinal Way, Redwood City, CA 94063 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 1, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of September, 2020.

APPLICANT/PRINCIPAL
Relypsa, Inc.

_____
Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

_____
Surety Company's Representative

Aimee R. Perondine, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Ian Williams

_____
Witness Tanya Nguyen

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: Willis Service Center
Agency Code: 13-650092

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of unlimited:***

Erin L. Kierman, Melissa Stanton, Aimee R. Perondine, Donna M. Planeta, Michelle Anne McMahon, Joshua Sanford, Danielle D. Johnson, Bethany Stevenson, Tanya Nguyen, Saykham Chanthasone, Samuel E Begun, Eric Strba, Bryan M. Caneschi, Kristopher Pisano, Rebecca M. Stevenson, Nicholas Turecamo
of ***Hartford, CT***

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Julie Morris, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT
COUNTY OF HARTFORD } ss. Hartford

On this 11th day of January, 2016, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

Kathleen T Maynard
Notary Public
My Commission Expires July 31, 2021

CERTIFICATE

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of **September 1, 2020**

Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

Willis Towers Watson

Telephone: 713-625-1157
Website: www.willistowerswatson.com
E-mail: Stephanie.Gunderson@willistowerswatson.com

September 1, 2020

Relypsa, Inc.
Attn: Lourdes Ricafort
100 Cardinal Way
Redwood City, CA 94063

RE: ***Bond Number: 57BSBIH3563***
Obligee: State of Nevada and to the Nevada State Board of Pharmacy
Description: PHARMACEUTICAL WHOLESALER SURETY BOND

Attached is the completed document per your request. This was issued based upon the information you provided to our office and we urge you to check all of the information for accuracy (i.e. Power of Attorney, signatures, dates, amounts, description, etc.).

Please verify that the form attached is the form required and complete the execution with the proper signature(s) and seal.

If a premium is charged, our invoice will follow under a separate cover. Please note the premium payment for this bond is due upon receipt.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact any member of your Willis Towers Watson Surety Team.

Sincerely,

Stephanie Gunderson

Willis Towers Watson Insurance Services West, Inc.
920 Memorial City Way, Suite 500
Houston, TX 77024

Telephone: +1 860-414-6891
Website: wtwco.com
E-mail: brendan.fletcher@willistowerswatson.com

June 9, 2022

Vifor Pharma, Inc.
Attn: Lourdes Ricafort
200 Cardinal Way
Redwood City, CA 94063

RE: **Bond Number: 57BSBIH3563**
Obligee: State of Nevada and to the Nevada State Board of Pharmacy
Description: Pharmaceutical Wholesaler Surety Bond

Attached is the completed document per your request. This was issued based upon the information you provided to our office and we urge you to check all of the information for accuracy (i.e. Power of Attorney, signatures, dates, amounts, description, etc.).

Please verify that the form attached is the form required and complete the execution with the proper signature(s) and seal.

If a premium is charged, our invoice will follow under a separate cover. Please note the premium payment for this bond is due upon receipt.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact any member of your Willis Towers Watson Surety Team.

Sincerely,

Brendan Fletcher

Willis Towers Watson Insurance Services West, Inc.
10 State House Square, Floor 11
Hartford, CT 06103

State Services
1025 Boulders Parkway
Suite 301
iqvia.com

June 21, 2022

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

Greetings,

On behalf of Vifor Pharma, Inc.
Located at 200 Cardinal Way, Redwood City, CA 94063

Enclosed you will find the initial application, licensing fees, and all required attachments in reference to the license number listed above.

If you have any questions or concerns regarding this application, please contact me via email at nayif.salah@iqvia.com

Kindest Regards,

Nayif H. Salah
Licensing Associate
IQVIA *(formerly BuzzeoPDMA)*
1025 Boulders Parkway, Suite 301
Richmond, VA 23225 USA

RECEIVED
JUN 22 2022
NEVADA STATE BOARD OF PHARMACY

CERTIFICATE OF AMENDMENT TO THE
AMENDED AND RESTATED CERTIFICATE OF INCORPORATION
OF
RELYPSA, INC.

RELYPSA, INC., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "***Company***"), does hereby certify that:

I. The name of the Company is Relypsa, Inc.

II. The original Certificate of Incorporation of the Company was filed with the Secretary of the State of Delaware on August 23, 2007.

III. This amendment of the Amended and Restated Certificate of Incorporation of the Company (the "***Amended and Restated Certificate of Incorporation***") herein certified was duly adopted by the Company's Board of Directors in accordance with the applicable provisions of Section 242 of the General Corporation Law of the State of Delaware.

IV. Article I of the Amended and Restated Certificate of Incorporation is hereby amended to read in its entirety as follows:

"ARTICLE I.

The name of the Company is Vifor Pharma, Inc."

V. All other provisions of the Amended and Restated Certificate of Incorporation shall remain in full force and effect.

IN WITNESS WHEREOF, Relypsa, Inc. has caused this Certificate of Amendment to the Amended and Restated Certificate of Incorporation to be signed by its duly authorized officer on this 28th day of January 2021.

/s/ Gregory Oakes
Gregory Oakes
President

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:35 AM 01/28/2021
FILED 11:35 AM 01/28/2021
SR 20210253260 - File Number 4412341

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "RELYPSA, INC.", CHANGING ITS NAME FROM "RELYPSA, INC." TO "VIFOR PHARMA, INC.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021, AT 11:35 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4412341 8100
SR# 20221810358

Authentication: 203358297
Date: 05-05-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7974

ISSUE DATE FEBRUARY 25, 2022

VIFOR PHARMA, INC.

200 CARDINAL WAY
REDWOOD CITY CA 94063

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
REYN KAIKAIKAOKEA ONO — EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL FEBRUARY 01, 2023

RECEIPT NUMBER 00704635

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

CERTIFICATE OF AMENDMENT TO THE
AMENDED AND RESTATED CERTIFICATE OF INCORPORATION
OF
RELYPSA, INC.

RELYPSA, INC., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "***Company***"), does hereby certify that:

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III. This amendment of the Amended and Restated Certificate of Incorporation of the Company (the "***Amended and Restated Certificate of Incorporation***") herein certified was duly adopted by the Company's Board of Directors in accordance with the applicable provisions of Section 242 of the General Corporation Law of the State of Delaware.

IV. Article I of the Amended and Restated Certificate of Incorporation is hereby amended to read in its entirety as follows:

"ARTICLE I.

The name of the Company is Vifor Pharma, Inc."

V. All other provisions of the Amended and Restated Certificate of Incorporation shall remain in full force and effect.

IN WITNESS WHEREOF, Relypsa, Inc. has caused this Certificate of Amendment to the Amended and Restated Certificate of Incorporation to be signed by its duly authorized officer on this 28th day of January 2021.

/s/ Gregory Oakes
Gregory Oakes
President

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:35 AM 01/28/2021
FILED 11:35 AM 01/28/2021
SR 20210253260 - File Number 4412341

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "RELYPSA, INC.", CHANGING ITS NAME FROM "RELYPSA, INC." TO "VIFOR PHARMA, INC.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021, AT 11:35 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4412341 8100
SR# 20221810358

Authentication: 203358297
Date: 05-05-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

REMOVE DOCUMENT ALONG THIS PERFORATION

INVOICE NUMBER	INVOICE DATE	INVOICE GROSS AMOUNT	DISCOUNT AMOUNT	NET INVOICE AMOUNT	CORPORATION NAME
VIFORNV61022 *VIFORNV61022*	06-10-22	1,000.00	0.00	1,000.00	BuzzeoPDMA

TOTAL AMOUNT:	$1,000.00	$0.00	$1,000.00

IMS Health & Quintiles are now IQVIA™

Check Number: 647830

IMS Health Shared Business Services 1510 Valley Center Parkway, Suite 130 Bethlehem, PA 18017

State Services
1025 Boulders Parkway
Suite 301
iqvia.com

August 8, 2022

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

Greetings,

On behalf of Vifor Pharma, Inc.
Located at 200 Cardinal Way, Redwood City, CA 94063

Enclosed you will find the addressed deficiencies to the initial application and all required attachments in reference to the facility listed above.

If you have any questions or concerns regarding this letter, please contact me via email at nayif.salah@iqvia.com

Kindest Regards,

Nayif H. Salah
Licensing Associate
IQVIA *(formerly BuzzeoPDMA)*
1025 Boulders Parkway, Suite 301
Richmond, VA 23225 USA

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Vifor Pharma, Inc. The application is incomplete due to the following missing item(s).

- Please provide the full Surety Bond for only the Bond rider was provided
- Certificate of Corporate status (also referred to as Certificate of Good Standing).
  The Certificate of Corporate status is obtained from the Secretary of State's office in the State where incorporated.
- Please provide the signed waiver for Dorothy k. Won
- All officers and directors are required to be fingerprinted, we need fingerprints documents from Molly Painter and Karen Tenenbaum

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC dba Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 6335 Seeds Road

City: Grove City State: OH Zip: 43123

Mailing Address (if different from physical address): 7000 Cardinal Place, Attn: QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 614-652-8970 Website: www.edgepark.com

Name of Designated Representative (DR): Ryan Truax

Licensing Company Email: licensure@cardinalhealth.com DR Email: ryan.truax@cardinalhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Laboratories		■ Others: Wholesale Distributors

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/17/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121

Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411

Name: Convatec
Address: CenterPoint II - 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807

Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Allegiance Corporation (Parent Company of RGH Enterprises, LLC)
Corporation Name: Cardinal Health, Inc. (Ultimate Holding Company)
Mailing Address: 7000 Cardinal Place, Attn: QRA - Facility Licensing
City: Dublin State: OH Zip: 43017
Telephone: 800-321-0591 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983 | SEC Registration Number: 0000721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

RGH Enterprises, LLC

Facility Name

Keegan D. Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

11/17/2022

Date

Board Use Only	Date Received: 11-29-22	Amount: 1000.00 CK - 1089076

List

RGH Enterprises, LLC

6335 Seeds Road
Grove City, Ohio 43123

Officer Name	Title	Company	Business Address	Percentage of Ownership
Keegan David Chamberlain	Director, Quality Management	RGH Enterprises, LLC	7200 Cardinal Place, Dublin, OH 43017	0%
John Joseph Tufano, Jr.	Secretary	RGH Enterprises, LLC	7000 Cardinal Place, Dublin OH 43017	0
John Henry Martin Jr.	SVP, Tax	RGH Enterprises, LLC	7000 Cardinal Place, Dublin OH 43017	0
Brent Mathew Withrow	Assistant Treasurer	RGH Enterprises, LLC	7000 Cardinal Place, Dublin, OH 43017	0%
Ryan GregoryTruax	Facility Manager	RGH Enterprises, LLC	6335 Seeds Road, Grove City, OH 43123	0%

RGH Enterprises, LLC

6335 Seeds Road
Grove City, Ohio 43123

Officer Name	Title	Company	Business Address	Percentage of Ownership
Keegan David Chamberlain	Director, Quality Management	RGH Enterprises, LLC	7200 Cardinal Place, Dublin, OH 43017	0%
John Joseph Tufano, Jr.	Secretary	RGH Enterprises, LLC	7000 Cardinal Place, Dublin OH 43017	0
John Henry Martin Jr.	SVP, Tax	RGH Enterprises, LLC	7000 Cardinal Place, Dublin OH 43017	0
Brent Mathew Withrow	Assistant Treasurer	RGH Enterprises, LLC	7000 Cardinal Place, Dublin, OH 43017	0%

List the top four corporation shareholders

List the top four corporation shareholders and their percent ownership

Stockholder	Stake
The Vanguard Group, Inc.	11.91%
SSgA Funds Management, Inc.	7.48%
BlackRock Fund Advisors	5.04%
T. Rowe Price Associates, Inc.	4.35%

Certificate of Good Standing

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of July, A.D. 2022.

Ohio Secretary of State

Validation Number: 202220902084

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

RGH Enterprises, LLC

Edgepark Medical Supplies; Cardinal Health at Home

6335 Seeds Rd

Grove City, OH 43123-9524

License Number: 0130000535

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS – Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
RYAN TRUAX	Ryan Truax

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

CardinalHealth

Employee List

6335 Seeds Road
Grove City, Ohio 43123

Officer Name	Title	Email Address
Keegan David Chamberlain	Director, Quality Management	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Secretary	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	john.martin03@cardinalhealth.com
Brent Mathew Withrow	Assistant Treasurer	brent.withrow@cardinalhealth.com
Ryan Truax	Dir, Operations Mgmt.	ryan.truax@cardinalhealth.com
Chad Curran	Supv, Warehouse Operations	chad.curran@cardinalhealth.com
Sherry Daniels	Sr. Coordinator for Office Services	sherry.daniels@cardinalhealth.com

Copyright © 2023 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG RGH Enterprises, LLC dba Edgepark Medical Supplies; Cardinal Health at Home MDEG License # (if applicable) In-Process

Physical Address 6335 Seeds Road

City Grove City State OH Zip 43123

Mailing Address (if different from physical address) 7000 Cardinal Place, Attn: QRA - Facility Licensing

City Dublin State OH Zip 43017

Telephone 614-652-8970 Website www.edgepark.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Ryan Middle Gregory Last Truax

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 7000 Cardinal Place, Attn: QRA - Facility Licensing

City Dublin State OH Zip 43017

Telephone [redacted] Email licensure@cardinalhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
John Carroll University		03/2007 - 03/2009	
Address	**City**	**State**	**Zip**
1 John Carroll Blvd	University Heights	OH	44118
Diploma/Degree obtained, if any			
Bachelor of arts			

School Name		From - To (MM/YY – MM/YY)	
Wittenberg University		08/2000 - 08/2004	
Address	**City**	**State**	**Zip**
200 Ward St	Springfield	OH	45504
Diploma/Degree obtained, if any			
Bachelor of arts			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2022 to Present	[redacted] Baumock Burn Dr.	Columbus	OH	43235
07/2018 to 08/2022	[redacted] Frances St.	Plainfield	IL	60586
06/2015 to 07/2018	[redacted] Maha Court	Plainfield	IL	60586
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			08/2022 - Present	
Business Address		**City**	**State**	**Zip**
6335 Seeds Road		Grove City	OH	43123
Phone	**Title**		**Number of Employed Hours**	
614-652-8970	Director, Operations		640	

Description of Duties

Launching 208k sqft. Distribution facility in 2022
Creating hiring and on boarding plan for leaders and associates. Responsible for managing shipments of medical devices

Business Name			From - To (MM/YY – MM/YY)	
Amazon			02/2020 - 07/2022	
Business Address		**City**	**State**	**Zip**
4200 Ferry Road		Aurora	IL	60502
Phone	**Title**		**Number of Employed Hours**	
877-375-9365	General Manager		4800	

Description of Duties

Responsible for 43 salaried operations leaders, 24 salaried support leaders, & the safety & well-being of 1400 associates
Managed Sales and Operating planning forecasts to drive increases in production, inventory levels and shipments.

Business Name			From - To (MM/YY – MM/YY)	
Amazon			06/2015 - 01/2020	
Business Address		**City**	**State**	**Zip**
201 Emerald Drrive		Joliet	IL	60433
Phone	**Title**		**Number of Employed Hours**	
800-288-8695	Operations Manger		8800	

Description of Duties

Managed Inbound and Outbound operations processes to maximize productivity and cost-effectiveness.
Managed inventory levels through S&OP forecasting and partnered with supply chain leaders to direct freight.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11-18-22
Date

I, Ryan Gregory Truax, **certify that as the MDEG Administrator for**

RGH Enterprises, LLC,

that I (initial that you have read and meet the following requirements):

1. RT Have a high school diploma or its equivalent;
2. RT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Gregory Truax
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-18-22
Date

Board Use Only	Date Received: 11-29-22

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: XL Insurance America Inc	24554
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C: Greenwich Insurance Company	22322
	INSURER D: Indian Harbor Insurance Company	36940
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			RGD943716717	06/30/2022	06/30/2023	EACH OCCURRENCE	$5,000,000
	CLAIMS-MADE X OCCUR			AOS, PR			DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Liquor Liability Included						MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$5,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
							Liquor Liability Lim	Included
C	AUTOMOBILE LIABILITY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR			US00092147LI22A	06/30/2022	06/30/2023	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE			SIR applies per policy terms & conditions			AGGREGATE	$5,000,000
	DED X RETENTION						Products/Completed O	Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			RWD943512517 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	$5,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$5,000,000
							E.L. DISEASE-POLICY LIMIT	$5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2022 - June 30, 2023 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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Response to Question 3, Section 2: History of Company

CardinalHealth

11/14/2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC – Grove City, OH

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for Medical Devices, Equipment and Gases Applicaton. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain,
Director, Quality Management

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

CardinalHealth
Essential to care™

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	31-0958666
(State or other jurisdiction of incorporation or organization)	*(IRS Employer Identification No.)*
7000 Cardinal Place , Dublin , Ohio	**43017**
(Address of principal executive offices)	*(Zip Code)*

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicete by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, Indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of voting stock held by non-affiliates on December 31, 2020, was the following: $15,693,865,917.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2021, was the following: 290,441,408.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2021 Annual Meeting of Shareholders are incorporated by reference into the sections of this Form 10-K addressing the requirements of Part III of Form 10-K.

Cardinal Health
Fiscal 2021 Form 10-K

Table of Contents

	Page
Introduction	2
Management's Discussion and Analysis of Financial Condition and Results of Operations	3
Explanation and Reconciliation of Non-GAAP Financial Measures	26
Quantitative and Qualitative Disclosures about Market Risk	30
Business	32
Risk Factors	40
Properties	47
Legal Proceedings	48
Market for Registrant's Common Equity	49
Reports	51
Financial Statements and Supplementary Data	56
Directors, Executive Officers, and Corporate Governance	89
Exhibits	91
Form 10-K Cross Reference Index	95
Signatures	96

Introduction

References to Cardinal Health and Fiscal Years

As used in this report, "we," "our," "us," "Cardinal Health" and similar pronouns refer to Cardinal Health, Inc. and its majority-owned subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2022, 2021, 2020, 2019, 2018 and 2017 are to the fiscal years ended June 30, 2022, 2021, 2020, 2019, 2018 and 2017, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2021.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2021 Overview" section of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A"), we use financial measures that are derived from consolidated financial data but are not presented in our financial statements that are prepared in accordance with U.S. generally accepted accounting principles ("GAAP"). These measures are considered "non-GAAP financial measures" under the Securities and Exchange Commission ("SEC") rules. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are included in the "Explanation and Reconciliation of Non-GAAP Financial Measures" section following MD&A in this report.

Management's Discussion and Analysis of Financial Condition and Results of Operations

Our MD&A within this Form 10-K generally discusses fiscal 2021 and fiscal 2020 items and year-to-year comparisons between fiscal 2021 and fiscal 2020. Fiscal 2019 items and discussions of year-to-year comparisons between fiscal 2020 and fiscal 2019 that are not included in this Form 10-K can be found in Management's Discussion and Analysis of Financial Condition and Results of Operations in our Annual Report on Form 10-K for the fiscal year ended June 30, 2020 (the "Fiscal 2020 Form 10-K").

Important Information Regarding Forward-Looking Statements

This report (including information incorporated by reference) includes forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. Many forward-looking statements appear in MD&A and Risk Factors, but there are others throughout this report, which may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and expense accruals. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. The most significant of these risks and uncertainties are described in "Risk Factors" in this report and in Exhibit 99.1 to the Form 10-K included in this report. Forward-looking statements in this report speak only as of the date of this document. Except to the extent required by applicable law, we undertake no obligation to update or revise any forward-looking statement.

Available Information

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge on our website (www.cardinalhealth.com), under the "Investor Relations — Financial Reporting — SEC Filings" caption, as soon as reasonably practicable after we electronically file them with, or furnish them to, the SEC. The SEC also maintains a website (www.sec.gov) where you can search for annual, quarterly and current reports, proxy and information statements, and other information regarding us and other public companies.

Management's Discussion and Analysis of Financial Condition and Results of Operations

About Cardinal Health

Cardinal Health, Inc., an Ohio corporation formed in 1979, is a globally integrated healthcare services and products company providing customized solutions for hospitals, healthcare systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices and patients in the home. We provide pharmaceuticals and medical products and cost-effective solutions that enhance supply chain efficiency. We connect patients, providers, payers, pharmacists and manufacturers for integrated care coordination and better patient management. We manage our business and report our financial results in two segments: Pharmaceutical and Medical.

Pharmaceutical Segment

Our Pharmaceutical segment distributes branded and generic pharmaceutical, specialty pharmaceutical and over-the-counter healthcare and consumer products in the United States. This segment also provides services to pharmaceutical manufacturers and healthcare providers for specialty pharmaceutical products; operates nuclear pharmacies and radiopharmaceutical manufacturing facilities; provides pharmacy management services to hospitals, as well as medication therapy management and patient outcomes services to hospitals, other healthcare providers and payers; and repackages generic pharmaceuticals and over-the-counter healthcare products.

Medical Segment

Our Medical segment manufactures, sources and distributes Cardinal Health branded medical, surgical and laboratory products, which are sold in the United States, Canada, Europe, Asia and other markets. In addition to distributing Cardinal Health branded products, this segment also distributes a broad range of medical, surgical and laboratory products known as national brand products and provides supply chain services and solutions to hospitals, ambulatory surgery centers, clinical laboratories and other healthcare providers in the United States and Canada. This segment also distributes medical products to patients' homes in the United States through our Cardinal Health at-Home Solutions division.

Consolidated Results

Fiscal 2021 Overview

Revenue

Revenue for fiscal 2021 was $162.5 billion, a 6 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty solutions customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2021	2020	Change
GAAP operating earnings/(loss)	$ 472	$ (4,098)	N.M.
Surgical gown recall costs/(income)	(28)	85	
State opioid assessment related to prior fiscal years	38	3	
Restructuring and employee severance	114	122	
Amortization and other acquisition-related costs	451	524	
Impairments and (gain)/loss on disposal of assets	79	7	
Litigation (recoveries)/charges, net	1,129	5,741	
Non-GAAP operating earnings	$ 2,255	$ 2,384	(5)%

The sum of the components and certain computations may reflect rounding adjustments.

We had GAAP operating earnings of $472 million and a GAAP operating loss of $4.1 billion during fiscal 2021 and 2020, respectively, which includes pre-tax charges of $1.17 billion and $5.63 billion, respectively, recognized for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications. See further description of opioid lawsuits in the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP and Non-GAAP operating earnings during fiscal 2021 were adversely impacted by COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment personal protective equipment, primarily certain categories of gloves, to net realizable value. Personal protective equipment ("PPE") refers to protective clothing, medical and non-medical grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. See Significant Developments in Fiscal 2021 and Trends section in this MD&A for additional information. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by the beneficial impact of enterprise-wide cost-savings measures, including global manufacturing efficiencies in the Medical segment, and higher contribution from branded pharmaceutical sales mix.

GAAP and Non-GAAP Diluted EPS

($ per share)	2021 [2]	2020 [2][3]	Change
GAAP diluted EPS [1]	$ 2.08	$ (12.61)	N.M.
Surgical gown recall costs/(income)	(0.07)	0.22	
State opioid assessment related to prior fiscal years	0.10	0.01	
Restructuring and employee severance	0.29	0.31	
Amortization and other acquisition-related costs	1.13	1.34	
Impairments and (gain)/loss on disposal of assets	0.21	0.02	
Litigation (recoveries)/charges, net [4]	1.78	17.84	
Loss on early extinguishment of debt	0.04	0.04	
(Gain)/loss on sale of equity interest in naviHealth	0.01	(1.88)	
Transitional tax benefit, net	—	(0.01)	
Non-GAAP diluted EPS [1]	$ 5.57	$ 5.45	2 %

The sum of the components and certain computations may reflect rounding adjustments.

(1) Diluted earnings/(loss) per share attributable to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share")

(2) The reconciling items are presented within this table net of tax, except for transitional tax benefit, net. See quantification of tax effect of each reconciling item in our GAAP to Non-GAAP Reconciliations in the section titled "Explanation and Reconciliation of Non-GAAP Financial Measures."

(3) For fiscal 2020, GAAP diluted loss per share attributable to Cardinal Health, Inc. and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 293 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the period. Fiscal 2020 non-GAAP diluted EPS is calculated using a weighted average of 295 million common shares, which includes potentially dilutive shares.

(4) Litigation (recoveries)/charges, net, includes a tax benefit recorded during fiscal 2021 related to a net operating loss carryback. Our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily relatad to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and adjusted our taxable income for fiscal 2015, 2016, 2017 and 2018 as permitted under the Coronavirus Aid, Relief and Economic Security ("CARES") Act. The total benefit from the net operating loss carryback was $424 million; however, for purposes of Non-GAAP financial measures, we allocated $389 million of the benefit to litigation (recoveries)/charges, net, which is excluded from non-GAAP measures, based on the relative amount of the self-insurance pre-tax loss related to opioid litigation claims versus separate tax adjustments. The tax benefit allocated to the separate tax adjustments of $35 million is included in non-GAAP measures.

The charges we recognized in fiscal 2021 and 2020 for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications had a $(3.21) and $(17.54) per share after-tax impact on GAAP diluted EPS, respectively.

During fiscal 2021, GAAP and non-GAAP diluted EPS were positively impacted by $1.44 and $0.12 per share, respectively, due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

GAAP diluted EPS during fiscal 2020 was favorably impacted by a $1.68 per share gain from the sale of the remainder of our equity interest in naviHealth described further in Note 2 of the "Notes to Consolidated Financial Statements."

Cash and Equivalents

Our cash and equivalents balance was $3.4 billion at June 30, 2021 compared to $2.8 billion at June 30, 2020. The increase in cash during fiscal 2021 was due to net cash provided by operating activities of $2.4 billion, offset by cash deployed of $573 million for dividends, $570 million for debt repayments, $400 million for capital expenditures, and $200 million for share repurchases.

Significant Developments in Fiscal 2021 and Trends

COVID-19

The COVID-19 pandemic ("COVID-19") continues to affect the U.S. and global economies, and as previously disclosed, the pandemic began to materially affect our businesses during the third quarter of fiscal 2020. The length and severity of the pandemic and its impacts on our businesses and results of operations are uncertain.

COVID-19 had a negative impact on our consolidated operating earnings/(loss) in fiscal 2021 and fiscal 2020. We estimate that the impact on fiscal 2021 operating earnings was approximately $200 million greater than on fiscal 2020 operating earnings, and we estimate that the impact on fiscal 2020 operating earnings/(loss) was approximately $100 million.

Pharmaceutical segment profit has been negatively impacted by COVID-19 largely due to volume declines in our generics program and Nuclear and Precision Health Solutions. While fiscal 2021 volumes within our generics program were lower than levels prior to COVID-19, the impact on Pharmaceutical segment profit improved on a year-over-year basis during the fourth quarter of fiscal 2021. Similarly, in comparison to prior year, the impact of COVID-19 on Nuclear and Precision Health Solutions was positive for Pharmaceutical segment profit during the fourth quarter of fiscal 2021.

Our Medical segment experienced dramatically increased demand for certain personal protective equipment due to COVID-19. Personal protective equipment ("PPE") refers to protective clothing, medical and non-medical grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. The peak of this heightened demand was during the second and third quarters of fiscal 2021. This increased demand resulted in higher sales volume for certain products, increased costs to manufacture and source these products and higher inventory levels to meet customer commitments. As a result, we sought out additional sources for these products and to mitigate the impact of these cost increases, we have raised our selling prices for the affected products. During the fourth quarter of fiscal 2021, selling prices and customer demand for certain PPE decreased as compared to the peak, and we expect this decline to continue into fiscal 2022. This resulted in inventory cost above net realizable value, requiring an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit. Our estimates for customer demand and selling prices are inherently uncertain and if customer demand or selling prices decline in the future beyond our current assumptions, additional inventory reserves may be required that would adversely impact Medical segment profit. See Critical Accounting Policies and Sensitive Accounting Estimates section in this MD&A for additional information.

During fiscal 2021, COVID-19 benefited Medical segment profit in some ways as well. Higher volumes in our laboratory business and cost savings positively impacted Medical segment profit. Additionally, despite declining customer demand and selling prices in some categories of PPE as described above, Medical segment profit was benefited by pricing actions intended to mitigate the impact of cost increases in certain other PPE categories. In addition, while lower demand for surgical products resulting from reduced elective procedures had an adverse impact on Medical segment profit during the first nine months of fiscal 2021, demand improved during the fourth quarter of fiscal 2021 and was a positive contributor to year-over-year segment profit.

We currently anticipate that the negative impact of the COVID-19 pandemic on operating earnings will be less in fiscal 2022 than it was in fiscal 2021, which includes the inventory reserve of $197 million described above. As a result, in comparison to prior year, we expect the COVID-19 impact for fiscal 2022 will be positive. However, we cannot estimate the length or severity of the COVID-19 pandemic or of the related U.S. or global economic consequences on our businesses and results of operations, including whether and when historic economic and operating conditions will resume, or its impact on our business, financial position, results of operations or cash flow. Its impact may be greater or less than we anticipate.

Opioid Lawsuits

In July 2021, we announced that we and two other national distributors have negotiated a proposed settlement agreement (the "Proposed Settlement Agreement") and settlement process that, if all conditions are satisfied (including Boards of Directors' approval), would result in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities.

West Virginia subdivisions and Native American tribes are not a part of this settlement process and we have been involved in separate negotiations with these groups. The settlement process does not contemplate participation by any non-governmental or non-political entities or individuals. In connection with the negotiations of the Proposed Settlement Agreement, we and the two other national distributors entered into a settlement with the State of New York and its participating subdivisions. If the Proposed Settlement Agreement becomes effective, New York and its participating subdivisions will become a part of it.

The Proposed Settlement Agreement is subject to contingencies and will not become effective unless and until the Boards of Directors of the three distributors each make separate independent determinations that (1) following a sign-on period, a sufficient number of states have agreed to the Proposed Settlement Agreement (the "Settling States"); and, subsequently, (2) following a notice period, that a sufficient number of states and political subdivisions, including those that have not sued, have agreed to the Agreement (or otherwise had their claims foreclosed) to proceed to effectiveness. Prior to the second determination, the Settling States will also have an opportunity to make a determination as to whether a sufficient number of political subdivisions have agreed to the Proposed Settlement Agreement (or otherwise had their claims foreclosed) to proceed with the Proposed Settlement Agreement. This process is currently contemplated to end in February 2022, although it may be extended by agreement. It is possible that a sufficient number of states and subdivisions will not agree to the Proposed Settlement Agreement or that other required contingencies will not be satisfied.

If these conditions are satisfied, the Proposed Settlement Agreement would become effective 60 days after the distributors determine that there is sufficient participation among political subdivisions. During this 60-day period, the Settling States and the distributors would cooperate to obtain consent judgments in each participating state embodying the terms of the Settlement.

The Proposed Settlement Agreement includes a cash component, pursuant to which the Company would pay up to $6.37 billion, the majority of which would be paid over 18 years. The exact payment amount will depend on several factors, including the participation rate of states and political subdivisions, the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., laws barring opioid lawsuits by political subdivisions), and the extent to which political subdivisions in Settling States file additional opioid lawsuits against the Company after the Proposed Settlement Agreement becomes effective.

The Proposed Settlement Agreement also includes injunctive relief terms relating to settling distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating our controlled substances monitoring program; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will be selected to oversee compliance with these provisions for a period of five years. In addition, we and the two other national distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting; distributors will fund the clearinghouse for ten years.

Additionally, a trial before a judge in West Virginia in the Cabell County and City of Huntington cases concluded in July 2021 and the judge has not yet issued a decision. In addition, a trial in the case brought by the Ohio Attorney General is scheduled to begin in September 2021 and a trial in the case brought by the Washington Attorney General is scheduled to begin in November 2021. The Ohio Attorney General has issued a press release indicating support for the Proposed Settlement Agreement; however, the Washington Attorney General has issued a press release stating that Washington will not agree to the Proposed Settlement Agreement.

In connection with the opioid lawsuits and settlement negotiations, we have recorded total pre-tax charges of $1.17 billion and $5.63 billion in litigation charges/(recoveries), net in the years ended June 30, 2021 and 2020, respectively. In total, we have $6.73 billion accrued at June 30, 2021, of which $405 million is included in other accrued liabilities, as we expect to make our first annual settlement payment into escrow on or before September 30, 2021, and the remainder is included in deferred income taxes and other liabilities in the consolidated balance sheets. Because loss contingencies are inherently unpredictable and unfavorable developments or resolutions can occur, the assessment is highly subjective and requires judgments about future events. We regularly review these opioid litigation matters to determine whether our accrual is adequate. The amount of ultimate loss may differ materially from this accrual. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. Our tax benefits are estimates, which reflect our current assessment of the estimated future deductibility of the amount that may be paid under the accrual taken in connection with the opioid litigation and are net of unrecognized tax benefits of $219 million and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed Settlement Agreement. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment and the actual amount of tax benefit may differ materially from these estimates. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Tax Effects of Self-Insurance Pre-Tax Loss

During fiscal 2021, our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and applied to adjust our taxable income for fiscal 2015, 2016, 2017, and 2018 as permitted under the CARES Act enacted by the United States Congress in March 2020.

Accordingly, our provision for income taxes during fiscal 2021 included a $424 million benefit from the net operating loss carryback primarily to reflect the difference between the federal statutory income tax rate during the fiscal years from 2015 to 2018 (35 percent for fiscal 2015, 2016, and 2017 and 28 percent for fiscal 2018) and the current federal statutory income tax rate of 21 percent.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

We have recorded these amounts based on management's judgment and our current understanding of tax law; however, it is possible that the tax authorities could challenge these tax benefits or that the tax law could change. The actual amount or timing of the tax benefit may differ from these expectations. See Note 8 of the "Notes to Consolidated Financial Statements" for additional information.

Cordis Divestiture

On March 12, 2021, we announced that we signed a definitive agreement to sell our Cordis business to Hellman & Friedman for proceeds of $927 million in cash, subject to customary purchase price adjustments, and we retained certain working capital accounts and product liability for lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada as described in Note 7 of the "Notes to Consolidated Financial Statements." The transaction closed on August 2, 2021, and we received proceeds of $927 million, net of cash transferred. In connection with the closing, we entered into a Transition Services Agreement ("TSA") with the buyer to provide support functions for a period of up to twenty-four months following the sale. See Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021, we recognized a $60 million pre-tax write-down of the net assets held for sale in impairment and (gain)/loss on disposal of assets in the consolidated statement of earnings/(loss). We recorded a net tax expense of $9 million associated with the impact of the write-down and the required tax adjustments related to held for sale accounting.

In connection with the divestiture, during fiscal 2021 we recognized costs of $28 million associated with exit or disposal activities. We expect to record up to $100 million of additional costs associated with these activities, primarily during fiscal 2022. These costs are recorded in restructuring and employee severance in our consolidated statements of earnings/(loss). We expect these charges to consist of approximately $83 million of professional, project management and other service fees to support the divestiture; $19 million of employee-related costs; and additional expenses from facility exits and other restructuring activities.

We expect the divestiture of the Cordis business will decrease annual Medical segment revenue by approximately $800 million and adversely impact Medical segment profit by approximately $80 million. The divestiture of our Cordis business is subject to risks and uncertainties that may further adversely impact Medical segment profit. For example, the TSA period may be extended beyond our current expectations or could have unintended consequences, and the costs associated with the exit or disposal activities and stranded costs could be greater than anticipated.

Pharmaceutical Segment

The performance of our Pharmaceutical segment generics program adversely impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2021 due to volume declines in our generics program, including the impact of COVID-19. The Pharmaceutical segment generics program includes, among other things, the impact of generic pharmaceutical product launches, customer volumes, pricing changes and the Red Oak Sourcing, LLC venture ("Red Oak Sourcing") with CVS Health Corporation ("CVS Health"). In August 2021, we amended our agreement with CVS Health to extend the term of the Red Oak Sourcing agreement through June 2029. The frequency, timing, magnitude and profit impact of generic pharmaceutical customer volumes, pricing changes, customer contract renewals, and branded and generic pharmaceutical manufacturer pricing changes remain uncertain as does their impact on Pharmaceutical segment profit and consolidated operating earnings in fiscal 2022.

Medical Segment

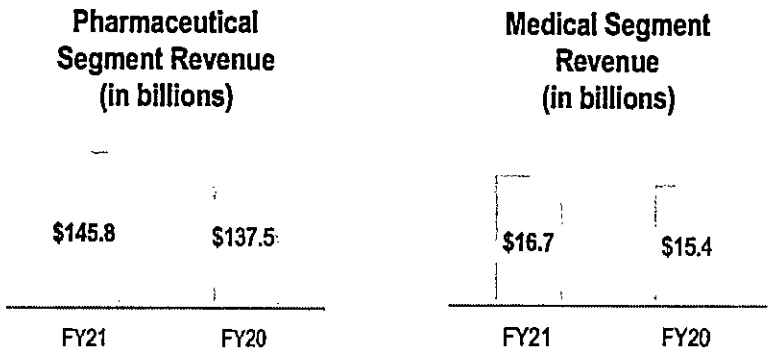
In the fourth quarter of fiscal 2021, our Medical segment experienced increased supply chain costs, primarily related to transportation, labor and commodities. While we are taking actions to mitigate the impact of these and other sourcing cost increases primarily through cost-savings measures, including global manufacturing efficiencies, we expect these increased costs to adversely impact Medical segment profit in fiscal 2022.

Information Technology Investments

Our Pharmaceutical segment is in a multi-year project to implement a replacement of certain finance and operating systems. Within the Medical segment, Cardinal Health at-Home Solutions is also investing in a system transformation. We expect that these investments will result in increased project-related expenses and depreciation related to capital expenditures, which will negatively impact operating earnings and segment profit in fiscal 2022 and beyond.

Results of Operations

Revenue



(in millions)	Revenue 2021	2020	Change
Pharmaceutical	$ 145,796	$ 137,495	6 %
Medical	16,687	15,444	8 %
Total segment revenue	162,483	152,939	6 %
Corporate	(16)	(17)	N.M.
Total revenue	$ 162,467	$ 152,922	6 %

Fiscal 2021 Compared to Fiscal 2020

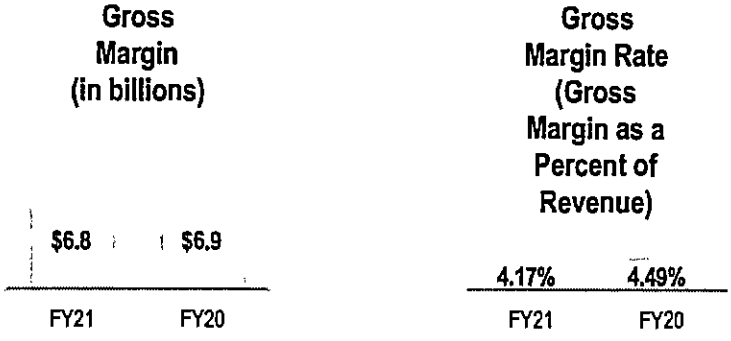
Pharmaceutical Segment
Fiscal 2021 Pharmaceutical segment revenue grew by $8.3 billion primarily due to sales growth from pharmaceutical distribution and specialty solutions customers, which together increased revenue by $8.1 billion.

Medical Segment
Fiscal 2021 Medical segment revenue increased primarily within products and distribution, which increased revenue by $1.1 billion, primarily due to a net benefit from COVID-19, including the positive impact of PPE and higher volumes in our laboratory business.

Cost of Products Sold

Cost of products sold for fiscal 2021 increased $9.6 billion (7 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



	Consolidated Gross Margin		
(in millions)	2021	2020	Change
Gross margin	$ 6,778	$ 6,868	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 consolidated gross margin decreased primarily due to the adverse impact of COVID-19, which includes an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. For additional information regarding inventory reserves, see Significant Developments in Fiscal 2021 and Trends section in this MD&A. Volume declines in our Pharmaceutical segment generics program, which includes the impact of COVID-19, also had an adverse impact. These factors were partially offset by higher contribution from branded pharmaceutical sales mix and the beneficial comparison of the current year insurance recoveries with the prior-year charge in connection with a voluntary recall for certain surgical gowns and a voluntary recall and field actions for surgical procedure packs containing affected gowns (together, the "Recalls").

Gross margin rate declined during fiscal 2021 mainly due to changes in pharmaceutical distribution product sales mix and an inventory reserve recorded to reduce the carrying value of certain Medical segment PPE to net realizable value. While branded pharmaceutical sales contributed positively to gross margin dollars during fiscal 2021, they had a dilutive impact on our overall gross margin rate.

Distribution, Selling, General and Administrative ("SG&A") Expenses

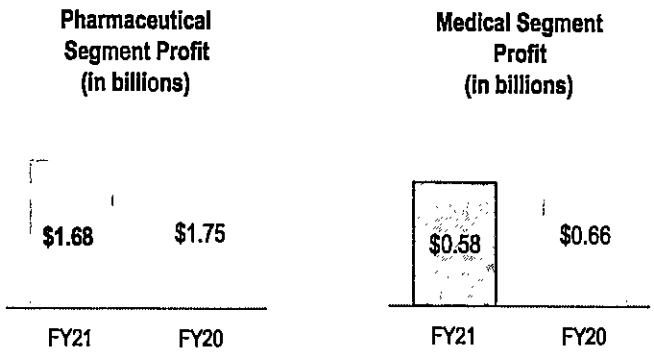
(in millions)	SG&A Expenses 2021	2020	Change
SG&A expenses	$ 4,533	$ 4,572	(1)%

Fiscal 2021 Compared to Fiscal 2020

Fiscal 2021 SG&A expenses decreased primarily due to the beneficial impact of enterprise-wide cost-savings measures. The year-over-year comparison was also favorably impacted by the $37 million charge in connection with the Recalls recognized during fiscal 2020. These factors were partially offset by information technology investments and the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Segment Profit

We evaluate segment performance based on segment profit, among other measures. See Note 13 of the "Notes to Consolidated Financial Statements" for additional information on segment profit.



(in millions)	Segment Profit and Operating Earnings 2021	2020	Change
Pharmaceutical	$ 1,684	$ 1,753	(4)%
Medical	577	663	(13)%
Total segment profit	2,261	2,416	(6)%
Corporate	(1,789)	(6,514)	N.M.
Total consolidated operating earnings/(loss)	$ 472	$ (4,098)	N.M.

Fiscal 2021 Compared to Fiscal 2020

Pharmaceutical Segment Profit

Fiscal 2021 Pharmaceutical segment profit was adversely impacted due to volume declines in our generics program, including the impact of COVID-19, partially offset by higher contribution from branded pharmaceutical sales mix.

Pharmaceutical segment financial results do not include the $1.17 billion and $5.63 billion charges associated with the opioid litigation during fiscal 2021 and 2020, respectively. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information. In addition, Pharmaceutical segment financial results do not include the $41 million assessment on prescription opioid medications that were sold or distributed in New York state in calendar years 2017 and 2018. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Medical Segment Profit

Fiscal 2021 Medical segment profit decreased largely due to the adverse impact of COVID-19, which primarily includes an inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, partially offset by higher volumes in our laboratory business. In addition, enterprise-wide cost-savings measures, including global manufacturing efficiencies, had a positive impact on Medical segment profit.

Corporate

The changes in Corporate during fiscal 2021 are due to the factors discussed in the Other Components of Consolidated Operating Earnings/(Loss) section that follows.

Other Components of Consolidated Operating Earnings/(Loss)

In addition to revenue, gross margin, and SG&A expenses discussed previously, consolidated operating earnings/(loss) were impacted by the following:

(in millions)	2021	2020
Restructuring and employee severance	$ 114	$ 122
Amortization and other acquisition-related costs	451	524
Impairments and (gain)/loss on disposal of assets, net	79	7
Litigation (recoveries)/charges, net	1,129	5,741

Restructuring and Employee Severance

In fiscal 2021, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures and the divestiture of our Cordis business. In fiscal 2020, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures.

Amortization and Other Acquisition-Related Costs

Amortization of acquisition-related intangible assets was $428 million and $512 million for fiscal 2021 and 2020, respectively.

Impairments and (Gain)/Loss on Disposal of Assets, Net

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of our Cordis business. See the Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

Litigation (Recoveries)/Charges, Net

During fiscal 2021 and 2020, we recognized pre-tax charges of $1.17 billion and $5.63 billion, respectively, associated with certain opioid matters. See Significant Developments in Fiscal 2021 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021 and 2020, we recognized $56 million and $103 million, respectively, of estimated losses and legal defense costs associated with the IVC filter product liability claims.

During fiscal 2021 and 2020, we recognized income of $112 million and $16 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

Other Components of Earnings/(Loss) Before Income Taxes

In addition to the items discussed above, earnings/(loss) before income taxes was impacted by the following:

(in millions)	2021	2020	Change
Other (income)/expense, net	$ (47)	$ (1)	N.M.
Interest expense, net	180	238	(24)%
Loss on early extinguishment of debt	14	16	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	2	(579)	N.M.

Other (Income)/Expense, Net

During fiscal 2021, other (income)/expense, net was favorable compared to the prior-year period primarily due to an increase in the value of our deferred compensation plan investments, which offsets fluctuations included within SG&A expenses and is discussed further in Note 9 of the "Notes to Consolidated Financial Statements," gains on investments in non-marketable equity securities, and fluctuations in foreign exchange rates.

Interest Expense, Net

Fiscal 2021 interest expense decreased from fiscal 2020 primarily due to lower debt outstanding and lower short-term interest rates.

Loss On Early Extinguishment Of Debt

During fiscal 2021 and 2020, we recognized losses of $14 million and $16 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

(Gain)/Loss on Sale of Equity Interest in naviHealth

During fiscal 2020, we recognized a pre-tax gain of $579 million from the sale of our equity interest in a partnership that owned naviHealth, as described further in Note 2 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of opioid litigation in fiscal 2021 and 2020, as well as the impact of the carryback claim filed in accordance with the CARES Act provision in fiscal year 2021.

A reconciliation of the provision based on the federal statutory income tax rate to our effective income tax rate from continuing operations is as follows (see Note 8 of the "Notes to Consolidated Financial Statements" for additional information):

	2021 [1]	2020 [1]
Provision at Federal statutory rate	21.0 %	21.0 %
State and local income taxes, net of federal benefit	3.2	2.5
Tax effect of foreign operations	0.7	—
Nondeductible/nontaxable items [2]	1.6	0.2
Cordis Disposition	7.0	—
Withholding Taxes [2]	9.0	(0.3)
Change in Valuation Allowances	(1.4)	1.5
US Taxes on International Income [2][3]	(6.7)	0.2
Impact of Resolutions with IRS and other related matters [2]	(13.6)	(0.4)
Opioid litigation	17.7	(23.2)
Loss Carryback Claims	(129.9)	—
Other [2]	1.7	0.6
Effective income tax rate	(89.7)%	2.1 %

(1) The table represents the following: fiscal 2021 is pretax income with tax benefit and fiscal 2020 is pratax loss with tax benefit.

(2) Certain prior year amounts have been reclassified to conform to current year presentation.

(3) Includes the tax impact of Global Intangible Low-Taxed Income ("GILTI") tax, the Foreign-Derived Intangible Income deduction and other foreign income that is taxable under the U.S. tax code.

Fiscal 2021

During fiscal 2021 and 2020, the effective tax rate was (89.7) percent and 2.1 percent, respectively. Included in the effective tax rate for fiscal 2021 was a $424 million benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss. Included in both 2021 and 2020 were net tax benefits related to the treatment of the tax impacts of the fiscal 2021 and 2020 opioid litigation charges.

Tax Effects of Self-Insurance Pre-tax Loss

During fiscal 2021, our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and applied to adjust our taxable income for fiscal 2015, 2016, 2017, and 2018 as permitted under the CARES Act enacted by the United States Congress in March 2020.

Accordingly, our provision for income taxes during fiscal 2021 included a $424 million benefit from the net operating loss carryback primarily to reflect the difference between the federal statutory income tax rate during the fiscal years from 2015 to 2018 (35 percent for fiscal 2015, 2016, and 2017 and 28 percent for fiscal 2018) and the current federal statutory income tax rate of 21 percent.

We have filed for a U.S. federal income tax refund of $974 million as a result of the net operating loss carryback under the CARES Act, which we expect to receive within 12 months, and accordingly have recorded a current asset on our consolidated balance sheet at June 30, 2021. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges are $228 million and $488 million for fiscal 2021 and 2020, respectively. Our tax benefits are estimates, which reflect our current assessment of the estimated future deductibility of the amount that may be paid under the accrual taken in connection with the opioid litigation and are net of unrecognized tax benefits of $219 million and $469 million, respectively. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Proposed Settlement Agreement. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment and the actual amount of tax benefit may differ materially from these estimates.

Ongoing Audits

We file income tax returns in the U.S. federal jurisdiction, various U.S. state jurisdictions and various foreign jurisdictions. With few exceptions, we are subject to audit by taxing authorities for fiscal years 2015 through the current fiscal year. Tax laws are complex and subject to varying interpretations. During fiscal 2021, we resolved all open issues with respect to the Company's activity within fiscal years 2008 through 2014 with the U.S. Internal Revenue Service ("IRS"). This resolution resulted in an adjustment to our provision for income taxes, including an impact to reserves for later years. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cardinal Health 105, LLC; dba Specialty Pharmaceutical Services

Physical Address: 300 Rouse Blvd Suite 100

City: Philadelphia State: PA Zip: 19112

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: Ohio Zip: 43017

Telephone: 615-497-3219 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Alan Smith

Licensing Company Email: licensure@cardinalhealthcom DR Email: Alan.Smith01@CardinalHealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: RX Drugs, Biologics, Refrigerated, Frozen, OTC	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Hospital Pharmacies		■ Others: Wholesale Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please see provided letter.

K Chu

Original Signature (electronic, copies or stamps not accepted)

10/4/2022

Date

CardinalHealth

10/4/2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History /
Cardinal Health 105, LLC
300 Rouse Blvd Suite 100
Philadelphia, PA 19112

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for our Out-of-State Wholesale Distributor License. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct

meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter Healthcare Corporation
Address: 1 Baxter Pkwy City: Deerfield State: IL Zip: 60015
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Cardinal Health, Inc.
Corporation Name:
Mailing Address: 7000 Cardinal Place
City: Dublin State: Ohio Zip: 43017
Telephone: 614-757-5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983 | SEC Registration Number: 0000721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cardinal Health 105, LLC dba Specialty Pharmaceutical Services

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/4/2022

Date

Board Use Only	Date Received: 10-5-22	Amount: 1000.00 CK-1083207

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: XL Insurance America Inc	24554
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C: Greenwich Insurance Company	22322
	INSURER D: Indian Harbor Insurance Company	36940
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER.			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY in			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			RWD943512517 (AOS) RWR943512617 (WI)	06/30/2022 06/30/2022	06/30/2023 06/30/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $5,000,000 $5,000,000 $5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

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Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2022 - June 30, 2023 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
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POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
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See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
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ADDITIONAL REMARKS

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FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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CardinalHealth

Facility:

Cardinal Health 105, LLC
300 Rouse Blvd
Suite 100
Philadelphia, PA 19112

Type of Business

Cardinal Health 105, LLC is a drug wholesale drug distributor specializing in pharmaceutical distribution.

Types of Items:

Non-controlled prescription drugs

Types of Customers:

Hospitals
Pharmacies
Practitioners

Email and Fax

Christie.Stewart@cardinalhealth.com
614-652-0172

CardinalHealth

300 Rouse Blvd Suite 100
Philadelphia, Pennsylvania 19112

Officer Name	Title	Company	Business Address	Business Phone Number	Email Address	Percentage of Ownership
Steven Blair C de Baca	EVP Quality and Regulatory Affairs	Cardinal Health 105, LLC	15703 Portico Drive, Wayzata, MN 55391	949-230-5243	Steven.cdebaca@cardinalhealth.com	0%
Keegan David Chamberlain	Director, Quality Management	Cardinal Health 105, LLC	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com	0%
Julie Erin Webb	VP, Quality Management	Cardinal Health 105, LLC	7200 Cardinal Place, Dublin, OH 43017	614-757-6343	julie.webb@cardinalhealth.com	0%
Joel Justin Wayment	Vice President, Operations	Cardinal Health 105, LLC	501 Mason Rd. LaVergne, TN 37086	615-287-5312	Joel.Wayment@cardinalhealth.com	0%

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Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%



Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

Name	Title	Phone #	Email
Alan Smith	Director of Quality Assurance	615-213-0316	Alan.Smith01@CardinalHealth.com
Krizia Nobondo	Supv, Warehouse Operations	845-863-5511	krizia.nobondo@cardinalhealth.com

Certificate of Registration

Certificate No. 3000010371
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Distributor (Prescription)

CARDINAL HEALTH 105, LLC
300 ROUSE BLVD
SUITE 100
PHILADELPHIA, PA 19112

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: March 04, 2022
Expiration Date: The Last Day of March, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON TIIE PREMISES.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O.BOX 8722
HARRISBURG,PA 17105-8722
WWW.CORPORATIONS.PA.GOV

CT Corporation System [
Counter Pickup
PA

Cardinal Health 105, LLC

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit *www.pa100.state.pa.us* to register for Business Taxes with the PA Department of Revenue & Labor and Industry or visit *www.Business.pa.gov* to find answers to most common registration questions.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 7574702

Entity# : 7574702
Date Filed : 07/27/2022
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☒ Return document by mail to:

144571B5 S01

Name: CT - COUNTER

Address: nicole.grimme@wolterskluwer.com

City | State | Zip Code

☒ Return document by email to: _____

Foreign Registration Statement
DSCB:15-412
(rev. 2/2017)

TCO220727JD0419

Read all instructions prior to completing. This form may be st.....

Fee: $250 ☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

☐ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☒ Limited Liability Company	☐ Limited Liability Limited Partnership	

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Cardinal Health 105, LLC

2A. *If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth,* the alternate name under which the association is registering in this Commonwealth is:

3. The jurisdiction of formation is: Ohio

4. The street and mailing address of the association's principal office.

7000 Cardinal Place	Dublin	OH	43017
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

Number and street	City	State	Zip

PA DEPT OF STATE

JUL 27 2022

DSCB:15-412 - 2

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) _____
Number and street City State Zip County

OR

(b) c/o: C T Corporation System Dauphin
Name of Commercial Registered Office Provider County

6. *Check one of the following:*

☒ The association may not have series.

☐ The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

☒ The Foreign Registration Statement shall be effective upon filing in the Department of State.

☐ The Foreign Registration Statement shall be effective on: _____ at _____.
Date (MM/DD/YYYY) Hour (if any)

8. *To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:*

☒ The association is a limited liability company which is not organized to render any of the below professional service(s).

☐ The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

___Chiropractic	___Dentistry	___Law	___Medicine and surgery
___Optometry	___Osteopathic medicine and surgery	___Podiatric medicine	___Public accounting
___Psychology	___Veterinary medicine		

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 22nd day of July, 2022.

Cardinal Health 105, LLC
Name of Association

SBZ
Scott B Zimmerman (Jul 22, 2022 16:58 EDT)
Signature

Senior Vice President & Treasurer
Title

Date: 9/13/2022

To: _____ Licensing or Registering Board or Agency:
(Name of State)

Name of Facility: Cardinal Health 105, LLC

Facility Address : 300 Bouse Blvd. Suite 100 Philadelphia, PA 19112

Facility License, Registration, or Record number : 3000010371 / 800000 2103

The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.

pennsylvania
DEPARTMENT OF HEALTH

717-787-4779

Current Status: Active ☑ Yes ☐ No
Location: ☑ In state ☐ Out of State/Nonresident*
Type of Facility: Wholesale Distributor
Issue Date: 3/4/2022
Expiration Date: 3/31/2023

☑ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

_____

_____

Jessica Waller
Drug Program Staff- Name

Jessica Waller
Signature

Drug, Device, & Cosmetic Program (DDC Program)
Division of Home Health
Pennsylvania Department of Health

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2022

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	31-0958666
(State or other jurisdiction of incorporation or organization)	*(IRS Employer Identification No.)*
7000 Cardinal Place , Dublin , Ohio	**43017**
(Address of principal executive offices)	*(Zip Code)*

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of voting stock held by non-affiliates on December 31, 2021, was the following: $14,223,756,327.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2022, was the following: 272,512,364.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2022 Annual Meeting of Shareholders are incorporated by reference into the sections of this Form 10-K addressing the requirements of Part III of Form 10-K.

Cardinal Health
Fiscal 2022 Form 10-K

Table of Contents

	Page
Introduction	2
Management's Discussion and Analysis of Financial Condition and Results of Operations	3
Explanation and Reconciliation of Non-GAAP Financial Measures	23
Quantitative and Qualitative Disclosures about Market Risk	28
Business	30
Risk Factors	39
Properties	46
Legal Proceedings	47
Market for Registrant's Common Equity	48
Reports	50
Financial Statements and Supplementary Data	55
Directors, Executive Officers, and Corporate Governance	89
Exhibits	91
Form 10-K Cross Reference Index	95
Signatures	96

Introduction

References to Cardinal Health and Fiscal Years

As used in this report, "we," "our," "us," "Cardinal Health" and similar pronouns refer to Cardinal Health, Inc. and its majority-owned and consolidated subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2023, 2022, 2021, 2020, 2019 and 2018 are to the fiscal years ended June 30, 2023, 2022, 2021, 2020, 2019 and 2018, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2022.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2022 Overview" section of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A"), we use financial measures that are derived from consolidated financial data but are not presented in our financial statements that are prepared in accordance with U.S. generally accepted accounting principles ("GAAP"). These measures are considered "non-GAAP financial measures" under the Securities and Exchange Commission ("SEC") rules. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are included in the "Explanation and Reconciliation of Non-GAAP Financial Measures" section following MD&A in this report.

Management's Discussion and Analysis of Financial Condition and Results of Operations

Our MD&A within this Form 10-K generally discusses fiscal 2022 and fiscal 2021 items and year-to-year comparisons between fiscal 2022 and fiscal 2021. Fiscal 2020 items and discussions of year-to-year comparisons between fiscal 2021 and fiscal 2020 that are not included in this Form 10-K can be found in Management's Discussion and Analysis of Financial Condition and Results of Operations in our Annual Report on Form 10-K for the fiscal year ended June 30, 2021 (the "Fiscal 2021 Form 10-K").

Important Information Regarding Forward-Looking Statements

This report (including information incorporated by reference) includes forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. Many forward-looking statements appear in MD&A and Risk Factors, but there are others throughout this report, which may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and expense accruals. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. The most significant of these risks and uncertainties are described in "Risk Factors" in this report and in Exhibit 99.1 to the Form 10-K included in this report. Forward-looking statements in this report speak only as of the date of this document. Except to the extent required by applicable law, we undertake no obligation to update or revise any forward-looking statement.

Available Information

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge on our website (www.cardinalhealth.com), under the "Investor Relations — Financial Reporting — SEC Filings" caption, as soon as reasonably practicable after we electronically file them with, or furnish them to, the SEC. The SEC also maintains a website (www.sec.gov) where you can search for annual, quarterly and current reports, proxy and information statements, and other information regarding us and other public companies.

Management's Discussion and Analysis of Financial Condition and Results of Operations

About Cardinal Health

Cardinal Health, Inc., an Ohio corporation formed in 1979, is a globally integrated healthcare services and products company providing customized solutions for hospitals, healthcare systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices and patients in the home. We provide pharmaceuticals and medical products and cost-effective solutions that enhance supply chain efficiency. We connect patients, providers, payers, pharmacists and manufacturers for integrated care coordination and better patient management. We manage our business and report our financial results in two segments: Pharmaceutical and Medical.

Pharmaceutical Segment

Our Pharmaceutical segment distributes branded and generic pharmaceutical, specialty pharmaceutical and over-the-counter healthcare and consumer products in the United States. This segment also provides services to pharmaceutical manufacturers and healthcare providers for specialty pharmaceutical products; operates nuclear pharmacies and radiopharmaceutical manufacturing facilities; provides pharmacy management services to hospitals, as well as medication therapy management and patient outcomes services to hospitals, other healthcare providers and payers; and repackages generic pharmaceuticals and over-the-counter healthcare products.

Medical Segment

Our Medical segment manufactures, sources and distributes Cardinal Health branded medical, surgical and laboratory products, which are sold in the United States, Canada, Europe, Asia and other markets. In addition to distributing Cardinal Health branded products, this segment also distributes a broad range of medical, surgical and laboratory products known as national brand products and provides supply chain services and solutions to hospitals, ambulatory surgery centers, clinical laboratories and other healthcare providers in the United States and Canada. This segment also distributes medical products to patients' homes in the United States through our Cardinal Health at-Home Solutions division.

Consolidated Results

Fiscal 2022 Overview

Revenue

Revenue for fiscal 2022 was $181.4 billion, a 12 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2022	2021	Change
GAAP operating earnings/(loss)	$ (596)	$ 472	N.M.
Surgical gown recall costs/(income)	1	(28)	
State opioid assessment related to prior fiscal years	—	38	
Restructuring and employee severance	101	114	
Amortization and other acquisition-related costs	324	451	
Impairments and (gain)/loss on disposal of assets	2,050	79	
Litigation (recoveries)/charges, net	109	1,129	
Non-GAAP operating earnings	$ 1,990	$ 2,255	(12)%

The sum of the components and certain computations may reflect rounding adjustments.

We had a GAAP operating loss of $596 million during fiscal 2022 due to $2.1 billion pre-tax non-cash goodwill impairment charges related to the Medical segment. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements" for additional detail. During fiscal 2021, we recognized pre-tax charges of $1.17 billion for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications. See further description of opioid lawsuits in the Significant Developments in Fiscal 2022 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

Non-GAAP operating earnings during fiscal 2022 decreased 12 percent primarily due to the decrease in Medical segment profit, largely resulting from net inflationary impacts (which primarily related to increased transportation and commodities costs, partially offset by certain price increases) and the adverse impact of global supply chain constraints.

GAAP and Non-GAAP Diluted EPS

($ per share)	2022 [2][3]	2021 [2]	Change
GAAP diluted EPS [1]	$ (3.35)	$ 2.08	N.M.
Surgical gown recall costs/(income)	—	(0.07)	
State opioid assessment related to prior fiscal years	—	0.10	
Restructuring and employee severance	0.27	0.29	
Amortization and other acquisition-related costs	0.87	1.13	
Impairments and (gain)/loss on disposal of assets[4]	6.93	0.21	
Litigation (recoveries)/charges, net [5]	0.31	1.78	
Loss on early extinguishment of debt	0.03	0.04	
(Gain)/loss on sale of equity interest in naviHealth	—	0.01	
Non-GAAP diluted EPS [1]	$ 5.06	$ 5.57	(9)%

The sum of the components and certain computations may reflect rounding adjustments.

(1) Diluted earnings/(loss) per share attributable to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share").

(2) The reconciling items are presented within this table net of tax. See quantification of tax effect of each reconciling item in our GAAP to Non-GAAP Reconciliations in the section titled "Explanation and Reconciliation of Non-GAAP Financial Measures."

(3) For fiscal 2022, GAAP diluted loss per share attributable to Cardinal Health, Inc. and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 279 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the period. Fiscal 2022 non-GAAP diluted EPS is calculated using a weighted average of 280 million common shares, which includes potentially dilutive shares.

(4) Impairments and (gain)/loss on disposals of assets, net includes pre-tax goodwill impairment charges of $2.1 billion related to the Medical segment recorded during fiscal 2022. The net tax benefit related to these charges was $150 million.

(5) Litigation (recoveries)/charges, net, includes a tax benefit recorded during fiscal 2021 related to a net operating loss carryback. Our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and adjusted our taxable income for fiscal 2015, 2016, 2017 and 2018 as permitted under the Coronavirus Aid, Relief and Economic Security ("CARES") Act. The total benefit from the net operating loss carryback was $424 million; however, for purposes of Non-GAAP financial measures, we allocated $389 million of the benefit to litigation (recoveries)/charges, net, which is excluded from non-GAAP measures, based on the relative amount of the self-insurance pre-tax loss related to opioid litigation claims versus separate tax adjustments. The tax benefit allocated to the separate tax adjustments of $35 million is included in non-GAAP measures.

During fiscal 2022, GAAP diluted EPS was adversely impacted by the goodwill impairment charges related to the Medical segment, which had a $(6.94) per share after-tax impact. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A, and Note 4 and Note 8 of the "Notes to Consolidated Financial Statements" for additional detail.

During fiscal 2021, GAAP diluted EPS was positively impacted by $1.44 per share due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Note 8 of the "Notes to Consolidated Financial Statements." The charges we recognized in fiscal 2021 for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications had a $(3.21) per share after-tax impact on GAAP diluted EPS.

During fiscal 2022, non-GAAP diluted EPS decreased 9 percent to $5.06 due to factors impacting non-GAAP operating earnings, partially offset by a lower share count as a result of share repurchases.

Cash and Equivalents

Our cash and equivalents balance was $4.7 billion at June 30, 2022 compared to $3.4 billion at June 30, 2021. The increase in cash during fiscal 2022 was due to net cash provided by operating activities of $3.1 billion. Net cash provided by operating activities includes a refund of $966 million for the tax benefit from the net operating loss carryback related to a self-insurance pre-tax loss, and reflects the impact of $417 million of payments related to the settlement agreement (the "Settlement Agreement") to settle the vast majority of the opioid lawsuits filed by states and local governmental entities, payments under the separate New York, Ohio and Rhode Island settlements, as well as certain payments under the Cherokee Nation settlement. Fiscal 2022 operating cash flow was also impacted by favorable timing of net working capital.

We also received proceeds of $923 million, net of cash transferred, from the divestiture of the Cordis business, and we deployed $1.0 billion for share repurchases, $885 million for debt repayments, $559 million for dividends and $387 million for capital expenditures.

Significant Developments in Fiscal 2022 and Trends

Opioid Lawsuits Developments

National Settlement

Beginning in fiscal year 2017, state attorneys general, counties and municipalities began filing lawsuits related to the distribution of prescription opioid pain medications against pharmaceutical wholesalers, including us, and other participants in the pharmaceutical supply chain. By fiscal year 2022, Cardinal Health was a defendant in approximately 2,775 lawsuits brought by state attorneys general and counties, municipalities and other political subdivisions. In July 2021, we and two other national distributors (collectively, the "Distributors") announced a proposed settlement with a group of state attorneys general intended to resolve the vast majority of these lawsuits (the "National Settlement") as well as a proposed settlement agreement (the "Settlement Agreement") containing, among other things, a sign-on process to allow states and political subdivisions to participate in the National Settlement.

In February 2022, the Distributors announced that each company had determined that a sufficient number of states and political subdivisions had agreed to participate in the National Settlement to proceed to effectiveness of that settlement. The Settlement Agreement became effective on April 2, 2022.

Parties to the National Settlement include 46 out of 49 eligible states as well as the District of Columbia and all eligible territories. As of August 9, 2022, over 99 percent of eligible political subdivisions (as calculated by population under the Settlement Agreement) that had brought opioid-related suits against the companies have joined the settlement or otherwise had their claims addressed by state legislation.

The Settlement Agreement includes a cash component, pursuant to which we will pay up to approximately $6.0 billion, the majority of which is expected to be paid over 18 years. The exact payment amount will depend on several factors, including the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., by passing laws barring or limiting opioid lawsuits by political subdivisions) and the extent to which additional political subdivisions in participating states file opioid lawsuits against us.

The Settlement Agreement also includes injunctive relief terms related to distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating controlled substances monitoring programs; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will oversee compliance with these provisions for a period of five years. In addition, the Distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting, which the Distributors will fund for ten years.

During fiscal 2022, we made our first annual payment under the Settlement Agreement. Prior to the effective date of the Settlement Agreement, the Distributors had entered into separate settlement agreements with each of the states of Florida, New York, Ohio and Rhode Island. When the Settlement Agreement became effective, each of these states and their participating subdivisions became a part of the National Settlement; however, the New York, Ohio and Rhode Island agreements required us to make certain payments separately from those required by the Settlement Agreement. Accordingly, during fiscal 2022, we made payments under the separate New York, Ohio and Rhode Island settlements, as well as certain payments under the Cherokee Nation settlement. In total, we paid $417 million in connection with these matters during fiscal 2022. We have $6.36 billion accrued at June 30, 2022, of which $532 million is included in other accrued liabilities, and the remainder is included in deferred income taxes and other liabilities in our consolidated balance sheets. In July 2022, we made our second annual payment of $374 million under the Settlement Agreement.

Other Settlements

West Virginia subdivisions and Native American tribes are not a part of the National Settlement and we had separate negotiations with these groups. A bench trial before a federal judge in West Virginia in a case brought by Cabell County and City of Huntington against the Distributors concluded in July 2021. In July 2022, a judgment in favor of the Distributors was entered. In July 2022, the Distributors reached an agreement to settle the opioid-related claims of the majority of the remaining West Virginia subdivisions. Under this agreement, Cardinal Health agreed to pay eligible West Virginia subdivisions up to approximately $124 million over an eleven-year period. This agreement is subject to certain contingencies related to subdivision participation. In September 2021, we announced that the Distributors had reached an agreement with the Cherokee Nation in connection with ongoing negotiations toward a broader agreement with Native American tribes. In January 2022, the Distributors executed a term sheet with the Native American tribes.

In May 2022, the Distributors reached an agreement with the Washington Attorney General, under which Cardinal Health will pay up to approximately $160 million to the State of Washington and its participating political subdivisions to resolve opioid-related claims. This amount is consistent with the amount that would have been allocated to Washington under the Settlement Agreement plus certain attorneys' fees and costs. The terms of this agreement are consistent with the Settlement Agreement. This agreement is subject to certain contingencies, including the rate of subdivision participation.

In June 2022, the Distributors reached an agreement with the State of Oklahoma to resolve the opioid-related claims of the state and its political subdivisions. Under this agreement, Cardinal Health agreed to pay up to approximately $95 million to the State and its participating

subdivisions. This amount is consistent with the amount that would have been allocated to Oklahoma under the Settlement Agreement. The terms of this agreement are consistent with the terms of the Settlement Agreement. This agreement is subject to certain contingencies, including the rate of subdivision participation. If this agreement and the Washington agreement are finalized, Oklahoma and Washington would be subject to the Settlement Agreement and 48 of 49 eligible states would then be subject to the Settlement Agreement.

In addition to the lawsuits and claims brought by states and governmental entities, described above, we are involved in other opioid-related litigation and investigations, which are described further in Note 7 of the "Notes to Consolidated Financial Statements."

Because loss contingencies are inherently unpredictable and unfavorable developments or resolutions can occur, the assessment is highly subjective and requires judgments about future events. We regularly review these opioid litigation matters to determine whether our accrual is adequate. The amount of ultimate loss may differ materially from this accrual. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Inflationary Impacts and Global Supply Chain Constraints

Medical segment profit was significantly negatively affected by inflationary impacts, primarily related to transportation (including ocean and domestic freight), commodities, labor, and global supply chain constraints in fiscal 2022.

We expect these inflationary impacts and global supply chain constraints to continue to adversely impact Medical segment profit in fiscal 2023 and beyond. In order to partially mitigate this impact, we have implemented initial phases of price increases and we intend to implement additional price increases. We are also evolving our commercial contracting processes to provide us with greater pricing flexibility and investing in additional supply chain capacity. These increased costs and global supply chain constraints are difficult to predict and may be greater than we expect or continue longer than our current expectations. In the event these costs decrease, the benefit to Medical segment profit will be delayed until the higher-cost inventory has moved through our supply chain. Our plans to increase prices and evolve our contracting strategies are subject to contingencies and uncertainties and it is possible that our results of operations will be adversely impacted to a greater extent than we currently anticipate.

To a lesser extent, inflationary impacts, primarily related to increased transportation and labor costs, also adversely impacted Pharmaceutical segment profit during fiscal 2022. We expect these inflationary costs to continue to adversely impact Pharmaceutical segment profit in fiscal 2023.

PPE Demand and Pricing

Personal protective equipment ("PPE") refers to protective clothing, medical and non-medicel grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. Demand for PPE has fluctuated during fiscal 2022 and 2021, resulting in variability in sales volumes, inventory levels and costs to manufacture and source these products.

PPE adversely impacted Medical segment profit on a year-over-year basis during fiscal 2022 primarily due to declines in volume and the prior-year positive impact of the timing of PPE cost mitigation efforts (primarily pricing). The demand and pricing for PPE is subject to risks and uncertainties, which may impact Medical segment profit and consolidated operating earnings in fiscal 2023.

The year-over-year comparison was also impacted by an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit in fiscal 2021. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A for additional detail.

Medical Goodwill

Due to the adverse impact on our financial results from, the risks and uncertainties related to inflationary impacts, global supply chain constraints and PPE demand and pricing, and increases in the risk-free interest rate, we performed goodwill impairment testing for the Medical reporting unit within the Medical segment during fiscal 2022. This testing resulted in cumulative pre-tax charges of $2.1 billion, which are included in impairments and (gain)/loss on disposal of assets in our consolidated statements of earnings/(loss). See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements" for additional detail.

Adverse changes in key assumptions or a significant change in industry or economic trends during fiscal 2023 could result in additional goodwill impairment.

Pharmaceutical Segment Generics Program

The performance of our Pharmaceutical segment generics program positively impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2022, which includes improvement in volumes compared to the prior-year period. The Pharmaceutical segment generics program includes, among other things, the impact of generic pharmaceutical product launches, customer volumes, pricing changes and the Red Oak Sourcing, LLC venture ("Red Oak Sourcing") with CVS Health Corporation ("CVS Health"). The frequency, timing, magnitude and profit impact of generic pharmaceutical customer volumes, pricing changes, customer contract renewals, and branded and generic pharmaceutical manufacturer pricing changes all impact Pharmaceutical segment profit and are subject to risks and uncertainties. These risks and uncertainties may impact Pharmaceutical segment profit and consolidated operating earnings in fiscal 2023.

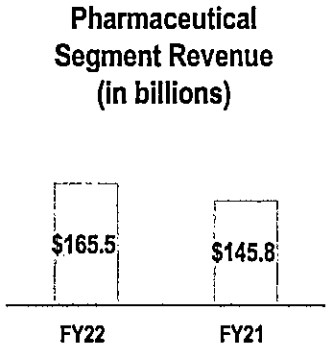
Cordis Divestiture

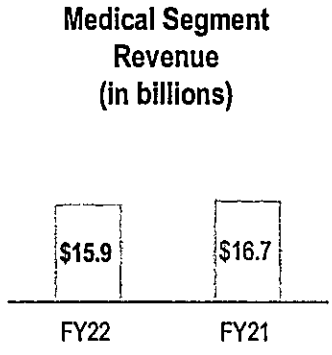
In August 2021, we sold the Cordis business to Hellman & Friedman for proceeds of $923 million, net of cash transferred, and we retained certain working capital accounts and certain liabilities. Cardinal Health will retain product liability associated with lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada, as well as authority for these matters discussed in Note 7 of the "Notes to Consolidated Financial Statements." In connection with the closing, we entered into a Transition Services Agreement ("TSA") with the buyer to provide support functions for a period of up to twenty-four months following the sale. See Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

As anticipated, Medical segment revenue and Medical segment profit were adversely impacted by approximately $700 million and $70 million, respectively, in fiscal 2022 due to the divestiture of the Cordis business. The divestiture also resulted in a decrease in amortization of acquisition-related intangible assets during fiscal 2022. The divestiture of the Cordis business is subject to risks and uncertainties that may further adversely impact Medical segment profit. For example, the TSA period may be extended beyond our current expectations or could have unintended consequences, and the costs associated with the exit or disposal activities and stranded costs could be greater than anticipated.

Results of Operations

Revenue





	Revenue		
(in millions)	2022	2021	Change
Pharmaceutical	$ 165,491	$ 145,796	14 %
Medical	15,887	16,687	(5)%
Total segment revenue	181,378	162,483	12 %
Corporate	(14)	(16)	N.M.
Total revenue	$ 181,364	$ 162,467	12 %

Fiscal 2022 Compared to Fiscal 2021

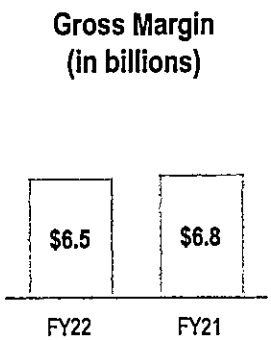
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

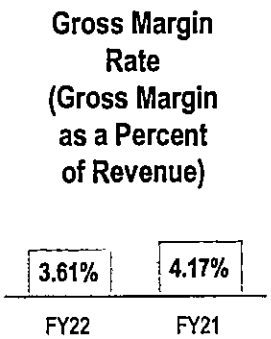
Medical Segment
Fiscal 2022 Medical segment revenue decreased by $800 million, primarily due to the impact of the divestiture of the Cordis business. Medical segment revenue was also adversely impacted by lower volumes within products and distribution, which was partially offset by sales growth in at-Home Solutions.

Cost of Products Sold

Cost of products sold for fiscal 2022 increased $19.1 billion (12 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin





	Consolidated Gross Margin		
(in millions)	2022	2021	Change
Gross margin	$ 6,545	$ 6,778	(3)%

Fiscal 2022 Compared to Fiscal 2021

Fiscal 2022 consolidated gross margin decreased primarily due to the divestiture of the Cordis business and increased costs in the Medical segment due to net inflationary impacts and the adverse impact of global supply chain constraints, partially offset by the performance of our Pharmaceutical segment generics program and an improvement in volumes, primarily in generic and branded pharmaceuticals, compared to the prior-year period. The year-over-year comparison was also favorably impacted by the prior-year inventory reserve recorded in the Medical segment to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value.

Gross margin rate declined 56 basis points during fiscal 2022 mainly due to changes in overall product mix, primarily driven by increased pharmaceutical distribution branded sales, which have a dilutive impact on our overall gross margin rate. The performance of Medical segment products and distribution, which reflects the divestiture of the Cordis business and increased costs due to net inflationary impacts and the adverse impact of global supply chain constraints, also had an adverse impact on gross margin rate. The year-over-year comparison was favorably impacted by the prior-year inventory reserve recorded in the Medical segment to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value.

Distribution, Selling, General and Administrative ("SG&A") Expenses

	SG&A Expenses		
(in millions)	2022	2021	Change
SG&A expenses	$ 4,557	$ 4,533	1 %

Fiscal 2022 Compared to Fiscal 2021

SG&A expenses increased slightly during fiscal 2022 largely due to inflationary impacts, primarily related to increased transportation and labor costs, increased costs related to investments in information technology infrastructure and higher costs to support sales growth, primarily offset by the impact of the divestiture of the Cordis business.

The year-over-year comparison was also favorably impacted by the prior-year $41 million accrual for our estimated portion of the assessment on prescription opioid medications that were sold or distributed in New York state in calendar year 2017 and 2018 which was recognized during fiscal 2021. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located? SPRINGBORO, OHIO	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AXISCARE HEALTH LOGISTICS, INC

Physical Address: 425 VICTORY DRIVE

City: SPRINGBORO State: OHIO Zip: 45066

Mailing Address (if different from physical address): 400 VICTORY DRIVE

City: SPRINGBORO State: OHIO Zip: 45066

Telephone: 937-746-1010 Website: N/A

Name of Designated Representative (DR): TERRI L. PATTON

Licensing Company Email: ale@vwg.com DR Email: terri@vwg.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☒ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Eric C Eck, President

Original Signature (electronic, copies or stamps not accepted)

1-12-23

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: TOP RX
Address: 2950 BROTHER BLVD City: BARTLETT, TN State: TN Zip: 38133

Name: GENETCO, INC
Address: 711 UNION PARKWAY City: RONKONKOMA State: NY Zip: 11779

Name: WELLGISTICS WHOLESALE
Address: 480 EAGLES LANDING DR City: LAKELAND State: FL Zip: 33810

Name: MASTERS DRUG COMPANY
Address: 4200 BINION WAY SUITE 200 City: LEBANON State: OH Zip: 45036

Section 4: Publicly Traded Corporation N/A

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: OHIO
Parent Company (if any): BROTHERS TRADING CO, INC (100% OWNER)
Corporation/Organization Name: AXISCARE HEALTH LOGISTICS, INC
Mailing Address: 400 VICTORY DRIVE
City: SPRINGBORO State: OHIO Zip: 45066
Telephone: 937-746-1010 x 1212 Email: ale@vwg.com
Contact Person Name:

Section 6: Partnership N/A

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner N/A

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AXISCARE HEALTH LOGISTICS, INC

Facility Name

ALVIN C EDER - PRESIDENT

Print Name of Authorized Person Submitting Application

President

Original signature of Authorized Person (copies or stamps not accepted)

1-12-20

Date

Board Use Only	Date Received: 1.17.23	Amount: 1000.00 CK-7386

Drug Distributor

NABP
Accredited
Drug Distributor

ISSUED TO:

AxisCare

Drug Distributor Accreditation is for facilities engaged in the act of wholesale drug distribution. Accreditation is achieved after successfully undergoing a thorough criteria compliance review. For additional information regarding the accreditation program or to identify accredited locations, please visit the Criteria link below.

ISSUED BY:

NABP

(https://nabp.pharm

15 October 2021

EARNING CRITERIA

The recipient of this badge has successfully completed the required earning criteria.

https://nabp.pharmacy/programs/drug-distributor/ (https://nabp.pharmacy/programs/drug-distributor/)

TAGS

Drug-Distributor

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STATE OF OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	AXISCARE HEALTH LOGISTICS, INC.
LOCATION:	425 VICTORY DRIVE SPRINGBORO, OH 45066
LICENSE NUMBER:	012651150
TYPE OF LICENSE:	Wholesaler - Category 2
ORIGINAL LICENSURE DATE:	April 27, 2017
EXPIRATION DATE:	June 30, 2023
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	1/4/2023

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

AXISCARE HEALTH LOGISTICS, INC.

425 VICTORY DRIVE

SPRINGBORO, OH 45066

License Number: 012651150

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS - Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
TERRI PATTON	Terri L Patton

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AXISCARE HEALTH LOGISTICS, INC., an Ohio corporation, Charter No. 1346762, having its principal location in Springboro, County of Warren, was incorporated on October 17, 2002 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of November, A.D. 2022.

Ohio Secretary of State

Validation Number: 202233402296

AXISCARE HEALTH LOGISTICS, INC

425 VICTORY DRIVE
SPRINGBORO, OHIO 45066
800-789-9005 X 1212

FED ID # 14-1852712
CHARTER # 1346762

100% OWNER-BROTHERS TRADING CO.,INC
400 VICTORY DRIVE
SPRINGBORO, OHIO 45066
TAX ID# 31-1153662
PHONE---800-789-9005

BOARD OF DIRECTORS

DAVID A KANTOR
RICHARD H KANTOR
GUILLERMO I MARRERO

OFFICERS

ALVIN C EDER-PRESIDENT
SS# 276 -54-4046
DOB-12-24-1951
RESIDENCE-3174 GREEN TURTLE DRIVE, DAYTON,OH 45414
WORK PHONE-800-789-9005 X 1212
CELL PHONE 937-510-6524

DON DIEBOLD-SECRETARY/TREASURER
SS# 301-58-4694
DOB-2-09-1961
RESIDENCE-3304 HICKORY CREEK DRIVE, CINCINNATI, OH 45244
WORK PHONE 800-789-9005 X 1433
HOME PHONE 513-474-7666

Maria Herrera

From: Al Eder <ale@vwg.com>
Sent: Monday, February 6, 2023 9:13 AM
To: Maria Herrera; Al Eder
Subject: Re: Nevada Out-of-State Wholesaler Application- Axiscare Health Logistics, Inc.

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

Good Morning Maria,
Thank you for the follow up on our application.
Our company Axiscare Health Logistics, Inc is 100% owned by Brothers Trading Co.,Inc,
an Ohio corporation, 400 Victory Drive, Springboro, Ohio 45066, Tax ID# 31-1153662.
As a result there are no individual stockholders for Axiscare Health Logistics Inc.

Please confirm what follow up information you are still requiring for our application.

Thanks
Al

On Wed, Feb 1, 2023 at 5:07 PM Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Axiscare Health Logistics, Inc. The application is incomplete due to the following missing item(s).

- Based on your company webpage, this is a family owned company

  Please submit a company Shareholder Org. Chart and personal history applications for each individual shareholder(attached)

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

AXISCARE HEALTH LOGISTICS INC

This is to confirm that Axiscare Health Logistics Inc is an Ohio corporation that is 100% owned by Brothers Trading Co.,Inc, 400 Victory Drive, Springboro, Ohio 45066.

Axiscare is a self funded company that does not have a lender or holder of any indebtedness.

A separate attachment lists all our employees and agents

Notes to AxisCare Health Logistics, Inc. Organization

1. Brothers Trading Co., Inc. (parent corporation) is the sole shareholder, owning 100% of AxisCare's stock.
2. Scott Mattis, has 38 years executive management experience with Brothers Trading Co, Inc., AxisCare's parent corp.
3. Alvin Eder has 33 years executive management experience with Brothers Trading Co., Inc., AxisCare's parent corp. and 25 years executive experience in the pharmaceutical distribution business.
4. Brett Eggleston has 28 years experience in the pharmaceutical industry with 18 years as an executive responsible for purchasing and sales of pharmaceutical products.
5. Cathy Snyder has 28 years accounting experience with Brothers Trading Co., Inc., AxisCare's parent corp. and 18 years handling accounting for its pharmaceutical operations.
6. Terry Patton has 20 years experience in managing AxisCare's pharmaceutical warehouse and distribution operations.
7. Janie Williams has 24 years experience as a warehouse associate with 4 years with AxisCare's pharmaceutical warehouse and distribution operations.
8. Tom Lamb, Sr. has 27 years experience as a warehouse associate with 6 years with AxisCare's pharmaceutical warehouse and distribution operations.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AXISCARE HEALTH LOGISTICS, INC

Pharmacy/Wholesaler License # (if applicable) 01265150 - OHIO

Physical Address 425 VICTORY DRIVE

City SPRINGBORO State OH Zip 45066

Mailing Address (if different from physical address) 400 VICTORY DRIVE

City SPRINGBORO State OH Zip 45066

Telephone 937-746-1010 Website N/A

Licensing Company Email q.c@vwg.com

Section 2: Personal Information

First TERRI Middle LEA Last Patton

Alias(es, nickna[redacted]tc.) —

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] HARRISON St

City Middletown State OH Zip 45042

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Middletown High School		1980	1984
Address	**City**	**State**	**Zip**
601 N. Broiel Blvd	Middletown	OH	45042
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1996-Present	[redacted] Harrison St.	Middletown	OH	45042
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Victory Wholesale			From - To (MM/YY – MM/YY): 1998-Present
Business Address: 400 Victory Dr.	City: Springboro	State: OH	Zip: 45066
Phone	Title: Rx Supervisor		Number of Employed Hours: 40 hrs/week
Description of Duties: Manager duties for employees. Unloading TRUCKS, receiving goods, consolidating, Picking Orders, Shipping			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, TERRI LEA Patton, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TLP I am at least 21 years of age;
3. TLP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TLP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TLP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TLP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TLP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

TERRI Patton
Print Name (First, Last)

Terri Patton
Original Signature (electronic, copies or stamps not accepted)

11.22.22
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107763249

Application/License No. _____

AXISCARE HEALTH LOGISTICS, INC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 425 VICTORY DRIVE, SPRINGBORO, OH 45066 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 01/6/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6 day of January, 2023.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Anna Hightower, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Anna Hightower** of **ROLLING MEADOWS** **Illinois** , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January**, **2019.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **17th** day of **January**, **2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this day of .

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

DOC ID ---> 202210801594

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/18/2022	202210801594	Bulk Agent Change (BAP)	78399.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
3366 RIVERSIDE DRIVE. SUITE 103
UPPER ARLINGTON. OH 43221

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CORPORATION SERVICE COMPANY

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Bulk Agent Change	**202210801594**

Effective Date: 04/18/2022

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of April, A.D. 2022.

Ohio Secretary of State

DOC ID ---->202210801594

Frank LaRose
Ohio Secretary of State

May 17, 2022

The filing with the Document Identification Number of 202210801594 is a Multiple Agent Name and Address Change form filed by Corporation Service Company. The filing contains 2614 pages. Due to the large number of pages, the full filing is not available via the website.

The new Agent's Address is:

Corporation Service Company
3366 Riverside Drive, Suite 103
Upper Arlington, OH 43221

If you would like a copy of the full filing sent to you, please send an email to Business@OhioSOS.gov.

Sincerely,

Business Services

DOC ID ---> 201317600156

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/25/2013	201317600156	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	200.00		.00	8.00

Receipt

This is not a bill. Please do not remit payment.

DIAMOND ACCESS
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1346762

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AXISCARE HEALTH LOGISTICS, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC/AMENDMENT TO ARTICLES	**201317600156**

Effective Date: 06/24/2013

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of June, A.D. 2013.

Jon Husted

Ohio Secretary of State

United States of America
State of Ohio
Office of the Secretary of State

DOC ID ---> 201317600156

Form 540 Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional $100.00).
P.O. Box 1390
Columbus, OH 43216

Certificate of Amendment
(For-Profit, Domestic Corporation)
Filing Fee: $50

Check appropriate box:

(●) Amendment to existing Articles of Incorporation (125-AMDS)

( ) Amended and Restated Articles (122-AMAP) - The following articles supersede the existing articles and all amendments thereto.

RECEIVED
SECRETARY OF STATE
2013 JUN 24 PM 4:41
CLIENT SERVICE CENTER

Complete the following information:

Name of Corporation: Droguería Central, Inc.,

Charter Number: 1346762

Check one box below and provide information as required:

( ) The articles are hereby amended by the **Incorporators.** Pursuant to Ohio Revised Code section 1701.70(A), incorporators may adopt an amendment to the articles by a writing signed by them if initial directors are not named in the articles or elected and before subscriptions to shares have been received.

( ) The articles are hereby amended by the **Directors.** Pursuant to Ohio Revised Code section 1701.70 (A), directors may adopt amendments if initial directors were named in articles or elected, but subscriptions to shares have not been received. Also, Ohio Revised Code section 1701.70(B) sets forth additional cases in which directors may adopt an amendment to the articles.

The resolution was adopted pursuant to Ohio Revised Code section 1701.70(B) (In this space insert the number 1 through 10 to provide basis for adoption.)

(●) The articles are hereby amended by the **Shareholders** pursuant to Ohio Revised Code section 1701.71.

DOC ID ---> 201317600156

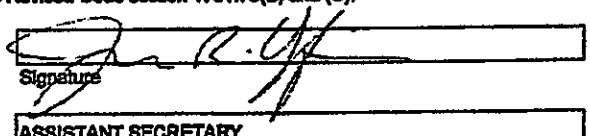
A copy of the resolution of amendment is attached to this document.

Note: If amended articles were adopted, they must set forth all provisions required in original articles except that articles amended by directors or shareholders need not contain any statement with respect to initial stated capital. See Ohio Revised Code section 1701.04 for required provisions.

Required
Must be signed by all incorporators, if amended by incorporators, or an authorized officer if amended by directors or shareholders, pursuant to Ohio Revised Code section 1701.73(B) and (C).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

ASSISTANT SECRETARY
By (if applicable)

JAMES R. OFFICE
Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201317600156

DROGUERIA CENTRAL, INC.

SHAREHOLDERS ACTION
WITHOUT A MEETING

Pursuant to the authority of Section 1701.54 of the Ohio Revised Code, the undersigned, being the sole Shareholder of DROGUERIA CENTRAL, INC., an Ohio Corporation (the "Corporation"), hereby authorize, approve and consent to the adoption of the following resolution:

The First Article shall be amended as follows:

FIRST. The name of the Corporation shall be

AxisCare Health Logistics, Inc.

Effective as of the 21st day of June, 2013.

Sole Shareholder:
Brothers Trading Co., Inc.

By James R. Office, Assistant Secretary

DOC ID ---> 200231802684

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/15/2002	200231802684	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

STRAUSS & TROY
ATTN: SHAWN M YOUNG
150 E FOURTH ST
CINCINNATI, OH 45202-4018

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1346762

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DROGUERIA CENTRAL, INC.

and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):
200231802684

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of November, A.D. 2002.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200231802684

Prescribed by J. Kenneth Blackwell
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

2002 NOV 14 AM 11:58

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 1028 Columbus, OH 43216

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Certificate of Amendment by Director or Incorporators to Articles

(Domestic)

Filing Fee $50.00

(CHECK ONLY ONE (1) BOX)

(1) ☐ Amendment by Directors
☐ Amended by Directors (123-AMDD)

(2) ☑ Amendment by Incorporators
☐ Amended by Incorporators (124-AMDI)

Complete the general information in this section for the box checked above.

Name of Corporation: DCI Enterprises, Inc.

Charter Number: 1346762

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

Complete the information in this section if box (1) is checked.

Name and Title of Officer _____ (name) _____ (title)

(CHECK ONLY ONE (1) BOX)

☐ A meeting of the directors was duly called and held on _____ (Date)

☐ In an writing signed by all the Directors pursuant to section 1701.54 of the ORC

The following resolution was adopted pursuant to section 1701.70(B) _____ (Insert proper paragraph number) of the ORC:

Last Revised: May 2002

540

DOC ID ---> 200231802684

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

2002 NOV 14 P 12:07

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) **This filing does not extend the registration period**

☑ Where consenting entity is a a corporation (147-CSC)	Where consenting entity is a registrant of ☑ Trade Name ☐ Service Mark ☐ Trade Mark (149-CSN)	Where consenting entity is a ☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-CSL)

☐ ***Check here if additional provisions are attached***

Charter or Registration No. of Entity Giving Consent 1346762

Name of Entity Giving Consent DCI Enterprises, Inc.

Gives its Consent To DCI Enterprises, Inc.

To Use The Name Drogueria Central, Inc.

REQUIRED
Must be authenticated (signed) by an authorized representative

Authorized Representative	Date 11-11-02
Authorized Representative	Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.

590

Last Revised: May 2002

DOC ID ----> 200229101124

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/18/2002	200229101124	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	100.00	.00	25.00	25.00

Receipt

This is not a bill. Please do not remit payment.

STRAUSS & TROY
150 E FOURTH ST
CINCINNATI, OH 45202

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1346762

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DCI ENTERPRISES, INC.

and, that said business records show the filing and recording of:

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200229101124

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of October, A.D. 2002.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ---> 200229101124

ARTICLES OF INCORPORATION

OF

DCI ENTERPRISES, INC.

The undersigned, desiring to form a corporation for profit, under the General Corporation Laws of Ohio (Revised Code 1701.01, et seq.), does hereby certify:

FIRST: The name of said corporation shall be:

DCI ENTERPRISES, INC.

SECOND: The place in the State of Ohio where the corporation's principal office is to be located is in the City of Springboro, Warren County.

THIRD: The purpose or purposes for which the corporation is formed is to engage in any lawful acts or activities for which corporations may be formed under Sections 1701.01 through 1701.98, inclusive, of the Revised Code.

FOURTH: The maximum number of shares the corporation is authorized to have outstanding is One Thousand Five Hundred (1,500) shares of common stock, all of which shall have no par value.

IN WITNESS WHEREOF, the undersigned has subscribed his name this 15th day of October, 2002.

James G. Heldman

T-769 P.02/04 F-002

Oct-17-02 03:14pm From-

DOC ID ---> 200229101124

ORIGINAL APPOINTMENT OF AGENT

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, being the sole incorporator of DCI Enterprises, Inc., hereby appoints QI Services, Inc., whose address is The Federal Reserve Building, 150 East Fourth Street, Cincinnati, Ohio 45202-4018 as the entity on whom process, tax notices and demands against DCI Enterprises, Inc. may be served.

James G. Heldman

October 15, 2002

DCI ENTERPRISES, INC.
Cincinnati, Ohio

I hereby accept the appointment as the representative of your company upon whom process, tax notices or demands may be served.

QI SERVICES, INC.

By: [signature]

Its: VICE PRESIDENT

380597_1

T-788 P.03/04 P-002 From- 03:15pm 20-11-130

DOC ID ----> 200231802684

Complete the information in this section if box (2) is checked.

WE, the undersigned, being all of the incorporators of the above named corporation, do certify that the subscriptions to shares have not been received and the initial directors are not named in the articles. We hereby have elected to amend the articles as follows:

FIRST: The name of said corporation shall be: Drogueria Central, Inc.

REQUIRED
Must be authenticated (signed) by an authorized representative
(See Instructions)

Authorized Representative	Date
[signature]	11/11/a~

STATE OF OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	AXISCARE HEALTH LOGISTICS, INC.
LOCATION:	425 VICTORY DRIVE SPRINGBORO, OH 45066
LICENSE NUMBER:	012651150
TYPE OF LICENSE:	Wholesaler - Category 2
ORIGINAL LICENSURE DATE:	April 27, 2017
EXPIRATION DATE:	June 30, 2023
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	1/4/2023

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: NEXTGEN PHARMACEUTICALS LLC

Physical Address: 1613 BROADWAY

City: BROOKLYN State: NY Zip: 11207

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 718-629-9300 Website: _____

Name of Designated Representative (DR): AVI SHRAIBMAN

Licensing Company Email: _____ DR Email: AVI@NEXTGENDIRECT.COM

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: MASTERS PHARMACEUTICALS
Address: 3600 PHARMA WAY City: LEBANON State: OH Zip: 45036

Name: MAKS PHARMA
Address: 2365 MILBURN AVE City: BALDWIN State: NY Zip: 11510

Name: GRIFOLS ~~LAB~~ BIOLOGICALS LLC
Address: 5555 VALLEY BLVD City: LOS ANGELES State: CA Zip: 90032

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: NEXTGEN PHARMACEUTICALS LLC
Mailing Address: 1613 BROADWAY
City: BROOKLYN State: NY Zip: 11207
Telephone: 718-629-9300 Email: SALES@NEXTGENDIRECT.COM
Contact Person Name: WESTLEIGH NIRENBERG

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✔	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.**		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✔	✔	✔	✔
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✔	✔	✔	✔
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✔	✔	✔
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

NEXT GEN PHARMACEUTICALS LLC

Facility Name

JOSHUA NILSNBERG

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/28/2022

Date

Board Use Only	Date Received: 12-6-22	Amount: 1000.00 CK-1179

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	NEXTGEN PHARMACEUTICALS LLC
DOS ID Number:	5691521
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/17/2020
Statement Status:	CURRENT
Statement Due Date:	01/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 09, 2022 at 10:59 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002159225 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NEXTGEN PHARMACEUTICALS

THE EVOLUTION OF NEXT GENERATION GENERICS

December 14, 2022

RE: Application for Out-of-State Wholesale Application

Dear Ms. Maria Herrera,

This letter is in response to your inquiry on December 13, 2022 regarding our Out-of-State Wholesale Application. Please be advised that NextGen Pharmaceuticals LLC has the following employees:

1. Eily Alkada, CEO
2. Westleigh Nirenberg, Sales Manager
3. Abie Alkada, Sales Manager
4. Joshua Nirenberg, Administrative Assistant
5. Avi Shraibman, Designated Representative
6. Luis Manuel Espinal Vasquez, Shipping Assistant

We currently do not have any agents, independent contractors, consultants , guardians, personal representatives, lender or holder of indebtedness of our application.

If you have any questions, please do not hesitate to contact me.

Joshua Nirenberg, M.S.

Joshua Nirenberg
Authorized Administrator
718-629-9300

Nextgen Pharmaceuticals LLC
1613 Broadway, Brooklyn, NY 11207
www.nextgendirect.com

PHONE (718) 629-9300
FAX (718) 629-9400
sales@nextgendirect.com

NEXTGEN PHARMACEUTICALS

THE EVOLUTION OF NEXT GENERATION GENERICS

To Whom It May Concern:

NextGen Pharmaceuticals LLC was incorporated (Organized) 01/17/2020 in the State of New York.

No disciplinary action was ever taken against NextGen Pharmaceuticals LLC.

FEIN # 84-4513320

1. Eily Alkada - CEO Ownership: 33.34%
   Home Address: [redacted] Ave T, Brooklyn, NY 11229
   Drivers license #: [redacted]
   DOB: [redacted]
   [redacted]

2. Westleigh Nirenberg - Officer Ownership: 33.33%
   Home Address: [redacted] 69th Avenue, Flushing, NY 11367
   Drivers license #: [redacted]
   DOB: [redacted]
   [redacted]

3. Abie Alkada - Officer Ownership: 33.33%
   Home Address: [redacted] Ave T, Brooklyn, NY 11229
   Drivers License #: [redacted]
   DOB: [redacted]
   [redacted]

4. Avi Shraibman - Site Manager
   Home Address: [redacted] East 12th Street, Brooklyn, NY 11230
   Drivers License: N/A
   DOB [redacted]
   [redacted]

If you have any questions, please do not hesitate to reach out.

Avi Shraibman
Site Manager

Nextgen Pharmaceuticals LLC
1613 Broadway, Brooklyn, NY 11207
www.nextgendirect.com

PHONE (718) 629-9300
FAX (718) 629-9400
sales@nextgendirect.com

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-23

NAME OF SUPERVISOR
AVI SHRAIBMAN

THIS IS TO CERTIFY

NEXTGEN PHARMACEUTICALS LLC
1613 BROADWAY
BROOKLYN, NY 11207

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE NINTH DAY OF JULY, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF JUNE, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

038249

EXECUTIVE SECRETARY

NABP ACCREDITED
DRUG DISTRIBUTOR

NextGen Pharmaceuticals LLC

located at

1613 Broadway, Brooklyn, NY 11207

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/16/2022 - 11/15/2025
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NEXTGEN PHARMACEUTICALS LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1613 BROADWAY

City BROOKLYN State NY Zip 11207

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-629-9300 Website _____

Licensing Company Email _____

Section 2: Personal Information

First AVI Middle _____ Last SHRAIBMAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] E 12TH ST

City BROOKLYN State NY Zip 11230

Telephone [redacted] Email [redacted]@NEXTGENDIRECT.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
BROOKLYN COLLEGE OF THE CITY UNIVERSITY OF NEW YORK		06/13-06/17	
Address	**City**	**State**	**Zip**
2900 Bedford Ave	BROOKLYN	NY	11210
Diploma/Degree obtained, if any			
MS- BUSINESS ECONOMICS			
School Name		**From - To (MM/YY – MM/YY)**	
THE CITY COLLGE O THE CITY UNIVERISTY OF NEW YORK		06/11/06/13	
Address	**City**	**State**	**Zip**
160 Convent Ave	NEW YORK	NY	10031
Diploma/Degree obtained, if any			
MA- ECONOMICS			
School Name		**From - To (MM/YY – MM/YY)**	
RAMBAM MESIVTA		09/02 - 05/06	
Address	**City**	**State**	**Zip**
15 FROST LN	LAWRENCE	NY	11559
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2010- PRESENT	[redacted]E 12 ST	BROOKLYN	NY	11230
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
NEXTGEN PHARMACEUTICALS			01/20-PRESENT	
Business Address		**City**	**State**	**Zip**
1613 BROADWAY		BROOKLYN	NY	11207
Phone	**Title**		**Number of Employed Hours**	
718-629-9300	SITE MANAGER		4560	
Description of Duties				
RESPONSIBLE FOR THE ACQUISITION, MONITIORING, DISPENSING AND DISTRIBUTION OF MEDICATIONS.				

Business Name			From - To (MM/YY – MM/YY)	
PRIME INFUSIONS			01/19-01/20	
Business Address		**City**	**State**	**Zip**
1624 BROADWAY		BROOKLYN	NY	11207
Phone	**Title**		**Number of Employed Hours**	
718-443-4000	ACQUISITION MANAGER		2080	
Description of Duties				
RESPONSIBLE FOR THE ACQUISITION AND DISPOSITION OF PRESCRIPTION MEDICATIONS.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, AVI SHRAIBMAN, **certify that as the designated representative for**

NEXT GEN PHARMACEUTICALS LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AS I am at least 21 years of age;
3. AS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

AVI, SHRAIBMAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AVI, SHRAIBMAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/22

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Kings

I, AVI SHRAIBMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/28/22

Date

Subscribed and Sworn to before me this 28 day of November 22

Notary Public Signature

Notary Public, State of New York
No. 24-4732352
Qualified in Kings County
Commission Expires ~~Oct. 30, 19~~ Dec 6 2022

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NEXTGEN PHARMACEUTICALS LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1613 BROADWAY

City BROOKLYN State NY Zip 11207

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-629-9300 Website _____

Licensing Company Email _____

Section 2: Personal Information

First WESTLEIGH Middle _____ Last NIRENBERG

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]9TH AVE

City FLUSHING State NY Zip 11367

Telephone [redacted] Email [redacted]@PRIMEINFUSIONS.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY			09/10-05/14	
Address	**City**		**State**	**Zip**
1 UNIVERSITY PLAZA	BROOKLYN		NY	11201
Diploma/Degree obtained, if any				
DOCTOR OF PHARMACY				
School Name			**From - To (MM/YY – MM/YY)**	
RAMAPO MESIVTA			09/02 - 05/06	
Address	**City**		**State**	**Zip**
15 FROST LN	LAWRENCE		NY	11559
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2010-PRESENT	[redacted]69TH AVE	FLUSHING	NY	11367
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
NEXTGEN PHARMACEUTICALS LLC			01/2020-PRESENT	
Business Address	**City**		**State**	**Zip**
1613 BROADWAY	BROOKLYN		NY	11207
Phone	**Title**			
718-629-9300	OFFICER			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
PRIME INFUSIONS			05/2015-PRESENT	
Business Address	**City**		**State**	**Zip**
1624 BROADWAY	BROOKLYN		NY	11207
Phone	**Title**			
718-443-4000	DIRECTOR			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 2: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WESTLEIGH, NIRENBERG

Print Name (First, Last)

Westleigh Nirenberg

Original Signature (electronic, copies or stamps not accepted)

11/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEW YORK, ss. County of KINGS

I, Westleigh Nirenberg, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Westleigh Nirenberg

Original Signature

11/28/22

Date

Subscribed and Sworn to before me this 28 day of NOV 2022

Notary Public Signature

AVI SHRAIBMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SH6423404
Qualified in Kings County
Commission Expires 10/12/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NEXTGEN PHARMACEUTICALS LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1613 BROADWAY

City BROOKLYN State NY Zip 11207

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-629-9300 Website _____

Licensing Company Email _____

Section 2: Personal Information

First EILY Middle _____ Last ALKADA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] AVE T

City BROOKLYN State NY Zip 11229

Telephone [redacted] Email [redacted]@NEXTGENPHARMACEUTICALS.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY			~~09/06-05/12~~ 09/06-05/12	
Address		City	State	Zip
1 UNIVERSITY PLAZA		BROOKLYN	NY	11201
Diploma/Degree obtained, if any				
DOCTOR OF PHARMACY				
School Name			From - To (MM/YY – MM/YY)	
Yeshiva Shaare Torah			09/02-05/06	
Address		City	State	Zip
222 Ocean Parkway		Brooklyn	NY	11218
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2000-PRESENT	[redacted] AVE T	BROOKLYN	NY	11229
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NEXTGEN PHARMACEUTICALS LLC			01/2020-PRESENT
Business Address	**City**	**State**	**Zip**
1613 BROADWAY	BROOKLYN	NY	11207
Phone	**Title**		
718-629-9300	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

EILY, ELKADA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of KINGS

I, EILY ELKADA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/28/2022

Date

Subscribed and Sworn to before me this 29 day of Nov 2022.

Notary Public Signature

AVI SHRAIBMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SH6423404
Qualified in Kings County
Commission Expires 10/12/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NEXTGEN PHARMACEUTICALS LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1613 BROADWAY

City BROOKLYN State NY Zip 11207

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-629-9300 Website _____

Licensing Company Email _____

Section 2: Personal Information

First ABIE Middle _____ Last ALKADA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] AVE T

City BROOKLYN State NY Zip 11229

Telephone [redacted] Email [redacted]@NEXTGENPHARMACEUTICALS.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY		09/03 – 05/09	
Address	**City**	**State**	**Zip**
1 UNIVERSITY PLAZA	BROOKLYN	NY	11201
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
YESHIVA SHAARE TORAH HIGH SCHOOL		09/1999 – 05/03	
Address	**City**	**State**	**Zip**
222 OCEAN PKWAY	BROOKLYN	NY	11218
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2000-PRESENT	[redacted] AVE T	BROOKLYN	NY	11229
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
NEXTGEN PHARMACEUTICALS LLC			01/2020-PRESENT	
Business Address		**City**	**State**	**Zip**
1613 BROADWAY		BROOKLYN	NY	11207
Phone	**Title**			
718-629-9300	OFFICER			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section B: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ABIE, ALKADA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of KINGS

I, ABIE ALKADA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/28/22

Date

Subscribed and Sworn to before me this 28 day of NOV.

Notary Public Signature

AVI SHRAIBMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SH6423404
Qualified in Kings County
Commission Expires 10/12/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BLYJ233823

Application/License No. _____

Nextgen Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1613 Broadway, Brooklyn, NY 11207 (Address of Applicant/Principal), as PRINCIPAL, and The Hanover Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln Street, Worcester, MA 01653 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/21/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of November, 20 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Sonia Espinoza, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

NOT REQUIRED
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BLYJ233823

Application/License No. _____

Nextgen Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1613 Broadway, Brooklyn, NY 11207 (Address of Applicant/Principal), as PRINCIPAL, and The Hanover Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln Street, Worcester, MA 01653 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/21/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of November, 20 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Sonia Espinoza, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

NOT REQUIRED
Nevada Resident Agent

Individual Acknowledgment

State of _____

County of _____

On this _____ day of _____, _____, before me personally came _____

and known to me to be the individual described in and who executed the foregoing instrument, and acknowledge to me that he/she executed the same.

My commission expires: _____ _____

Notary Public

Individual Acknowledgment

State of _____

County of _____

On this _____ day of _____, _____, before me personally came _____

and known to me to be the individual described in and who executed the foregoing instrument, and acknowledge to me that he/she executed the same.

My commission expires: _____ _____

Notary Public

LLC/Corporation Acknowledgment

State of NEW YORK

County of KINGS

On this 14 day of DEC, 2022, before me personally came WEST CIAH NIREN BRS, to me known who being by me duly sworn, did depose and say that s/he is the MEMBER of NEX GEN PHARMACEUTICAL LLC the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order.

My commission expires: 10/12/22 _____

Notary Public

Surety Acknowledgment

AVI SHRAIBMAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SH6423404
Qualified in Kings County
Commission Expires 10/12/2025

AVI SHRAIBMA
NOTARY PUBLIC, STATE OF
Registration No. 01SH6
Qualified in Kings Co
Commission Expires 10/

State of New York
County of Nassau

On November 28, 2022, before me personally came Sonia Espinoza to me known, who, being by me duly sworn, did depose and say that he/she is an Attorney-in-Fact of The Hanover Insurance Company the corporation described in and which executed the within instrument; that he/she knows the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he/she signed the said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

Kimberly Troche
Notary Public, State of New York
No. 01TR6389456
Qualified in Nassau County
Commission Expires March 25, 2023

My commission expires: _____ _____

Notary Public

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Julieanne L. Regine, Martin J. Regine and/or Sonia Espinoza

Of **Jasper Surety Agency of Garden City, NY** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Ten Million and No/100 ($10,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **1st** day of **November, 2021.**

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Bryan J. Salvatore, Executive Vice President

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

James H. Kawiecki, Vice President

THE

COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this **1st** day of **November, 2021** before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

ARLEEN V. SIMONS
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
June 15, 2023

Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this _28th__ day of _November_____ 2022_____.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

John A. Rowedder, Vice President

CERTIFIED COPY

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Julieanne L. Regine, Martin J. Regine and/or Sonia Espinoza

Of **Jasper Surety Agency of Garden City, NY** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Ten Million and No/100 ($10,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 1st day of **November, 2021.**

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

Bryan J. Salvatore, Executive Vice President

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

James H. Kawiecki, Vice President

THE

COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 1st day of **November, 2021** before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known, to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

ARLEEN V. SIMONS
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
June 15, 2023

Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 28th day of November, 2022.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA

John A. Rowedder, Vice President

CERTIFIED COPY

The Hanover Insurance Group

The Hanover Insurance Company, Bedford, New Hampshire
Assets and Liabilities as of December 31, 2021

ASSETS		2021
Cash in Banks (Including Short-Term Investments)		$ (26,073,903)
Bonds and Stocks		$7,342,621,223
Other Admitted Assets		$2,375,297,662
Total Admitted Assets		$9,691,844,982

LIABILITIES, CAPITAL AND SURPLUS		
Reserve for Unearned Premiums		$2,084,307,307
Reserve for Loss and Loss Expense		$4,360,370,827
Reserve for Taxes		$ 15,001,990
Funds held under reinsurance treaties		$ 1,685,123
Reserve for all other liabilities		$ 517,187,948
Capital Stock - $1.00 par	$ 5,000,000	
Net Surplus	$2,708,291,787	
Policyholders' Surplus		$2,713,291,787
Total Liabilities, Capital and Surplus		$9,691,844,982

COMMONWEALTH OF MASSACHUSETTS

COUNTY OF WORCESTER

I, Jeffrey Farber, Assistant Treasurer of The Hanover Insurance Company, being duly sworn deposes and says that he is the above described officer of said Company, and certifies that the forgoing statement is a true statement of the condition and affairs of the said Company on December 31, 2021.

Jeffrey Farber
Assistant Treasurer

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: On Target Laboratories, Inc.

Physical Address: 1281 Win Hentschel Blvd., Suite 2542

City: West Lafayette State: IN Zip: 47906

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 765-588-4547 Website: ontargetlabs.com

Name of Designated Representative (DR): Anne Fornicola

Licensing Company Email: pspangler@ontargetlabs.com DR Email: afornicola@ontargetlabs.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Grand River Aseptic Manufacturing (Contract Manufacturer - Drug Product)
Address: 140 Front Ave. SW City: Grand Rapids State: MI Zip: 49506
Name: Fisher Clinical Services (Drug Packaging)
Address: 7554 Schantz Rd. City: Allentown State: PA Zip: 18100
Name: Patheon Logistics - Priority Air Express, LLC (3PL)
Address: 100 Berkeley Drive City: Swedesboro State: NJ Zip: 08085
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): N/A - please see attached shareholder information
Corporation/Organization Name: On Target Laboratories, Inc.
Mailing Address: 1281 Win Hentschel Blvd., Suite 2542
City: West Lafayette State: IN Zip: 47906
Telephone: 765-588-4547 Email: pspangler@ontargetlabs.com
Contact Person Name: Patrick Spangler

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✔	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration *please see attached NDA letter *FDA Labeler Code 81052 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

On Target Laboratories, Inc.
Facility Name

Patrick Spangler, CFO
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/7/2023
Date

Board Use Only	Date Received: _____	Amount: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

On Target Laboratories, Inc.

Facility Name

Patrick Spangler

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: 11-29-22	Amount: 1000.00 CK-2116856

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002521A	09/30/2024

On Target Laboratories, Inc.

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002521A	**09/30/2024**

On Target Laboratories, Inc.

Signature _____

State of Indiana

DEMOGRAPHIC INFORMATION

Name: On Target Laboratories, Inc.

ADDRESS INFORMATION

Line 1: 1281 Win Hentschel Blvd., Suite 2542

Line 2:

City/State/Zip: West Lafayette IN 47906-4357

County: Tippecanoe

LICENSE INFORMATION

Lic #:	48002521A	Profession:	Pharmacy Board	Type:	Wholesale Drug Distributor	Secondary:	
Status:	Active	Issued:	3/18/2022	Expiration:	9/30/2024		
Method:	Application						

DISCIPLINE INFORMATION

-

RELATED LICENSES

No Related Licenses

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ON TARGET LABORATORIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

5479545 8300

SR# 20221519459

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203215263

Date: 04-19-22

On Target Laboratories, Inc. Ownership			
Name	Title	Address	Percent Owned
On Target Investments, LLC	Owner	4065 Commercial Avenue, Northbrook, IL 60062	38.98%
Pension Fund of the Christian Church	Owner	1099 N Meridian St #720, Indianapolis, IN 46204	13.92%
Purdue / Cook Fund	Owner	1281 Win Hentschel Blvd., West Lafayette, IN 47906	0.49%
J&J Innovation, JJDC, Inc.	Owner	255 Main St, Cambridge, MA 02142	21.13%
3B Future Health Fund S.A. SICAR	Owner	Boulevard de la Foire L-1526 Luxembourg, Grand Duchy of Luxembourg	2.23%
Elevate Ventures, Inc	Owner	50 E 91st St #213, Indianapolis, IN 46240	2.98%
HIG Bio - On Target, LP	Owner	500 Boylston Street, 20th Floor, Boston, MA 02116	11.15%
PSL Investments, LLC	Founder	5840 Farm Ridge Road, West Lafayette, IN 47906	7.60%
* Less than 2% of entity ownership consists of individually owned non-voting profit interests			

On Target Laboratories, Inc.	
Board of Directors	
Name	**Business Address**
Fritz French	1281 Win Hentschel Blvd., Suite 2542, West Lafayette, IN 47906
Bernie Haffey	1281 Win Hentschel Blvd., Suite 2542, West Lafayette, IN 47906
David Stone	1281 Win Hentschel Blvd., Suite 2542, West Lafayette, IN 47906
Kadir Kadhiresan	1281 Win Hentschel Blvd., Suite 2542, West Lafayette, IN 47906
Christopher Barys	1281 Win Hentschel Blvd., Suite 2542, West Lafayette, IN 47906
Henry Zisson	1281 Win Hentschel Blvd., Suite 2542, West Lafayette, IN 47906

Officers and Employees
On Target Laboratories, Inc.

Officers

Chris Barys, President and CEO
Patrick Spangler, CFO

Executive Leadership

Tim Biro, COO
Sumith Kularatne, EVP Research & Development
Mary Brisson, VP Regulatory & Quality
Ben Lundgren, EVP, Commercial Operations

Employees

Phil Low
Ela West
Tommy Lee
Anne Fornicola
Tina Barrett
Chris Seekamp
Juliet Bongianni
Pravin Gagare
Dani Augur
David Hewitt
Jessica Todd
Chris Syrus
Javier Balcells
Christopher Leavitt
Ian Laswell
Brittany Mitchell
Dan Lavengood

NABP ACCREDITED
DRUG DISTRIBUTOR

On Target Laboratories, Inc.

located at

1281 Win Hentschel Blvd, Ste 2542, West Lafayette, IN 47906

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

08/17/2022 - 08/16/2025
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: On Target Laboratories, Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 1281 Win Hentschel Blvd, Suite 2542

City: West Lafayette State: IN Zip: 47906

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 765-588-4547 Website: ontargetlabs.com

Licensing Company Email: pspangler@ontargetlabs.com

Section 2: Personal Information

First: Anne Middle: J Last: Fornicola

Alias(es, nicknames, name changes, etc.): nee Payen

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 1281 Win Hentschel Blvd., Suite 2542

City: West Lafayette State: IN Zip: 47906

Telephone: 765-588-4547 Email: afornicola@ontargetlabs.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		1999-2002	
Address	**City**	**State**	**Zip**
42 W Warren Avenue	Detroit	MI	48202
Diploma/Degree obtained, if any			
Ph.D. in Organic Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Lyon School of Chemistry, Physics and Electronics		1994-1999	
Address	**City**	**State**	**Zip**
43 Bd de 11 Novembre	Villeurbanne	France	69616
Diploma/Degree obtained, if any			
Diploma of Engineer in Chemistry and Chemical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Lycee Chateaubriand		1989-1992	
Address	**City**	**State**	**Zip**
136 BD de Vitre	Rennes	France	35700
Diploma/Degree obtained, if any			
high school diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012- present	[redacted] Great Road	Littleton	MA	01460
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
On Target Laboratories, Inc.			02/21-present
Business Address	**City**	**State**	**Zip**
1281 Win Hentschel Blvd., Suite 2542	West Lafayette	IN	47906
Phone	**Title**		**Number of Employed Hours**
765-588-4547	VP, Chemistry Manufacturing and Controls		approx. 3000
Description of Duties			
Designated Representative for virtual manufacturer			

Business Name			From - To (MM/YY – MM/YY)
Tetraphase Pharmaceuticals, Inc.			09/2014-11/2020
Business Address	**City**	**State**	**Zip**
480 Arsenal St. #110	Watertown	MA	02472
Phone	**Title**		**Number of Employed Hours**
	Vice President, Manufacturing		
Description of Duties			
Managed supply chain for TP-434 (eravacycline) (Xerava) including planning and supporting the manufacturing campaigns for starting materials, drug substance and sterile IV drug product based on forecast.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE

Original Signature (electronic, copies or stamps not accepted)

11/08/2022
Date

I, Anne Fornicola, **certify that as the designated representative for**

On Target Laboratories,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AOF I am at least 21 years of age;
3. AOF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AOF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AOF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AOF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AOF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Anne Fornicola
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/08/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anne Fornicola

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/08/2022

Date

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of TIPPECANOE

I, ANNE FORNICOLA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/08/2022

Date

Subscribed and Sworn to before me this 08 day of NOVEMBER 2022

Notary Public Signature

Dan A Lavengood
Notary Public Seal State of Indiana
Tippecanoe County
My Commission Number NP0734823
My Commission Expires 07/05/2029

(Seal)

ANNE FORNICOLA
23 FEB 2021

Anne J. (PAYEN) FORNICOLA
[redacted] Great Road, Littleton MA 01460
[redacted]

Objective: Seeking a lead role in CMC Development or Manufacturing utilizing extensive experience in CMC project management and process chemistry in the pharmaceutical industry.

Summary of Experiences: Worked on many drug development projects including overseeing DS and DP process development and scale-up under GMP including process validation, as well as analytical method development and validation. Possesses a solid understanding of the regulatory requirements from Phase 1 to commercial including the preparation of CMC regulatory submissions. Strengths include communication, leadership, technical writing, organization and attention to detail.

EXPERIENCE

Vice President, Chemistry, Manufacturing and Controls
On Target Laboratories, Inc., West Lafayette, Indiana *Feb 2021–Present*

Vice President, Manufacturing
Tetraphase Pharmaceuticals, Inc., Watertown, Massachusetts *Jul 2019–Nov 2020*

- Managed supply chain for TP-434 (eravacycline) (Xerava™) including planning and supporting the manufacturing campaigns for starting materials, drug substance and sterile IV drug product based on forecast, reviewing manufacturing documentation to release batches and supporting the quality group.
- Oversaw process validation and post-validation activities such as implementation of continuous process verification protocols.
- Supported the regulatory Affairs department by drafting and reviewing Module 3 sections for the MAA and NDA submissions including responses to regulatory inquiries.
- Prepared and oversaw CMC annual budget

Director, CMC Project Management
Associate Director, CMC Project Management
Senior Project Manager, CMC
Tetraphase Pharmaceuticals, Inc., Watertown, Massachusetts *Sep 2014–July 2019*

- Managed CMC activities for Tetraphase's lead compound TP-434 (eravacycline) (Xerava™)
- Represented the CMC team on the TP-434 product team meetings and presented the progress and plans of the CMC group to the product development team.
- Prepared the annual CMC budget, which included planning activities for all the CMC projects with the various CMC project leaders and interfacing with the finance group during the year to adjust the forecast.
- Coordinated drug substance (DS) and IV drug product (DP) activities at the manufacturers including manufacture of DS and DP registration/validation batches, manufacture of clinical IV DP batches, transfer of the DS and DP process and analytical methods from one Contract Manufacturing Organization (CMO) to another for scale-up and commercialization.
- Coordinated activities with Tetraphase internal teams (Process development, Analytical, Formulation, Quality control, Quality assurance and Regulatory).
- Coordinated the activities associated with the process validation of eravacycline DS (Review of the master validation plan and associated documents such as validation protocols, evaluation of critical process parameters, and validation reports).
- Coordinated the development of commercial specifications for regulatory starting material, intermediates, DS and IV DP.
- Managed activities for projects funded by the Biomedical Advanced Research and Development Authority (BARDA).
- Supervised up to two CMC project managers.
- Supported the regulatory Affairs department by:
  - Drafting and reviewing DS and DP Module 3 sections for the MAA and NDA submissions.
  - Coordinating the MAA preparation for the CMC group including responses during the EMA review
  - Drafting and reviewing briefing books in preparation for meetings with the FDA.

Consultant – CMC (API Development, Regulatory Submissions)
Verastem Inc., Cambridge, Massachusetts *Apr 2014–Sept 2014*

Supported the API CMC group for the development of three clinical candidates (VS-6063, VS-4718 and VS-5584) including the following activities:

- Coordinated the manufacture of DS to support clinical and non-clinical studies including API manufacturing, reviewing of batch records, quality documents and final release. All manufacturing activities were performed by CMOs.
- Reviewed and approved technical documentation (Final development reports, analytical validation reports...) provided by CMOs.
- Prepared regulatory submissions to support clinical trials including updates to the drug substance sections of existing INDs.
- Planned the activities needed to submit an NDA including evaluation of critical quality attributes of the drug substance, evaluation of possible critical process parameters and evaluation of information needed to submit a complete NDA.

Consultant - CMC Project Manager (Manufacturing, Development, Regulatory Submissions)
Zalicus Inc, Cambridge, Massachusetts *May 2012-May 2014*

Responsibilities in the CMC group focused on the following areas for the Z160 and Z944 programs:

- Coordinated the manufacture of DS and DP to support clinical studies (Phase 1 and Phase 2) and non-clinical studies including API manufacturing, drug product manufacturing and packaging, reviewing of batch records, quality documents and final release. All manufacturing activities were performed by external CMOs.
- Oversaw the development programs for DS and DP (solid dosage form) as well as analytical method development and validation in order to prepare for phase 3 studies and commercial launch. Drug product experience includes amorphous spray-dried dispersions, immediate release capsules and tablets (both immediate release and modified release).
- Reviewed and approved technical documentation (Final development reports, analytical validation reports...).
- Communicated the plans and progress of the CMC group to upper management and the product development teams.
- Established timelines for projects, interacted with vendors as well as consultants, evaluated possible problems and implemented mitigation strategies to ensure that projects were done on time and within budget. Tracked expenses.
- Organized and filed all necessary quality documentation as well as development history documentation.
- Prepared regulatory submissions in support of clinical trials. This work included:
  - Planning the preparation of CMC regulatory submissions to ensure the clinical trials were not delayed.
  - Drafting several CMC sections amendments to an existing IND for a phase 2a study, as well as drafting IMPDs for three phase 1 clinical trials in Germany and England and drafting a QOS for a clinical trial planned in Canada.
  - Reviewing and discussing the CMC sections with Regulatory Affairs consultants to determine potential regulatory risks and mitigation strategies.
  - Finalizing the sections and ensuring accuracy and consistency of the information included in the submissions as well as ensuring that information in the submissions were supported by reports available in-house.
  - Coordinating CMC responses to requests from regulatory authorities.
  - Drafting of the annual report for module 3 of the IND.
  - Reviewing CMC information included in clinical protocols and investigator brochures.

Technical Project Manager
PCI Synthesis, Devens, Massachusetts *Jul 2011-May 2012*

- Managed projects transferred from the R&D laboratories to the GMP kilolab or to the plant. Coordinated various activities between all of the departments (R&D, Analytical development, GMP kilolab, Production, Quality Assurance) to ensure a smooth technology transfer as well as on-time delivery.
- Responsible for communication with clients: Kept clients updated on the status of their projects, ensured a good flow of information between the clients and the various departments at PCI, proactively helped with troubleshooting issues that arose in projects.
- Types of projects included synthesis of generic active pharmaceutical ingredients (API), custom synthesis (cGMP phase 1 to registration batches, and non-GMP), development of processes for future scale-up.
- Participated in the preparation of Drug Master Files for generic APIs

Senior Research Scientist
PCI Synthesis, Devens, Massachusetts *Sep 2010-Jul 2011*

- Performed custom syntheses from g to kg scale
- Developed processes, which were transferred to the kilolab, the GMP suites and to the Plant.
- Optimized a process to prepare a generic API as well as developed an adequate HPLC method to analyze the API.
- Regularly communicated with clients via teleconference and reports to update them on the status of their projects.

Senior Research Scientist
AMRI, North Syracuse, New York *Feb 2002-Jul 2010*

- Performed custom syntheses from g to kg scale (rapid scale-up in kilolab)
- Developed processes which were transferred to the kilolab in Syracuse and to GMP suites in Albany
- Managed projects executed in the laboratory and kilolab including communication to clients via teleconferences and reports.
- Supervised two to four junior chemists including the on-site analytical chemist.
- Responsible for NMR (Bruker Avance 300) and RC1e.
- As a member of the lean team at the Syracuse site, co-wrote guidelines to prepare kilolab batch sheets and make this process more efficient

Graduate Research Assistant
Wayne State University, Detroit, Michigan *Sep 1997-Jan 2002*
Research Advisor: Dr. James H. Rigby.

- Studied the regioselectivity of higher-order chromium-mediated [6π+4π] cycloaddition reactions involving heterocyclic trienes directed toward the synthesis of calamene sesquiterpenes.
- Investigated alkoxy radical accelerated β-fragmentations of lactol and alcohols.

Education
Ph.D. in Organic Synthesis, Wayne State University, Detroit, Michigan 2002
Diploma of Engineer in Chemistry and Chemical Engineering, CPE Lyon (Lyon School of Chemistry, Physics and Electronics), Lyon, France 1999

Publications
"Studies on Chromium(0)-Promoted Higher-order Cycloaddition-Bases Benzannulation. Total Synthesis of (+)-Estradiol," Rigby, J.H.; Warshakoon, N. C.; Payen, A. J. *J. Am. Chem. Soc.* **1999**, *121*, 8237.
" Studies on the $Pb(OAc)_4/Cu(OAc)_2$ mediated fragmentation of lactols and alcohols," Rigby, J. H.; Payen, A. J.; Warshakoon, N. C. *Tetrahedron Lett.* **2001**, *42*, 2047.
"Design and Synthesis of 4-Heteroaryl 1,2,3,4-Tetrahydroisoquinolines as Triple Reuptake Inhibitors" Shuang, L et. al. *ACS Med. Chem. Lett.* **2014**, *5*, 760.

Software Microsoft project, Microsoft office, ChemDraw, Agilent ChemStation for HPLC, GC-MS and GC-FID (OVI), Bruker TopSpin™, iControl RC1e™.

Professional Development:
Fundamentals of Project Management, WPI Corporate and Professional Education, instructor: Kanan Alhassani Apr 2012
Practical Process Research and Scale-up, Neal G. Anderson, Ph.D. Mar 2003
Leadership Skills Training, Grove Associates Feb 2003

Language English, fluent; French, native

Professional Societies American Chemical Society

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5967188

Application/License No. _____

On Target Laboratories, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1281 Win Hentschel Blvd, Suite 2542 West Lafayette, IN 47906 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 14, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of July, 20 22.

APPLICANT/PRINCIPAL

COMPANY

On Target Laboratories, Inc

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Kerri Hatton-Rudnik, Attorney-in-fact

print name

SIGNED and SEALED in the presence of.

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rita Carlson

Witness Tracy Chehoski

Countersigned by:

Nevada Resident Agent

LP 2079 NV (5/21)

Countersignature Law Repealed

Posted February 20, 2020

MERCHANTS
BONDING COMPANY.

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Kerri Hatton-Rudnik

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 14th day of July , 2022

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 14th day of July 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA
POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 14th day of July , 2022

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

POA 0018 (1/20) For bond verification contact verify@merchantsbonding.com

MERCHANTS BONDING COMPANY

MERCHANTS BONDING COMPANY (MUTUAL)
P.O. BOX 14498, DES MOINES, IOWA 50306-3498
PHONE: (800) 678-8171 FAX: (515) 243-3854

COMMERCIAL BOND APPLICATION

Bond No. NV5967188

Applicant (Exactly as it will appear on bond) On Target Laboratories, Inc				
Home Address				Single ☐ Married ☐ Legal Domestic Partner ☐
City	State	Zip	Phone	FEIN/Social Security #
Home E-mail		Business E-mail		
Business Address 1281 Win Hentschel Blvd, Suite 2542		City West Lafayette	State Indiana	Zip 47906
Type of Business or Individual's Occupation		Type of Organization Individual ☐ Partnership ☐ LLC ☐ Corporation ☐		How long in business?
Name & Address of Owner or Co-Applicant or Indemnitor			Social Security #	% of Ownership
Name & Address of Owner or Co-Applicant or Indemnitor			Social Security #	% of Ownership
Obligee Name & Address State of Nevada and Nevada State Board of Pharmacy	Type of Bond	Amount of Bond $ $100,000.00	Effective Date July 14, 2022	
Previous Surety ☐ Yes ☐ No If Yes, give name and reason for change		Other Surety Bonds in force? ☐ Yes ☐ No If Yes, provide name of Surety		

Has the applicant had any bankruptcies, liens, or judgments or compromises with any creditors in the past 5 years? ☐ Yes ☐ No If Yes, submit for underwriting

NOTICE: The undersigned individual(s) hereby gives consent to MERCHANTS BONDING COMPANY (MUTUAL), and it subsidiaries, to obtain a consumer credit report about the individual in connection with this application for insurance. This authorization extends to subsequent consumer credit reports obtained for the purpose of reviewing, increasing the amount of, or any other legitimate purpose associated with the bond.

INDEMNITY AGREEMENT

This Agreement entered into by and between the undersigned applicant or applicants and/or indemnitors, hereinafter called the undersigned, and Merchants Bonding Company (Mutual), hereinafter called the Company, witnesseth:

The undersigned certifies that the foregoing statements and declarations are true and in consideration of the Company executing as surety the herein bond applied for, does hereby promise and agree to pay an annual premium to the Company until such time as the undersigned shall furnish the Company with evidence satisfactory to it of the complete termination of its liability on said bond.

The undersigned further agrees to indemnify and save harmless the said Company, in connection with any bond executed on behalf of the person or entity named as applicant, for, from and against any and all losses, costs, damages and expenses of any nature whatsoever, including counsel fees and expenses, and reimburse said Company for loss adjusting expenses and compensation at the rate of $100.00 per day for officers and $50.00 per day for all other personnel, which may accrue to the said Company by reason of the said Company having become surety on said bonds.

The undersigned hereby further agrees that the vouchers or other evidence of payments made by the said Company under its obligation of suretyship shall be conclusive evidence against the undersigned of the fact and extent of the undersigned's liability to the said Company under said obligation of the undersigned, whether said payments were made to discharge a penalty thereunder, incurred in the investigation of a claim made thereon or adjusting a loss or claim in connection therewith, or in completing the work covered thereby, and whether voluntarily made or paid after suit and judgment against said Company.

If the Company shall set up a reserve to cover any claim, suit or judgment under any such bonds, the undersigned will, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security on such bonds, and such sum and any other money or property which shall have been, or shall hereafter be, pledged as collateral security on any such bond shall, unless otherwise agreed in writing by the Company, be available, in the discretion of the Company, as collateral security on any other bonds coming within the scope of this Agreement.

This Agreement shall constitute a Security Agreement to the Company and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect. This Agreement shall, if recorded, constitute a consensual lien upon any and all real estate owned by the undersigned at the time of such recording. However, the filing or recording of this Agreement shall be solely at the option of the Company, and the failure to do so shall not release or impair any of the obligations of the undersigned under this Agreement or otherwise arising, nor shall such failure be in any manner in derogation of the rights of the Company under this Agreement or otherwise. The use of this Agreement as a Security Agreement, Financing Statement or consensual lien shall in no way abrogate, restrict or limit the rights of the Company under this Agreement or at law or in equity. The undersigned waive all right to claim any property, including homestead, as exempt from levy, execution, sale or other legal process.

It is further agreed that the terms and conditions of this application shall also apply to increases and/or decreases in the amount of any and all bonds, and shall also apply to all renewals whether the bond is continuation, renewed by Continuation Certificate or by the filing of a new bond.

The Company shall have the right, and is hereby authorized, but not required to fill up any blanks left herein, and to correct any errors in the description of any of said bonds, or in said premium or premiums, or in any name or names, it being agreed that such insertion or corrections, when so made, shall be prima facie correct. This application shall be liberally construed so as to fully protect and indemnify the Company, its successors, assigns and reinsurers. The undersigned appoints any officer of the Company as the attorney-in-fact of the undersigned with full right to execute on behalf of the undersigned any document necessary to carry into effect the intent and purposes of this Agreement.

A facsimile copy of this document or the signature(s) thereon, shall be deemed to be an original and/or original signature(s) for all purposes.

Dated the 14th day of July 2022

Sign Application Twice - as Applicant and Indemnitor

Witness _____ Applicant's Signature _____

In consideration of the MERCHANTS BONDING COMPANY (Mutual) executing the bond herein applied for, I (we) jointly and severally join in the above indemnity agreement.

Witness _____ Indemnitor _____

Witness _____ Indemnitor _____

Witness _____ Indemnitor _____

Witness _____ Indemnitor _____

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through February 07, 2023

You have searched Finished drug products

Search Results: *'cytalux'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.
+ Cytalux	81052-138-10	3.2 mg/1.6mL	INJECTION	INTRAVENOUS	NDA214907

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

U.S. FOOD & DRUG ADMINISTRATION

NDA 214907

NDA APPROVAL

On Target Laboratories, Inc.
Attention: Mr. Timothy Biro
Chief Operating Officer
1281 Win Hentschel Blvd., Suite 2542
West Lafayette, IN 47906-4357

Dear Mr. Biro:

Please refer to your new drug application (NDA) dated December 29, 2020, received December 29, 2020, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for CYTALUX (pafolacianine injection).

We acknowledge receipt of your major amendment dated August 11, 2021, which extended the goal date by three months.

This NDA provides for the use of CYTALUX as an optical imaging agent indicated in adult patients with ovarian cancer as an adjunct for intraoperative identification of malignant lesions.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 214907**." Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for CYTALUX (pafolacianine injection) shall be 36 months from the date of manufacture when stored frozen in original container/ carton at -20°C ± 5°C.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

ADVISORY COMMITTEE

Your application was not referred to an FDA advisory committee because outside expertise was not necessary; there were no controversial issues that would benefit from advisory committee discussion.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[3]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a

[3] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.

Form FDA 2253. Form FDA 2253 is available at FDA.gov.[4] Information and Instructions for completing the form can be found at FDA.gov.[5]

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, submit a formal official Meeting Request to the FDA.

If you have any questions, call Ms. Sharon Thomas, Regulatory Project Manager, at (301) 796-1994.

Sincerely,

{See appended electronic signature page}

Alex Gorovets, M.D.
Office Deputy Director
Office of Specialty Medicine (OSM)
Center for Drug Evaluation and Research
US Food and Drug Administration

Enclosures:

- Prescribing Information
- Carton and Container Labeling

[4] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use CYTALUX safely and effectively. See full prescribing information for CYTALUX.

CYTALUX™ (pafolacianine) injection, for intravenous use
Initial U.S. Approval: 2021

----------INDICATIONS AND USAGE----------

CYTALUX is an optical imaging agent indicated in adult patients with ovarian cancer as an adjunct for intraoperative identification of malignant lesions. (1)

----------DOSAGE AND ADMINISTRATION----------

- For recommended testing, evaluations, and premedications, see Full Prescribing Information. (2.1)
- Recommended dosage of CYTALUX is 0.025 mg/kg administered intravenously over 60 minutes 1 hour to 9 hours prior to surgery. (2.2)
- For preparation, management of infusion-related reactions, and imaging information see Full Prescribing Information. Should only be used by trained surgeons using FDA cleared imaging systems. (2.3, 2.4, 2.5)

----------DOSAGE FORMS AND STRENGTHS----------

Injection: 3.2 mg/1.6 mL (2 mg/mL) of pafolacianine in a single-dose vial. (3)

----------CONTRAINDICATIONS----------

None. (4)

----------WARNINGS AND PRECAUTIONS----------

- Infusion-Related Reactions: Interrupt the infusion and treat as necessary with antihistamines and/or nausea medications. (5.1)
- Risk of misinterpretation: Non-fluorescing tissue in the surgical field does not rule out the presence of tumor. Fluorescence may be seen in non-cancerous tissues. (5.2)
- Embryo-Fetal Toxicity: CYTALUX may cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus. (5.3, 8.1, 8.3)
- Risk of Pafolacianine Aggregation and Infusion Reactions: Use only 5% Dextrose Injection for dilution. Do not use other diluents. (5.4)

----------ADVERSE REACTIONS----------

Most common adverse reactions (incidence ≥1%) are nausea, vomiting, abdominal pain, flushing, dyspepsia, chest discomfort, pruritus and hypersensitivity. (6)

To report SUSPECTED ADVERSE REACTIONS, contact On Target Laboratories at 1-844-434-9333 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----------DRUG INTERACTIONS----------

Folate Supplements: Avoid folate, folic acid, or folate-containing supplements within 48 hours before administration of CYTALUX.(7)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 11/2021

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
- 2.1 Recommended Testing, Evaluations, and Premedications prior to Administration of CYTALUX
- 2.2 Recommended Dosage and Administration
- 2.3 Preparation and Storage Instructions
- 2.4 Management of Infusion-Related Reactions
- 2.5 Imaging

3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
- 5.1 Infusion-Related Reactions
- 5.2 Risk of Misinterpretation
- 5.3 Embryo-Fetal Toxicity
- 5.4 Risk of Pafolacianine Aggregation and Infusion Reactions

6 ADVERSE REACTIONS
- 6.1 Clinical Trials Experience

7 DRUG INTERACTIONS
8 USE IN SPECIFIC POPULATIONS
- 8.1 Pregnancy
- 8.2 Lactation
- 8.3 Females and Males of Reproductive Potential
- 8.4 Pediatric Use
- 8.5 Geriatric Use

11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY
- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

CYTALUX is an optical imaging agent indicated in adult patients with ovarian cancer as an adjunct for intraoperative identification of malignant lesions.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Testing, Evaluations and Premedications Prior to Administration of CYTALUX

Obtain a pregnancy test in females of reproductive potential and verify the absence of pregnancy prior to administration of CYTALUX *[see Warnings and Precautions (5.3) and Use in Specific Populations (8.1, 8.3)]*.

Discontinue folate, folic acid, or folate containing supplements 48 hours before administration of CYTALUX *[see Drug Interactions (7)]*.

Consider administering antihistamines and/or anti-nausea medication for prophylaxis against infusion-related reactions *[see Warnings and Precautions (5.1)]*.

2.2 Recommended Dosage and Administration

The recommended dose of CYTALUX is a single intravenous infusion of 0.025 mg/kg diluted in 250 mL of 5% Dextrose Injection, administered over 60 minutes using a dedicated infusion line, 1 hour to 9 hours prior to surgery.

2.3 Preparation and Storage Instructions

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

1. Use aseptic technique for the preparation of CYTALUX infusion solution.
2. Only use 5% Dextrose Injection for dilution. Do not use other diluents due to incompatibility *[see Warnings and Precautions (5.4)]*.
3. Thaw frozen CYTALUX vial in original carton at controlled room temperature between 20° to 25°C (68° to 77°F) for at least 90 minutes.
4. Hand shake or vortex the thawed CYTALUX vial for 60 seconds.
5. Withdraw the calculated volume of CYTALUX for a dose of 0.025 mg/kg. Discard any unused portion in the vial.
6. Add into a 250 mL of 5% Dextrose Injection, USP bag.
7. Gently swirl the bag by hand for 1 minute to mix the solution.
8. Visually inspect the infusion bag. The solution should be light blue/green to clear in color and should not contain any visible particulate matter.
9. Protect the infusion bag from light using a light-blocking cover during infusion and storage.
10. If not immediately used, store the diluted CYTALUX infusion solution in a refrigerator at 2°C to 8°C (36°F to 46°F) for not more than 24 hours. Once the bag is removed from refrigeration, infusion must be completed within 3 hours.

2.4 Management of Infusion-Related Reactions
If the patient develops an infusion reaction during administration, interrupt the infusion and treat with antihistamines and/or anti-nausea medication as necessary, based on clinical decision. Complete the infusion within 3 hours of the start of the initial administration *[see Warnings and Precautions (5.1)]*.

2.5 Imaging
- Clinical data demonstrates that near infrared (NIR) imaging devices which excite at 760 nm to 785 nm and detect emission at 794 nm to 796 nm are suitable for use with CYTALUX.
- CYTALUX is to be used with an NIR imaging system cleared by the FDA for specific use with pafolacianine.
- CYTALUX should only be used by surgeons who have completed a training program on the use of NIR imaging systems for fluorescence imaging during surgery. Training is provided by the device manufacturer.

3 DOSAGE FORMS AND STRENGTHS
Injection: 3.2 mg/1.6 mL (2 mg/mL) pafolacianine (equivalent to 3.4 mg/1.6 mL pafolacianine sodium) supplied as a dark bluish green, clear aqueous solution in a single-dose vial.

4 CONTRAINDICATIONS
None.

5 WARNINGS AND PRECAUTIONS

5.1 Infusion-Related Reactions
Adverse reactions consisting of nausea, vomiting, abdominal pain, flushing, dyspepsia, chest discomfort, and pruritus were reported in patients receiving CYTALUX in clinical studies. 2.4 % of patients experienced reactions during the period of administration of CYTALUX. *[see Adverse Reactions (6.1)]*. Reactions typically occurred within 15 minutes of the start of infusion. Treatment with antihistamines and/or anti-nausea medication may be used. If an adverse reaction occurs during administration, the infusion can be interrupted and resumed after treatment of the reaction *[see Dosage and Administration (2.1, 2.4)]*.

5.2 Risk of Misinterpretation
Errors may occur with the use of CYTALUX during intraoperative fluorescence imaging to detect ovarian cancer, including false negatives and false positives. Non-fluorescing tissue in the surgical field does not rule out the presence of ovarian cancer *[see Clinical Studies (14)]*. Fluorescence may be seen in non-cancerous tissue including areas of the bowel, kidneys, lymph nodes and inflamed tissue.

5.3 Embryo-Fetal Toxicity
Based on its mechanism of action, CYTALUX may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the potential risk to a fetus. Verify pregnancy status of females of reproductive potential prior to initiating CYTALUX treatment. *[see Use in Specific Populations (8.1, 8.3), Clinical Pharmacology (12.1)]*.

5.4 Risk of Pafolacianine Aggregation and Infusion Reactions
Use of the incorrect diluent to prepare the CYTALUX infusion solution can cause the aggregation of pafolacianine; aggregation may induce infusion reactions, such as nausea, vomiting, abdominal pain

or rash. Use only 5% Dextrose Injection to prepare the CYTALUX infusion solution. Do not use other diluents. *[see Dosage and Administration (2.3)]*.

6 ADVERSE REACTIONS

The following clinically significant adverse reaction is described elsewhere in the labeling:

- Infusion-Related Reactions *[see Warnings and Precautions (5.1)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of CYTALUX was evaluated in three open label clinical studies, two studies (N = 150 and N = 44) in patients with ovarian cancer and one study (N = 100) in patients with cancer in the lung. While patients with cancer in the lung were included in safety evaluation, CYTALUX is not approved for use in patients with cancer in the lung. A total of 294 patients received 0.025 mg/kg of CYTALUX via intravenous administration. The mean age of patients was 63.5 years; 51% were 65 years of age or older. 89% of patients were female and 84% of patients were White.

Adverse reactions that occurred in $\geq$ 1 % of patients were: nausea (15%), vomiting (5.8%), abdominal pain (2.7%), flushing (1.7%), dyspepsia (1%), chest discomfort (1%), pruritus (1%) and hypersensitivity (1%). In 2.4 % of patients, these adverse reactions occurred during the administration of CYTALUX.

7 DRUG INTERACTIONS

Use of folate, folic acid, or folate-containing supplements may reduce binding of pafolacianine to folate receptors overexpressed on ovarian cancer cells and could reduce the detection of malignant lesions with CYTALUX. Avoid administration of folate, folic acid, or folate-containing supplements within 48 hours before administration of CYTALUX *[see Dosage and Administration (2.1) and Clinical Pharmacology (12.1)]*.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Based on its mechanism of action, pafolacianine may cause fetal harm when administered to a pregnant woman *[see Clinical Pharmacology (12.1)]*. There are no available human data to evaluate for a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes.

No adverse developmental effects were observed in rats and rabbits with intravenous administration of pafolacianine during organogenesis (embryofetal development) at doses up to 158-fold (rat) and 570-fold (rabbit) the recommended human dose of 0.025 mg/kg based on AUC, otherwise 9.6 and 38.4 fold based on human equivalent dose (HED) *(see Data)*.

The estimated background risk of major birth defects and miscarriage for the indicated populations are unknown. All pregnancies have a background risk of birth defects, loss or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In the definitive embryo-fetal development (EFD) studies, pafolacianine was intravenously administered at doses of, during the period of organogenesis namely, 0.015, 0.15, and 1.5 mg/kg/day from gestational day (GD) 6 to GD17 in rats (HEDs of 0.002, 0.024 and 0.242 mg/kg/day) and 0.3, 1, and 3 mg/kg/day from GD7 to GD20 in rabbits (HEDs of 0.097, 0.323 and 0.968 mg/kg/day). No significant drug-related maternal toxicity and embryo-fetal development toxicity were observed. NOAELs were 1.5 mg/kg/day in rats and 3 mg/kg/day in rabbits. Estimated systemic exposures were 158 times (rat) and 570 times (rabbit) the human exposure at a human dose of 0.025 mg/kg based on plasma AUC comparison.

8.2 Lactation

Risk Summary

There are no data on the presence of pafolacianine in either human or animal milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for CYTALUX and any potential adverse effects on the breastfed infant from CYTALUX or from the underlying maternal condition.

8.3 Females and Males of Reproductive Potential

CYTALUX may cause fetal harm if administered to a pregnant woman *[see Warnings And Precautions (5.3) and Use In Specific Populations (8.1)]*.

Pregnancy Testing

Obtain a pregnancy test in females of reproductive potential and verify the absence of pregnancy prior to administration of CYTALUX *[see Dosage And Administration (2.1)]*.

8.4 Pediatric Use

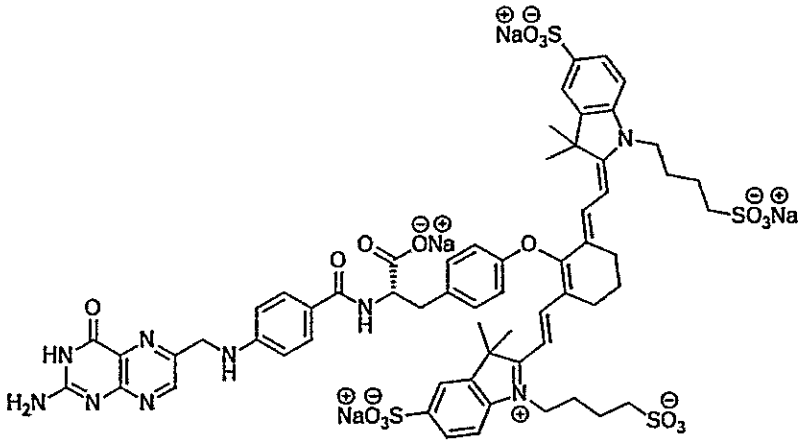
Safety and effectiveness of CYTALUX in pediatric patients have not been established.

8.5 Geriatric Use

Of the total number of patients in clinical studies of CYTALUX in ovarian cancer surgeries, 40% were 65 and over, while 11% were 75 and over. No overall differences in safety, effectiveness or pharmacokinetics were observed between these patients and younger patients.

11 DESCRIPTION

CYTALUX contains pafolacianine, an optical imaging agent, as a tetrasodium salt referred to as pafolacianine sodium. Chemically, pafolacianine sodium is (S)-2-(4-(((2-amino-4-oxo-3,4-dihydropteridin-6-yl)methyl)amino)benzamido)-3-(4-(((E)-2-((E)-2-(3,3-dimethyl-5-sulfonato-1-(4-sulfonatobutyl)-3H-indol-1-ium-2-yl)vinyl)-6-((E)-2-(3,3-dimethyl-5-sulfonato-1-(4-sulfonatobutyl)indolin-2-ylidene)ethylidene)cyclohex-1-en-1-yl)oxy)phenyl)propanoate hydrate Tetrasodium. Pafolacianine sodium has a molecular formula of $C_{61}H_{63}N_9Na_4O_{17}S_4$, a molecular mass of 1414.42 g/mol and has the following structure:



CYTALUX (pafolacianine) injection is a sterile, non-pyrogenic, dark bluish green, clear aqueous solution for intravenous use. Each vial contains 3.2 mg (2 mg/mL) pafolacianine (equivalent to 3.4 mg pafolacianine sodium),14.4 mg sodium chloride, 0.23 mg potassium phosphate monobasic, 1.27 mg sodium phosphate dibasic heptahydrate in 1.6 mL volume. The pH is adjusted with sodium hydroxide and/or hydrochloric acid and is between 7.1 to 7.8.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

CYTALUX is a fluorescent drug that targets folate receptor (FR) which may be overexpressed in ovarian cancer. Pafolacianine binds to FR-expressing cancer cells with ~1 nM affinity, internalizes via receptor mediated endocytosis, and concentrates in FR-positive cancer tissues. Pafolacianine absorbs light in the near-infrared (NIR) region within a range of 760 nm to 785 nm with peak absorption of 776 nm and emits fluorescence within a range of 790 nm to 815 nm with a peak emission of 796 nm.

12.2 Pharmacodynamics

Tumor to background ratios changed with different mass doses studied. High tumor to background ratio was observed with 0.025 mg/kg dose. CYTALUX exposure-response relationships and the time course of pharmacodynamic responses are unknown.

12.3 Pharmacokinetics

The mean C_{max} of pafolacianine was 59.1 ± 5.94 ng/mL and AUC_{inf} was 63.6 ± 12.6 ng.hr/mL.

Distribution
The mean volume of distribution (V_z) is 17.1 ± 5.99 L, indicating distribution into tissues.

Plasma protein binding of pafolacianine is 93.7%. No notable partitioning into red blood cells has been observed.

Elimination
The elimination half-life of pafolacianine is 0.44 ± 0.23 hours and mean plasma clearance is 28.6 ± 4.97 L/hr.

Metabolism
Pafolacianine sodium is not metabolized by cytochrome P450 (CYP) enzymes.

Excretion
Following a single IV infusion of radiolabeled pafolacianine sodium, approximately 35% of the dose was recovered in urine (19.1%) and in feces (15.8%) after approximately 3-5 weeks.

Specific Populations
No clinically significant differences in pharmacokinetics of pafolacianine were identified based on age 18 – 89 years, weight 41.6 – 133.6 kg, mild to moderate renal impairment (CLcr 30 to 89 mL/min), mild to moderate hepatic impairment (total bilirubin < 3 ULN and AST > ULN). The effect of severe renal impairment (CLcr < 30 mL/min) and severe hepatic impairment (total bilirubin > 3 ULN and any AST value) on the pharmacokinetics of pafolacianine have not been studied.

Drug Interaction Studies
No clinical studies evaluating the drug interaction potential of pafolacianine have been conducted.

In Vitro Studies

CYP Enzymes: Pafolacianine is not an inhibitor of CYPs 1A2, 2B6, 2C8, 2C9, 2C19 2D6, 3A4/5.

UDP-glucuronosyltransferase (UGT) Enzymes: Pafolacianine is not an inhibitor of UGT1A1.

Transporter Systems: Pafolacianine is a substrate for OATP1B1, OATP1B3, and OAT1. Pafolacianine is not an inhibitor of OATP1B1, OATP1B3, OAT1, OAT3, OCT2, MATE1, MATE2-K, P-gp, or BCRP

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis
No carcinogenicity studies of pafolacianine have been conducted.

Mutagenesis
No genotoxic hazards were identified when pafolacianine was evaluated in a standard testing battery consisting of a bacterial reverse mutation assay, an *in vitro* micronucleus study conducted in Chinese Hamster Ovary (CHO) cells, and a rat bone marrow micronucleus study.

Impairment of Fertility
Reproductive and developmental toxicity (fertility and embryonic development, pre- and postnatal development) studies in animals have not been performed to evaluate the effects of pafolacianine on fertility.

14 CLINICAL STUDIES

The safety and efficacy of CYTALUX was evaluated in a randomized, multicenter, open-label study (NCT03180307). The study enrolled 178 women diagnosed with ovarian cancer or with high clinical suspicion of ovarian cancer scheduled to undergo primary surgical cytoreduction, interval debulking, or recurrent ovarian cancer surgery. One hundred and fifty women highly suspicious for or with confirmed ovarian cancer received CYTALUX (dosed at 0.025 mg/kg at least 1 hour before initiation of fluorescence imaging). Among them, 134 women with mean age 60 (range 33 to 81) years received both normal light imaging evaluation and fluorescence imaging evaluation (the Intent to Image set).

The study assessed the proportion of patients with at least one evaluable ovarian cancer lesion confirmed by central pathology that was detected with CYTALUX under fluorescent light but not under normal light or palpation and not otherwise identified for resection prior to surgery. The detection proportion was estimated in women who underwent both normal light and fluorescent light (Intent-to-Image Set), see Table 1. The detection performance for the Intent to Image set met the pre-specified success threshold.

Table 1: Detection Proportion with CYTALUX Under Fluorescent Light but Not Under Normal Light or Palpation In the Intent-To-Image Set

	(N=134)
	Patients with at least one confirmed ovarian cancer evaluable lesion
Number (n)	36
Proportion (%)	0.269 (26.9%)
95% CI (proportion)	(0.196*, 0.352)

**The lower bound of the 95% confidence interval based on exact binomial exceeds the prespecified proportion of 0.10.*

Patient-level false positive rate of CYTALUX with NIR fluorescent light with respect to the detection of ovarian cancer lesions confirmed by central pathology was 20.2% with 95% confidence interval (13.7%, 28.0%).

16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

CYTALUX (pafolacianine) injection, 3.2 mg /1.6 mL (2 mg/mL), is a dark bluish green, clear aqueous solution packaged in a sealed amber glass single-dose vial. It is supplied in a carton containing 10 vials (NDC 81052-138-10), vials are individually packaged.

Storage and Handling

Store frozen between -25° to -15°C (-13° to 5°F). Store in original carton to protect from light.

17 PATIENT COUNSELING INFORMATION

Embryo-Fetal Toxicity
Advise females of reproductive potential of the potential risk to a fetus and to contact their healthcare provider with a known or suspected pregnancy
[see Warnings and Precautions (5.3) and Use In Specific Populations (8.1)].

Folate Supplements Usage
Inform patients that folic acid may reduce the detection of cancer tissue with CYTALUX. Advise the patient to stop taking folate, folic acid, or folate-containing supplements 48 hours before administration of CYTALUX *[see Dosage and Administration (2.1) and Drug Interactions (7)].*

Manufactured by:

Grand River Aseptic Manufacturing
140 Front Ave SW
Grand Rapids, MI 49506

Distributed by:

Thermofisher Allentown Packaging Facility
Or Patheon Logistics
100 Berkeley Dr.
Swedesboro, NJ 08085

Packaged by:

Fisher Clinical Services Inc.
7554 Schantz Rd.
Allentown, PA 18100-9032

3C! Packaging
Independent Carton Group
Phone: 919.553.4113 • Fax: 919.553.2581

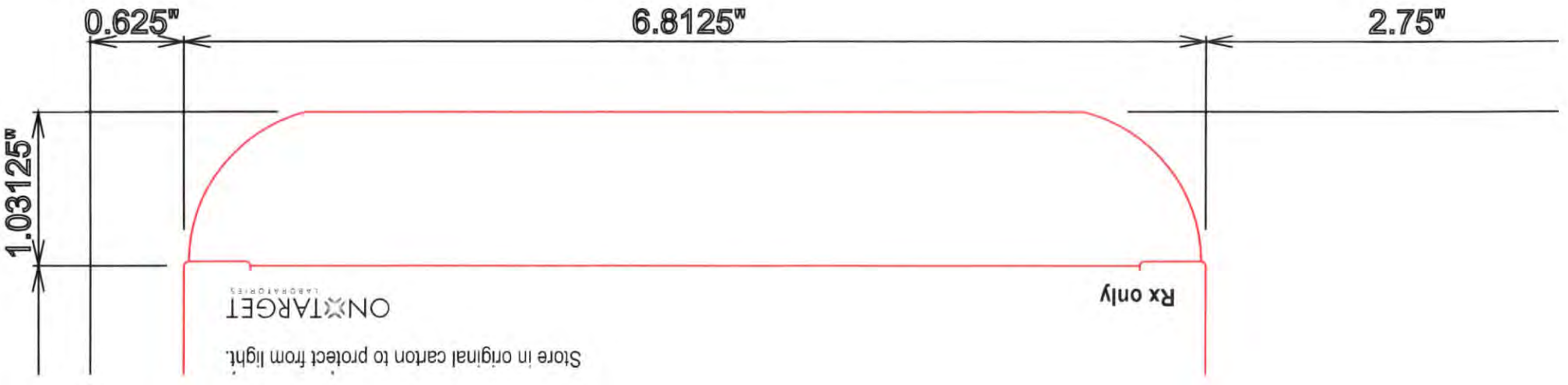
Structure: CC12677A
File Name: 028298
3c Pharmacode: 5541
Date: 06 OCT 2021
Graphic Tech.: KF 3C-05

Die Line (does not print)
Coating K.O.'s (does not print) AQ

Black **Cytalux Purple**

Please check proof closely for accuracy of copy, color separations, spelling, special characters, and barcodes. Spot colors are not verified. Spot colors will be matched on press to customer approved L*A*B* value or Digital values from Pantone Library.

Customer acknowledges that if permission has been given to 3C Packaging, Inc. (3C) to typeset, change, or otherwise alter the art file(s) referenced in this document or communication. 3C will make every effort to ensure any reproduction or changes in the art files are accurate and do not contain any misinformation, misspellings or errors. **However, it is the responsibility of Customer to review every proof for accuracy, misinformation, and misspellings. Customer acknowledges that any liability arising out of any inaccuracies, misinformation, misspellings or any other errors as a result of changes made by 3C to the art files are limited to the cost of the product that 3C provided to Customer.**



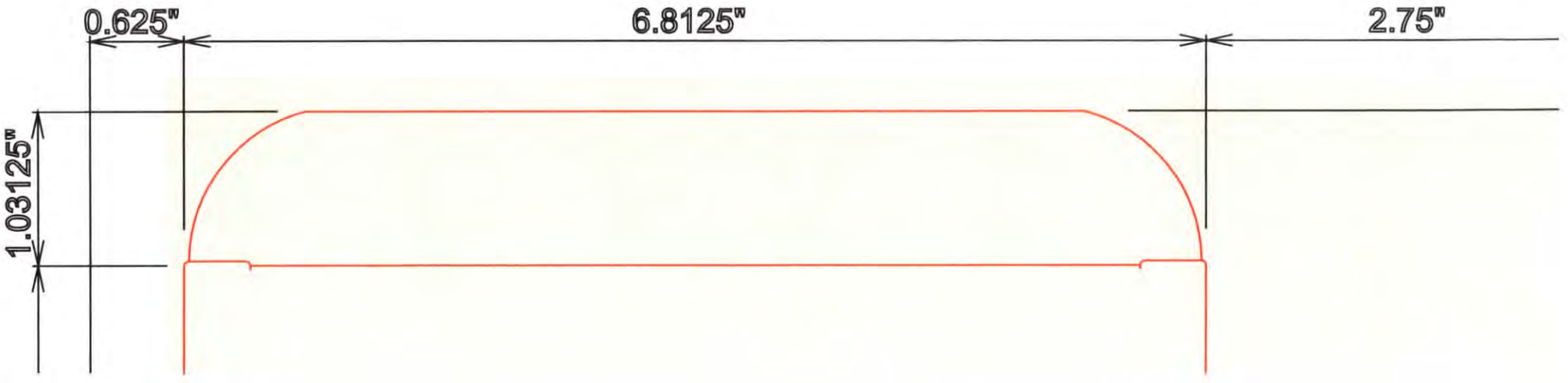
3C! Packaging
Independent Carton Group
Phone: 919.553.4113 • Fax: 919.553.2581

Structure: CC12677A
File Name: 028298
3c Pharmacode: 5541
Date: 06 OCT 2021
Graphic Tech.: KF 3C-05

Die Line (does not print)
(does not print)

Please check proof closely for accuracy of copy, color separations, spelling, special characters, and barcodes. Spot colors are not verified. Spot colors will be matched on press to customer approved L*A*B* value or Digital values from Pantone Library.

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3C! Packaging
QC
1000 CCC Drive
Clayton, NC 27520
U.S.A.

Barcode report

Item:	028298	Inspection:	1
Side:	Front		
Date:	10/6/2021	Time:	9:35:24 AM
Verifier:	3CP\proofiler operator		

Used parameter set:		**PDF to PDF**	
Software version:	3.7.1 (Build 49782)		
Barcode parameters:			
Required grade:	2.0 [C]	Regard traditional:	disabled

Result:			
Number of items:	OK: 1	Defective: 0	Count: 1
Barcode:	OK: 1	Defective: 0	Count: 1

Barcode:

Item - Code		Type	Code	Grade
1 - 1	Template	UPC-A	(0)381052138102	OK
1 - 1	Sample	UPC-A	(0)381052138102	4.0 [A] - OK

Comment :

The item(s) depicted on the following page(s) of this report have been inspected using automatic inspection equipment.

3C Packaging
Independent Carton Group
Phone: 919.553.4113 • Fax: 919.553.2581

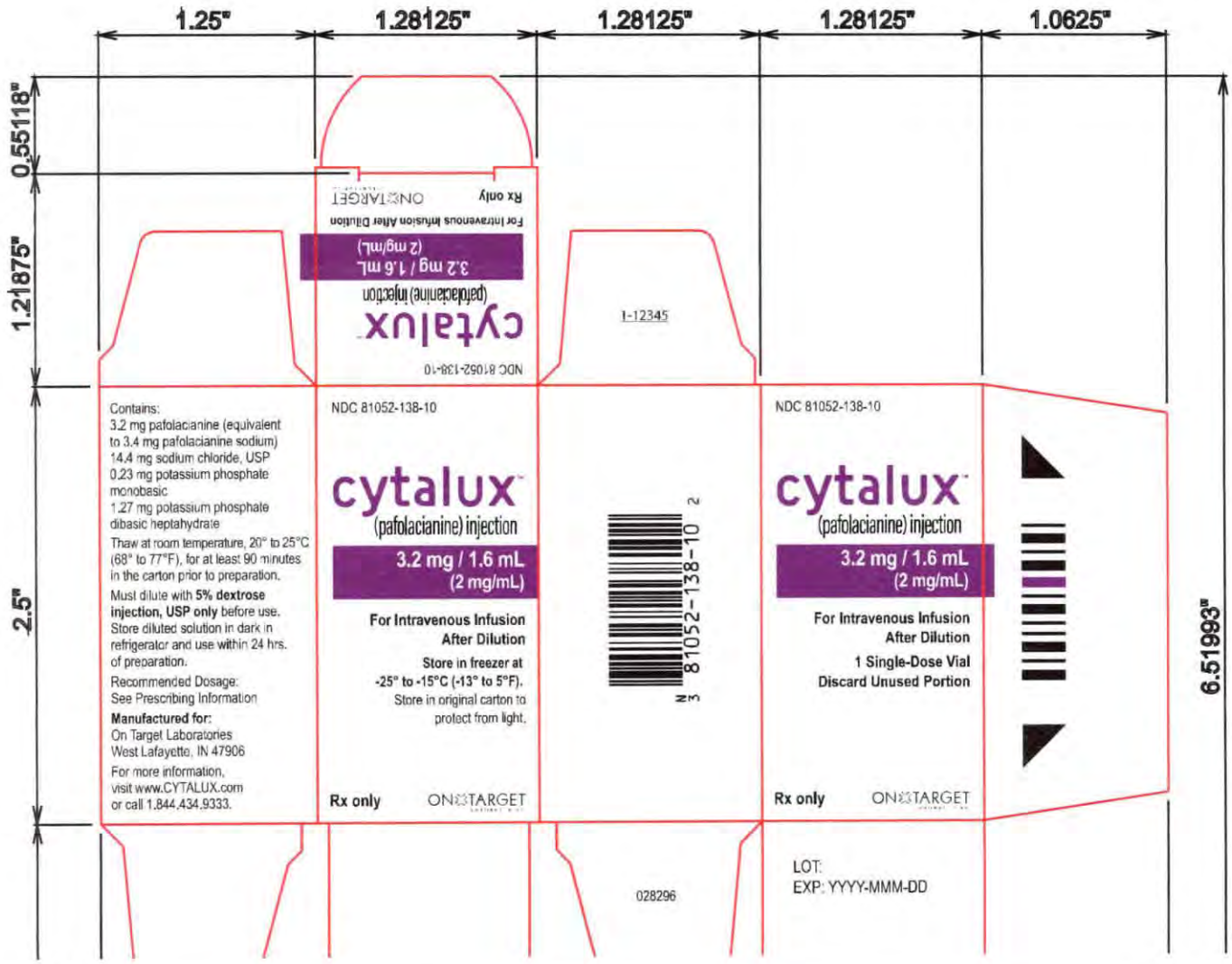
Structure: CC12676A
File Name: 028296
3c Pharmacode: 5540
Date: 06 OCT 2021
Graphic Tech.: KF 3C-05

Die Line (does not print)
AQ

Black **Cytalux Purple**

Please check proof closely for accuracy of copy, color separations, spelling, special characters, and barcodes. Spot colors are not verified. Spot colors will be matched on press to customer approved L*A*B* value or Digital values from Pantone Library.

Customer acknowledges that if permission has been given to 3C Packaging, Inc. (3C) to typeset, change, or otherwise alter the art file(s) referenced in this document or communication. 3C will make every effort to ensure any reproduction or changes in the art files are accurate and do not contain any misinformation, misspellings or errors. **However, it is the responsibility of Customer to review every proof for accuracy, misinformation, and misspellings. Customer acknowledges that any liability arising out of any inaccuracies, misinformation, misspellings or any other errors as a result of changes made by 3C to the art files are limited to the cost of the product that 3C provided to Customer.**



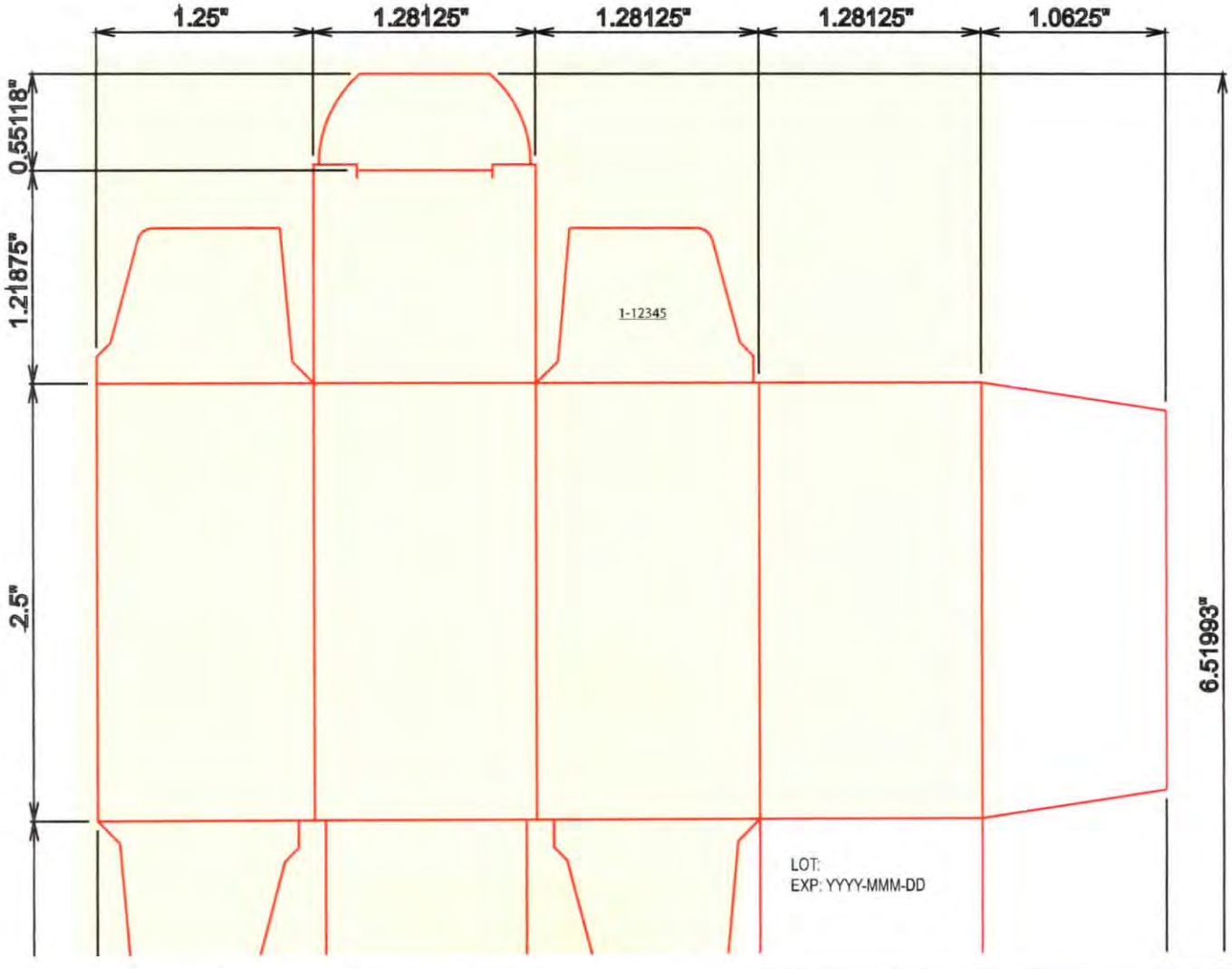
3C Packaging
Independent Carton Group
Phone: 919.553.4113 • Fax: 919.553.2581

Structure: CC12676A
File Name: 028296
3c Pharmacode: 5540
Date: 06 OCT 2021
Graphic Tech.: KF 3C-05

Die Line (does not print)

Please check proof closely for accuracy of copy, color separations, spelling, special characters, and barcodes. Spot colors are not verified. Spot colors will be matched on press to customer approved L*A*B* value or Digital values from Pantone Library.

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3C! Packaging
QC
1000 CCC Drive
Clayton, NC 27520
U.S.A.

Barcode report

Item:	028296	Inspection:	1
Side:	Front		
Date:	10/6/2021	Time:	9:32:37 AM
Verifier:	3CP\proofiler operator		

Used parameter set:		**PDF to PDF**	
Software version:	3.7.1 (Build 49782)		
Barcode parameters:			
Required grade:	2.0 [C]	Regard traditional:	disabled

Result:			
Number of items:	OK: 1	Defective: 0	Count: 1
Barcode:	OK: 1	Defective: 0	Count: 1

Barcode:

Item - Code		Type	Code	Grade
1 - 1	Template	UPC-A	(0)381052138102	OK
1 - 1	Sample	UPC-A	(0)381052138102	4.0 [A] - OK

Comment :

The item(s) depicted on the following page(s) of this report have been inspected using automatic inspection equipment.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

ALEXANDER GOROVETS
11/29/2021 09:02:23 AM

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: BioDelivery Sciences International, Inc.

Physical Address: 100 Technology Center Dr., Suite 300

City: Stoughton State: MA Zip: 02072

Mailing Address (if different from physical address): (same)

City: _____ State: _____ Zip: _____

Telephone: (781) 713-3699 Website: _____

Name of Designated Representative (DR): Scott Sudduth

Licensing Company Email: LRoden@newperspectives-us.co DR Email: LRoden@newperspectives-us.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

BioDelivery Sciences International, Inc.

Facility Name

Scott Sudduth, EVP

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

November 16, 2022

Date

Board Use Only	Date Received: 11-22-22	Amount: 1000.00 CK-2083

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ARx, LLC
Address: 400 Seaks Run Road City: Glen Rock State: PA Zip: 17327
Name: Contract Pharmaceuticals Limited
Address: 7600 Danbro Crescent, Mississauga City: Ontario L5N 6L6, Canada State: Zip:
Name: Tapemark Company
Address: 232 Lothenbach Ave., City: West St. Paul State: MN Zip: 55118
Name: UPM Pharmaceuticals
Address: 501 5th St. City: Bristol State: TN Zip: 37620

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Collegium Pharmaceutical, Inc. (parent)
Corporation Name: BioDelivery Sciences International, Inc. (wholly owned subsidiary)
Mailing Address: 100 Technology Center Dr., Suite 300
City: Stoughton State: MA Zip: 02072
Telephone: (781) 713-3699 Email: LRoden@newperspectives-us.com
Contact Person Name: Linda Roden

Date of SEC Registration: 4/2/2015	SEC Registration Number: 333-203208	Stock Exchange Symbol: COLL

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Description of Activity

BioDelivery Sciences International, Inc. (BDSI) is a Virtual Drug Manufacturer.

While we sell Legend Drugs and Controlled Substance, we do not warehouse or ship any of our products. Instead, we utilize 3PL Integrated Commercial Solutions, Inc., 420 International Blvd., Ste 500, Brooks, KY 40109.

Organization Chart

Parent Company – Collegium Pharmaceutical, Inc. FEIN 03-0416362, Publicly traded Corporation

Wholly Owned Subsidiary - BioDelivery Sciences International, Inc. (BDSI) FEIN 35-2089858

Officers and Directors of BDSI:

Joseph Ciaffoni, President and CEO

Colleen Tupper, CFO

Scott Sudduth – EVP, Head of Technical Operations, Designated Representative

Top Four Corporation Shareholders and % ownership:

See first page and page 70 of 2022 Proxy giving list of top shareholders

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through February 13, 2023

You have searched Finished drug products

Search Results: *'59385'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.
+ BELBUCA	59385-021-60	75 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ BELBUCA	59385-022-60	150 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ BELBUCA	59385-023-60	300 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ BELBUCA	59385-024-60	450 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ BELBUCA	59385-025-60	600 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ BELBUCA	59385-026-60	750 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ BELBUCA	59385-027-60	900 ug/1	FILM, SOLUBLE	BUCCAL	NDA207932
+ ELYXYB - celecoxib	59385-055-06	120 mg/4.8mL	LIQUID	ORAL	NDA212157
+ ELYXYB - celecoxib	59385-055-22	120 mg/4.8mL	LIQUID	ORAL	NDA212157
+ SYMPROIC	59385-041-07	.2 mg/1	TABLET	ORAL	NDA208854
+ SYMPROIC	59385-041-30	.2 mg/1	TABLET	ORAL	NDA208854

Showing 1 to 11 of 11 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001026	05/04/2022	05/04/2023	Virtual Drug Manufacturers

ISSUED TO

BIODELIVERY SCIENCES INTERNATIONAL, INC.
100 TECHNOLOGY CENTER DRIVE
SUITE 300
STOUGHTON, MA 02072
ATTN: SCOTT SUDDUTH HEAD OF TECHNICAL OPERATIONS

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

845851

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001026	05/04/2022	05/04/2023	Virtual Drug Manufacturers

ISSUED TO

BIODELIVERY SCIENCES INTERNATIONAL, INC.
100 TECHNOLOGY CENTER DRIVE
SUITE 300
STOUGHTON, MA 02072
ATTN: SCOTT SUDDUTH HEAD OF TECHNICAL OPERATIONS

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY NEW 845851

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0248686	11-30-2023	$1523.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N 3,3N,4,5	DISTRIBUTOR	10-09-2022

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
420 INTERNATIONAL BLVD STE 500
BROOKS, KY 40109 5309

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0248686	11-30-2023	$1523.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N 3,3N,4,5	DISTRIBUTOR	10-09-2022

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
420 INTERNATIONAL BLVD STE 500
BROOKS, KY 40109 5309

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF INCORPORATION OF "BIODELIVERY SCIENCES INTERNATIONAL, INC.", WAS RECEIVED AND FILED IN THIS OFFICE THE EIGHTEENTH DAY OF APRIL, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION REMAINS A DOMESTIC CORPORATION ON OUR RECORDS BUT HAS FAILED TO PAY THE FRANCHISE TAXES CURRENTLY DUE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIODELIVERY SCIENCES INTERNATIONAL, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2002.

Jeffrey W. Bullock, Secretary of State

3515699 8300O

SR# 20224054641

Authentication: 204891861

Date: 11-18-22

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Collegium Pharmaceutical, Inc. (Parent Company, Publicly Traded)
BioDelivery Sciences International, Inc. (BDSI, Wholly Owned Subsidiary of Collegium)

First name	Last name	Job Title	Office Locations
Daniel	Gatzke	Director, Commercial Finance	Home Office
Esselyn	Hope	Senior Manager, Data Warehouse & Reporting	Home Office
Joseph	Voss	Senior Manager, Quality Assurance	Home Office
Katherine	Stark	Commercial Counsel	Home Office
Todd	Kunkel	Senior Director, Scientific Communications	Home Office
Danny	Miles	Senior Manager, Supply Chain	Home Office
Lisa	Melvin	Director, Marketing	Home Office
Margaret	Magee	Senior Director, Finance Operations	Home Office
Rylie	Lagerquist	Senior Associate, Quality Control	Home Office
Hayley	Siemering	Senior Accountant	Home Office
Kimberly	Brunts	Therapeutic Specialist	Home Office
Benjamin	McKenna	Senior Quality Assurance Specialist	Home Office
Carolyn	Schneider	Senior Director, Corporate Development	Home Office
Evan	Rosenberg	Senior Manager, Revenue Accounting	Home Office
Melissa	Anderson	Manager, Sales Training	Home Office
James	DeMicco	Senior Manager, Scientific Communications	Home Office
Manoj	Jhunjhunwala	Senior Director, Corporate Development	Home Office
Jennifer	Richards	Executive Assistant	Home Office
Melissa	Lefer	Senior Product Manager	Home Office
Zachary	Koenig	Senior Director, Corporate Development	Home Office
Hiram	Valencia	Senior Director, IT	Home Office
Szymon	Zietek	Director, Market Access Strategy	Home Office
Tahsin	Ahmed	Senior Accountant	Home Office
Thomas	Smith	EVP, Chief Medical Officer	Home Office
Srisai	Rangarao	Vice President, Marketing	Home Office
Scott	Sudduth	EVP, Head of Technical Operations	Home Office
Ravi	Varanasi	Senior Director, CMC & Manufacturing	Home Office
Kathryn	Larsen	Senior Associate, Drug Safety	Home Office
Katherine	Amaya	Technical Operations Specialist	Home Office
Liliya	Fisher	Manager, Healthcare Compliance	Home Office
Karen	Potter	Senior Manager, Commercial Operations	Home Office
Mike	Giso	Manager, Quality Assurance	Home Office
Deborah	Causey	Senior Director, Pharmacovigilance & Drug Safety	Home Office
Michelle	Newman	Senior Manager, Resource Deployment	Home Office
Heta	Mehta	Manager, Regulatory Affairs	Home Office
Melinda	O'Connor	Vice President, Clinical Operations	Home Office
Renata	Lyons	Director, Supply Chain	Home Office
Steve	Mayock	Director, Quality Control	Home Office
Shirley	Kuhlmann	EVP, General Counsel & Chief Administrative Officer	Home Office
Maely	Carter	Senior Associate, Drug Safety	Home Office
Heidi	Chikmath	Senior Associate, Drug Safety	Home Office
Scott	Hatherley	Director, Forecasting & Analytics	Home Office
Channeary	Eth	Staff Accountant	Home Office
Cary	Denson	Senior Director, Financial Planning & Analysis	Home Office

Chanyce	Kane	Office Coordinator	Home Office
Mancia	Ko	Vice President, Medical Affairs	Home Office
Matthew	Maga	Director, Medical Affairs	Home Office
Arun	Padmanabhan	Vice President, Sales & Training	Home Office
Christophe	James	Vice President, Investor Relations	Home Office
Brianne	Meehan	Director, Talent Management	Home Office
Lisa	Dong	Senior Manager, Financial Planning & Analysis	Home Office
Donna	Gerace	Director, Data Warehouse & Reporting	Home Office
Carlo	Favazza	Senior Director, Quality Assurance	Home Office
Inara	Colon	Senior Manager, External Manufacturing	Home Office
Mike	Grima	Senior Manager, Quality Control	Home Office
Joseph	Ciaffoni	President & CEO	Home Office
Ronald	Weiss	Vice President, Commercial Operations	Home Office
John	Powell	Senior Director, Sales & Commercial Operations	Home Office
Nina	Massey	Senior Product Manager	Home Office
Mark	Charest	Vice President, Regulatory Affairs	Home Office
William	Woomer	Senior FP&A Analyst	Home Office
Bart	Dunn	EVP, Strategy & Corporate Development	Home Office
Marissa	Samuels	Vice President, Corporate Communications & Chief of Staff	Home Office
Jason	Young	Manager, Sales Training	Home Office
Danielle	Jesse	Senior Manager, SEC Reporting	Home Office
Sean	Spears	Senior Director, Marketing	Home Office
Colleen	Tupper	EVP, Chief Financial Officer	Home Office
David	Coyne	Vice President, Commercial Finance	Home Office
Kevin	Nee	Vice President, Finance	Home Office
Shannon	Kane	Senior Administrative Assistant	Home Office
Alison	Issler	Manager, Accounts Payable & Payroll	Home Office
Stephanie	Schofield	Product Manager	Home Office
Nicholas	Rubino	Senior Director, Commercial Training, Development & Effe	Home Office
Madelyn	Fong	Accounts Payable Specialist	Home Office
Ryan	Sullivan	Senior Director, Market Access Strategy & Operations	Home Office
Kristi	Paquette	Vice President, Market Access & Trade	Home Office
Pei Yu	Cheng	Intern	Home Office
Scott	Dreyer	EVP, Chief Commercial Officer	Home Office
Boniface	Emmanuel	Vice President, Compliance & Chief Compliance Officer	Home Office
Andrew	Cho	Manager, Accounting	Home Office
Angela	Holgado	Senior Manager, Regulatory Affairs	Home Office
Peter	Cedrone	Senior Analyst, Commercial Finance	Home Office

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

SCHEDULE 14A

Proxy Statement Pursuant to Section 14(a) of the Securities Exchange Act of 1934 (Amendment No.)

Filed by the Registrant ☒

Filed by a Party other than the Registrant ☐

Check the appropriate box:

☐ Preliminary Proxy Statement

☐ **Confidential, for Use of the Commission Only (as permitted by Rule 14a-6(e)(2))**

☒ Definitive Proxy Statement

☐ Definitive Additional Materials

☐ Soliciting Material under §240.14a-12

COLLEGIUM PHARMACEUTICAL, INC.

(Name of Registrant as Specified in its Charter)

(Name of Person(s) Filing Proxy Statement, if Other Than the Registrant)

Payment of Filing Fee (Check the appropriate box):

☒ No fee required.

☐ Fee paid previously with preliminary materials.

[ ] Fee computed on table in exhibit required by Item 25(b) per Exchange Act Rules 14a6(i)(1) and 0-11

Except as otherwise noted below, the address for each person or entity listed in the table is c/o Collegium Pharmaceutical, Inc., 100 Technology Center Drive, Suite 300, Stoughton, MA 02072.

Name and Address of Beneficial Owner		Number of shares beneficially owned	Percentage of shares beneficially owned
5% or greater shareholders:			
BlackRock, Inc.	(1)	5,631,660	16.60%
Janus Henderson Group plc	(2)	3,774,303	11.13%
Eventide Asset Management, LLC	(3)	2,629,593	7.75%
Camber Capital Management LP	(4)	1,050,000	3.10%
Rubric Capital Management LP	(5)	2,606,500	7.68%
The Vanguard Group	(6)	2,287,417	6.74%
Directors, Nominees and Named Executive Officers:			
Current Executive Officers			
Joseph Ciaffoni	(7)	285,534	*
Colleen Tupper	(8)	10,654	*
Shirley Kuhlmann	(9)	115,157	*
Scott Dreyer	(10)	116,157	*
Thomas B. Smith, M.D.		—	*
Former Executive Officers (who are named executive officers)			
Paul Brannelly		—	*
Alison Fleming		61,391	*
Richard Malamut, M.D.	(11)	121,450	*
Directors			
Michael Heffernan, R.Ph.	(12)	470,695	1.39%
Rita Balice-Gordon, Ph.D.	(13)	19,996	*
Garen Bohlin	(14)	91,747	*
John Fallon, M.D.	(15)	80,191	*
John Freund, M.D.	(16)	121,175	*
Neil F. McFarlane		—	*
Gwen Melincoff	(17)	59,276	*
Gino Santini	(18)	100,950	*
All current executive officers and directors as a group (13 persons)	(19)	**1,471,532**	**4.34%**

* Represents beneficial ownership of less than one percent (1%) of the outstanding shares of our common stock.

(1) Based solely on an Amendment to Schedule 13G filed with the SEC on January 28, 2022, BlackRock, Inc., a Delaware corporation, located at 55 East 52nd Street, New York, NY 10055 ("BlackRock"), reported aggregate beneficial ownership of 5,631,660 shares of our common stock. BlackRock reported that it possessed sole voting power of 5,550,301 shares and sole dispositive power of 5,631,660 shares. BlackRock also reported that it did not possess shared voting or dispositive power over any shares beneficially owned.

(2) Based solely on an Amendment to Schedule 13G filed with the SEC on February 10, 2022, Janus Henderson Group plc, a Jersey public limited company located at 201 Bishopsgate EC2M 3AE, United Kingdom ("Janus Henderson"), reported aggregate beneficial ownership of 3,774,303 shares

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the year ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the transition period from to

Commission File Number 001-37372



Collegium Pharmaceutical, Inc.

(Exact name of registrant as specified in its charter)

Virginia	**03-0416362**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification Number)
100 Technology Center Drive	**02072**
Stoughton, MA	(Zip Code)
(Address of principal executive offices)	

(781) 713-3699
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of exchange on which registered:
Common stock, par value $0.001 per share	COLL	The NASDAQ Global Select Market

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒	Accelerated filer ☐	Non-accelerated filer ☐ (Do not check if smaller reporting company)	Smaller reporting company ☐	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by checkmark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

As of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the registrant's common stock held by non-affiliates of the registrant was approximately $831.0 million, based on the closing price of the registrant's common stock on The NASDAQ Global Select Market on June 30, 2021 of $23.64 per share. Shares of the registrant's common stock held by each officer and director and each person known to the registrant to own 10% or more of the outstanding common stock of the registrant have been excluded in that such persons may be deemed affiliates. This determination of affiliate status is not a determination for other purposes.

As of January 31, 2022, there were 33,377,788 shares of the registrant's common stock, par value, $0.001 per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for its 2022 Annual Meeting of Shareholders (the "Proxy Statement"), to be filed within 120 days of the registrant's year ended December 31, 2021, are incorporated by reference in Part II and Part III of this Report on Form 10-K. Except with respect to information specifically incorporated by reference in this Form 10-K, the Proxy Statement is not deemed to be filed as part of this Form 10-K.

Table of Contents

TABLE OF CONTENTS

		Page No.
PART I		
Item 1.	Business	3
Item 1A.	Risk Factors	22
Item 1B.	Unresolved Staff Comments	39
Item 2.	Properties	39
Item 3.	Legal Proceedings	39
Item 4.	Mine Safety Disclosures	39
PART II		
Item 5.	Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	39
Item 6.	[Reserved]	41
Item 7.	Management's Discussion and Analysis of Financial Condition and Results of Operations	41
Item 7A.	Quantitative and Qualitative Disclosures about Market Risk	53
Item 8.	Consolidated Financial Statements and Supplementary Data	53
Item 9.	Changes in and Disagreements with Accountants on Accounting and Financial Disclosure	53
Item 9A.	Controls and Procedures	53
Item 9B.	Other Information	56
Item 9C.	Disclosure Regarding Foreign Jurisdictions that Prevent Inspections	56
PART III		
Item 10.	Directors, Executive Officers and Corporate Governance	56
Item 11.	Executive Compensation	56
Item 12.	Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	56
Item 13.	Certain Relationships and Related Transactions, and Director Independence	56
Item 14.	Principal Accountant Fees and Services	56
PART IV		
Item 15.	Exhibits and Financial Statement Schedules	56
Item 16.	Form 10-K Summary	59
SIGNATURES		60

Table of Contents

Forward-Looking Statements

Statements made in this Annual Report on Form 10-K that are not statements of historical or current facts, such as those under the heading "Management's Discussion and Analysis of Financial Condition and Results of Operations," are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements discuss our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. These statements may be preceded by, followed by or include the words "aim," "anticipate," "believe," "estimate," "expect," "forecast," "intend," "outlook," "plan," "potential," "project," "projection," "seek," "may," "could," "would," "should," "can," "can have," "likely," the negatives thereof and other words and terms of similar meaning.

Forward-looking statements are inherently subject to risks, uncertainties and assumptions; they are not guarantees of performance. You should not place undue reliance on these statements. We have based these forward-looking statements on our current expectations and projections about future events. Although we believe that our assumptions made in connection with the forward-looking statements are reasonable, we cannot assure you that the assumptions and expectations will prove to be correct.

You should understand that the following important factors could affect our future results and could cause those results or other outcomes to differ materially from those expressed or implied in our forward-looking statements:

- our ability to commercialize and grow sales of our products, particularly in light of current global challenges stemming from the COVID-19 pandemic;
- our ability to complete our announced acquisition of BioDelivery Sciences International, Inc. ("BDSI"), successfully integrate BDSI's operations into our organization following closing, and realize projected cost savings associated with the acquisition of BDSI;
- our ability to obtain and maintain regulatory approval of our products, and any related restrictions, limitations, and/or warnings in the label of an approved product;
- the size of the markets for our products, and our ability to service those markets;
- the success of competing products that are or become available;
- our ability to obtain and maintain reimbursement and third-party payor contracts with favorable terms for our products;
- the costs of commercialization activities, including marketing, sales and distribution;
- the rate and degree of market acceptance of our products;
- changing market conditions for our products;
- the outcome of any patent infringement, opioid-related or other litigation that may be brought by or against us, including litigation with Purdue Pharma, L.P.;
- the outcome of any governmental investigation related to the manufacture, marketing and sale of opioid medications;
- the performance of our third-party suppliers and manufacturers;
- our ability to secure adequate supplies of active pharmaceutical ingredients for each of our products, manufacture adequate quantities of commercially salable inventory and maintain our supply chain in the face of global challenges, such as the COVID-19 pandemic;
- our ability to effectively manage our relationships with licensors and to commercialize products that we in-license from third parties;
- our ability to attract collaborators with development, regulatory and commercialization expertise;
- our ability to obtain funding for our business development;
- our ability to comply with the terms of our outstanding indebtedness;
- regulatory and legislative developments in the United States, including the adoption of opioid stewardship and similar taxes that may impact our business;
- our ability to obtain and maintain sufficient intellectual property protection for our products and any future product candidates;
- our ability to comply with stringent government regulations relating to the manufacturing and marketing of pharmaceutical products, including U.S. Drug Enforcement Agency ("DEA") compliance;
- our customer concentration, which may adversely affect our financial condition and results of operations;
- the accuracy of our estimates regarding expenses, revenue, capital requirements and need for additional financing; and
- the other risks, uncertainties and factors discussed under the heading "Risk Factors" in this Annual Report on Form 10-K.

In light of these risks and uncertainties, expected results or other anticipated events or circumstances discussed in this Annual Report on Form 10-K (including the exhibits hereto) might not occur. We undertake no obligation, and specifically decline any obligation, to publicly update or revise any forward-looking statements, even if experience or future developments make it clear that projected results expressed or implied in such statements will not be realized, except as may be required by law.

These and other risks are described under the heading "Risk Factors" in this Annual Report on Form 10-K. Those factors and the other risk factors described therein are not necessarily all of the important factors that could cause actual results or developments to differ materially from those expressed in any of our forward-looking statements. Other unknown or unpredictable factors also could harm our results. Consequently, there can be no assurance that actual results or developments anticipated by us will be realized or, even if substantially realized, that they will have the expected consequences to, or effects on, us. Given these uncertainties, prospective investors are cautioned not to place undue reliance on such forward-looking statements.

Table of Contents

PART I

Item 1. Business

Overview

We are building a leading, diversified specialty pharmaceutical company committed to improving the lives of people living with serious medical conditions. Our portfolio includes Xtampza ER, an abuse-deterrent, extended-release, oral formulation of oxycodone and Nucynta ER and Nucynta IR (collectively, the "Nucynta Products"), which are extended-release ("ER") and immediate-release ("IR") formulations of tapentadol. Xtampza ER was approved by the U.S. Food and Drug Administration ("FDA") in April 2016 for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. We commercially launched Xtampza ER in June 2016.

Nucynta ER is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment, including neuropathic pain associated with diabetic peripheral neuropathy in adults, and for which alternate treatment options are inadequate. Nucynta IR is indicated for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate in adults. We initially licensed the right to commercialize the Nucynta Products in the United States through a Commercialization Agreement with Assertio Therapeutics, Inc. (formerly known as Depomed) ("Assertio") entered into in December 2017 (the "Nucynta Commercialization Agreement") and began marketing the Nucynta Products in February 2018. On February 13, 2020, we closed our acquisition of certain assets related to the Nucynta Products, including the right to commercialize the Nucynta Products in the United States and certain regulatory and supply chain assets (the "Nucynta Acquisition"), from Assertio for an aggregate purchase price of $375.0 million, subject to certain adjustments as set forth in the Asset Purchase Agreement, dated as of February 6, 2020, between us and Assertio (the "Nucynta Purchase Agreement").

For the fiscal year ended December 31, 2021, we generated $276.9 million in net revenues, comprised of $103.7 million from sales of Xtampza ER and $173.2 million from sales of the Nucynta Products.

As of the date of the filing of this Annual Report on Form 10-K, we expect the COVID-19 pandemic and actions taken to contain it to continue to impact our revenue. Notwithstanding the lifting of some COVID-19 restrictions in many jurisdictions, and amidst continuing public health concerns relating to the spread of COVID-19, particularly variants thereof, weekly pain patient office visits continue to be depressed compared to pre-COVID periods, which we believe in turn may account for fewer patients beginning therapy with our products. We believe that the disruptions caused by COVID-19 will continue and there remains substantial uncertainty as to when such disruptions will cease.

Pain, Pain Management and Opioid Abuse in the United States

Acute and Chronic Pain

Pain can be classified along many different variables, including severity, duration and etiology. There are two broad categories of pain based on duration: acute pain, or pain that is self-limited and generally requires treatment for no more than up to a few weeks, and chronic pain, or pain that lasts beyond the healing of an injury or that persists longer than 3-6 months. According to a 2019 U.S. Centers for Disease Control and Prevention ("CDC") report, it is estimated that chronic pain affects at least 40 million U.S. adults annually, with at least 14 million of those adults experiencing high impact chronic pain, defined as chronic pain that interferes with daily life or work activities most days or every day. Acute pain is even more prevalent and can occur after an injury, burn, trauma or surgery.

Chronic pain leads to over $560 billion in healthcare and productivity costs annually, according to a 2011 report from the Institute of Medicine. In addition, studies suggest that healthcare costs for people suffering from chronic pain are higher, and often substantially higher, than for those without chronic pain.

The Role of Prescription Opioids in the Treatment of Pain

Prescription opioids continue to serve as important tools in the treatment of acute and chronic pain where alternative treatments have been inadequate. Prescription opioids are available in immediate-release formulations as well as in extended-release formulations, which incorporate a time-release mechanism designed to deliver steady amounts of

opioid, typically over 12 to 24 hours. Extended-release opioids are designed to offer more convenient dosing with a longer period of consistent blood levels of the active drug as compared to immediate-release formulations.

In 2021, there were approximately 152.8 million prescriptions for opioids written in the United States, representing a 3% decline from 2020 levels and including approximately 2.9 million prescriptions for branded extended-release opioids, approximately 12.1 million prescriptions for generic extended-release opioids, and greater than 137.7 million prescriptions for immediate-release opioids. After marked increases in opioid prescriptions from 2000 to 2015, prescriptions decreased each year since 2015, correlated with rising awareness of the extent and impact of the opioid crisis. Prescription levels for 2020 represented a return to levels similar to these seen in the year 2000, when 143.8 million prescriptions for opioid were written in the United States, including 11.4 million prescriptions for extended-release opioids and 132.3 million prescriptions for immediate-release opioids.

Increasingly, practitioners and regulators are focusing on multidisciplinary, multimodal approaches to pain management, including exercise, physical therapy and psychotherapy, and opioid and non-opioid medications. Recognizing the role that opioid therapy continues to play in effective management of moderate to severe pain in appropriate patients, these groups are advocating for best practices that support appropriate opioid prescribing practices that may help mitigate the risks of abuse, addiction and other adverse events to patients.

Prescription Opioid Abuse in the United States

Prescription opioids of all kinds, including both immediate-release and extended-release formulations, are subject to manipulation, diversion, misuse, and abuse. Besides their accepted uses for analgesia, opioids produce a general sense of well-being or euphoria by reducing tension, anxiety, and aggression. These effects contribute to the attractiveness of opioids for abuse and, indeed, the CDC has described abuse of prescription drugs in the United States as a vast and deadly epidemic. The beginning of the opioid overdose epidemic in the late 1990s was marked by a rise in prescription opioid overdose deaths. For a variety of reasons, heroin use began increasing in the mid-2000s, and had surpassed prescription opioids as a cause of opioid-related overdose by 2016, reaching a rate of 4.9 per 100,000 persons in 2018. Meanwhile, the predominant opioid cause of death in 2018 involved synthetic opioids other than methadone. While opioid-involved overdose deaths declined slightly in 2018 (in contrast to the sharp increases during 2014 to 2017), the number of drug overdose deaths was still four times higher in 2018 than in 1999.

The emergence of COVID-19 in early 2020 raised fears that already-rising drug overdose deaths could surge even further amid social isolation, economic stress, and disrupted access to treatment facilities and providers.
Prior research showed that overdose deaths immediately spiked to previously unseen levels after the COVID-19 pandemic began to impact the United States domestically in March 2020 and stayed elevated throughout the summer. Provisional data from the National Center for Health Statistics at the Centers for Disease Control and Prevention (based on data available as of February 6, 2022) indicate that there were at least 74,754 opioid overdose deaths for the 12-month period ending September 2021, a year-over-year increase of approximately 22%. While the bulk of these deaths is attributable to synthetic opioids (excluding methadone), there remain a substantial number of overdose deaths attributable to natural and semi-synthetic opioids, with rates that have remained essentially consistent since at least 2015.

The opioid epidemic has, in addition to its death toll, imposed significant burdens on the U.S. healthcare system. In 2016, there were an estimated 91,840 hospitalizations and 197,970 emergency department visits for opioid-related poisonings in the United States. A nonprofit group that studies the health economy recently estimated that the opioid epidemic has cost the United States more than a trillion dollars since 2001, based on CDC mortality data through June 2017. The greatest financial cost of the epidemic, according to the report, is in lost earnings and productivity losses to employers.

Despite the reduction in opioid prescriptions in recent years and the heightened awareness of the risks associated with opioid use, abuse of prescription opioids, including extended-release formulations, continues to be a major public health issue. In 2019, an estimated 10.1 million, or 3.7% of persons aged 12 and older, reported opioid misuse in the prior year as collected by the National Survey on Drug Use and Health sponsored by Substance Abuse and Mental Health Services Administration (SAMHSA). There was no significant change in this data for 2020.

Extended-release opioids may be especially attractive to people who abuse opioids because, if the extended-release mechanism can be defeated through tampering, many extended-release products quickly deliver a relatively large amount of active pharmaceutical ingredient (an effect known as “dose dumping”). By manipulating these products,

therefore, people who abuse opioids achieve a more intense euphoria as a result of rapid increases in the blood concentration of the active pharmaceutical ingredient.

In response to issues surrounding abuse of prescription opioids, pharmaceutical companies have developed novel, abuse-deterrent formulation strategies. Abuse-deterrent formulations, including the DETERx platform that is incorporated in Xtampza ER, target the known or expected routes of abuse, such as crushing in order to snort or dissolving in order to inject, for the specific opioid drug substance. The FDA has encouraged the development of prescription opioids with abuse-deterrent formulations to help combat the opioid crisis, and expanding access to abuse deterrent formulations is part of the FDA's comprehensive Opioids Action Plan. These technologies, however, do not eliminate the possibility of misuse and abuse. Moreover, no abuse deterrence technology, including DETERx, is able to deter the most common form of abuse —swallowing a number of intact capsules or tablets to achieve a feeling of euphoria.

Legislative and Regulatory Actions

In response to widespread prescription opioid abuse, the U.S. government and a number of state legislatures have in recent years enacted new legislation and regulations intended to fight the opioid epidemic. At the federal level (in addition to the DEA and FDA efforts discussed elsewhere in this Annual Report on Form 10-K), in 2016 the CDC issued prescribing guidelines intended to reduce opioid-related harms by encouraging primary care physicians to limit the amount of morphine milligram equivalents (MMEs) that they prescribe for chronic pain patients.

While much, if not most, of the state level efforts have focused primarily on increasing people's access to substance abuse treatment and harm reduction measures, some initiatives more directly impact manufacturers and distributors of prescription opioid products; these laws include requirements that manufacturers fund statewide drug take-back programs or pay opioid-specific taxes or "impact fees" and laws that limit the amount of opioid products that a physician may prescribe. Recent years have also seen a variety of proposed and enacted laws and regulations at the federal, state and local level intended to reduce, or limit increases in, pharmaceutical prices, including particularly prescription drug price disclosure laws. Other jurisdictions may enact similar or novel measures intended to reduce or constrain the growth of pharmaceutical spending or otherwise impose policy measures (either opioid-specific or applicable to the pharmaceutical industry as a whole) that could increase our operating costs associated with compliance.

The Collegium Portfolio

Our mission is to build a leading, diversified specialty pharmaceutical company committed to improving the lives of people living with serious medical conditions. We have leveraged our research and development efforts as well as licensing relationships with third parties, to develop a portfolio of meaningfully differentiated products for use in the treatment of moderate to severe pain.

Xtampza ER

In April 2016, the FDA approved our New Drug Application ("NDA") for Xtampza ER (extended-release oxycodone) for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The approved labeling for Xtampza ER includes human abuse potential studies, as well as data supporting the administration of the product as a sprinkle or through feeding tubes. In June 2016, we launched Xtampza ER in the United States. Xtampza ER is formulated using our novel abuse-deterrent technology platform, DETERx, which provides extended-release delivery, while also providing barriers to common methods of abuse and misuse (e.g., crushing, chewing, heating and injecting). This technology combines an active opioid ingredient with a fatty acid and waxes to form microspheres that are filled into a capsule. These wax-based microspheres are designed to resist particle size reduction and dose dumping when subjected to physical and chemical manipulation. Xtampza ER's label indicates a dosing regimen of one capsule every 12 hours, and it must be taken with food.

Xtampza ER, OxyContin from Purdue, and the authorized generic version of OxyContin (which is identical to the branded version) are the only extended-release oxycodone products marketed in the United States as of January 2021. In 2021, the extended-release oxycodone (OER) market generated approximately $1.3 billion in gross U.S. sales and there were approximately 2.2 million prescriptions written. OxyContin is the largest selling extended-release oxycodone (and largest-selling branded extended-release opioid) in the United States by dollars and prescription volume, with approximately $0.9 billion in U.S. gross sales and approximately 1.5 million prescriptions written in 2021. Relative to 2020, dollars generated by sales for OxyContin and its authorized generic forms written in the United States in 2021

declined 19%, with a 20% decline prescription volume. In 2021, approximately 681,000 prescriptions for Xtampza ER were written.

Xtampza ER and OxyContin (along with its authorized generic) feature the same active pharmaceutical ingredient (oxycodone) and feature abuse-deterrent technologies – though the abuse deterrent technologies are designed differently. In November 2017, we announced FDA approval of a Supplemental New Drug Application ("sNDA") for Xtampza ER to include comparative oral pharmacokinetic data from a clinical study evaluating the effect of physical manipulation by crushing Xtampza ER compared with OxyContin and a control (oxycodone hydrochloride immediate-release). In the study, Xtampza ER maintained its extended-release pharmacokinetic profile when crushed, while OxyContin showed a rapid release of oxycodone when crushed with common household tools; crushed OxyContin was bioequivalent to crushed oxycodone IR. The sNDA also added results from an oral human abuse potential study and an oral abuse deterrent claim to the label, making Xtampza ER the only single-agent extended-release oxycodone with oral, intranasal, and intravenous abuse-deterrent labeling.

We are committed to ongoing monitoring and public dissemination of our real-world abuse and diversion data, regardless of the results. The two main sources of real-world abuse, misuse, and diversion data are RADARS® and Inflexxion, an IBH Company. The Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS) System collects product-and geographically-specific data on abuse, misuse, and diversion of prescription drugs through its multiple data sources. Abuse, misuse, and diversion of Xtampza ER has remained low compared to commonly abused schedule II opioid analgesics for three years after introduction into the U.S. market. Methods to defeat the tamper resistant properties of Xtampza ER are reported but there is no indication of widespread or expanding abuse or misuse in the data streams evaluated. Potential limitations are based upon the fact that the Poison Center and Treatment Center Program cases involve self-reporting which may lead to: 1) differential misidentification among drug groups which may affect observed differences, and 2) case counts of drug groups comprised primarily of branded products (Other ADF ER opioids) may be overestimated when based on self-reporting and drug groups comprised primarily of generic products (non-ADF ER opioids and IR oxycodone) may be underestimated. The RADARS data represents a single snapshot in time and is subject to change. Therefore, we plan to continue monitoring real world data characterizing the rate of abuse, misuse, and diversion of Xtampza.

We believe Xtampza ER is well-positioned to capture a significant share of extended-release oxycodone market.

Nucynta ER and Nucynta IR

Nucynta ER is an extended-release formulation of tapentadol that is indicated for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment, and for which alternate treatment options are inadequate. Nucynta ER is also the only extended-release opioid approved by the FDA for management of the neuropathic pain associated with diabetic peripheral neuropathy. Nucynta IR is an immediate-release formulation of tapentadol that is indicated for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate in adults. Nucynta ER and Nucynta IR are the only tapentadol-based products marketed in the United States and the drug substance is patent-protected.

Nucynta ER's label includes data from separate clinical trials that demonstrate its efficacy in improving pain intensity for patients suffering from chronic low back pain and neuropathic pain associated with diabetic peripheral neuropathy. Nucynta IR's label includes data from a clinical trial that demonstrates its efficacy in improving pain intensity for post-surgical acute pain.

In December 2017, we entered into the Nucynta Commercialization Agreement, pursuant to which Assertio agreed to grant us a sublicense of certain of its intellectual property related to the Nucynta Products for commercialization of such products in the United States. On January 9, 2018, we amended the Nucynta Commercialization Agreement and consummated the transactions contemplated thereby. On February 13, 2020, we closed the Nucynta Acquisition.

We began shipping and recognizing product sales on the Nucynta Products on January 9, 2018, and we began commercial promotion of the Nucynta Products in February 2018. Upon the closing of the Nucynta Acquisition and the termination of the Nucynta Commercialization Agreement (except for certain sections that survive in accordance with the Nucynta Purchase Agreement), we assumed all commercialization responsibilities, including sales and marketing, for the Nucynta Products, through the assumption of a license from Grünenthal Gmbh (the "Grünenthal License"). Our prior

royalty obligation to Assertio ceased and our only remaining royalty obligation is to pay 14% of net sales of the Nucynta Products directly to Grünenthal Gmbh under the Grünenthal License.

Manufacturing of Our Products

Overview

Xtampza ER is manufactured using a proprietary process. This process is reproducible, scalable and cost-efficient, and we believe that the microsphere formulation — and the related manufacturing process — is unique in the extended-release opioid market. To date, we have produced Xtampza ER through a contract manufacturing organization, Patheon, a subsidiary of Thermo Fisher Scientific, Inc. Our microsphere production is currently conducted in a dedicated manufacturing suite as we transitioned the microsphere production to the new suite in 2021. Patheon has an established record of manufacturing FDA-approved products in the United States, including products containing controlled substances. We own all of the intellectual property, including know-how and specialized manufacturing equipment, necessary to be able to qualify the manufacturing equipment currently located at Patheon's facility as an alternative location (and with an alternative vendor) if necessary.

Nucynta ER is produced at a Janssen facility in Puerto Rico pursuant to a supply agreement that we assumed from Assertio in connection with the Nucynta Acquisition. Collegium continues to execute the transfer of the Nucynta ER manufacturing process through a technology transfer program to enable manufacturing of Nucynta ER at Patheon in Cincinnati, Ohio. Collegium expects the Nucynta ER process to be completed in 2022. Nucynta IR is produced at a contract manufacturing organization, Cambrex, pursuant to a supply agreement.

Drug Substances

The active pharmaceutical ingredient used to formulate Xtampza ER is oxycodone base, which presents as myristate salt in the Xtampza ER formulation. We currently procure this active pharmaceutical ingredient pursuant to a supply agreement with a single U.S.-based manufacturer. As part of our business continuity program, we are in the process of qualifying a secondary active pharmaceutical ingredient manufacturer.

The active pharmaceutical ingredient used in the Nucynta Products is tapentadol, which is supplied by a single U.S.-based manufacturer. As part of our business continuity program, we are in the process of qualifying a secondary active pharmaceutical ingredient manufacturer.

Oxycodone base and tapentadol are classified as narcotic controlled substances under U.S. federal law. Xtampza ER and the Nucynta Products are classified by the DEA as Schedule II controlled substances, meaning that they have a high potential for abuse and dependence but are recognized as having an accepted medical use. Consequently, the manufacturing, shipping, dispensing and storing of our products are subject to a high degree of regulation, as described in more detail under the caption "— Governmental Regulation — DEA and Opioid Regulation."

Marketing and Commercialization

We commercialize Xtampza ER and the Nucynta Products in the United States with a dedicated field sales force, consisting of approximately 94 sales representatives and managers, to call on the approximately 10,000 health care professionals who write approximately 62% of the branded extended-release opioid prescriptions in the United States, with a primary focus on pain specialists. We also employ a market-access team to support our formulary approval and payor contracting.

Our marketing strategy focuses on increasing awareness of the differentiated features of Xtampza ER and the Nucynta Products. As an integral part of educating clinicians regarding the properties and differentiated profiles of our products, our sales force is trained to share information relating to significant risks associated with prescription opioids, including risks relating to addiction, abuse and misuse.

We primarily sell our products to wholesalers that, in turn, distribute our products to retail outlets (such as drug store and supermarket chains and independent pharmacies), managed health care organizations and government agencies. Customers in the managed health care market include health maintenance organizations, nursing homes, hospitals, clinics, pharmacy benefit management companies and mail order customers. Three of our customers comprised more

than 10% of our revenue during the year ended December 31, 2021. These customers comprised 35%, 31% and 29% of revenue, respectively.

Intellectual Property

The protection of patents, designs, trademarks and other proprietary rights that we own or license is critical to our success and competitive position. Xtampza ER is protected by nineteen issued patents in the United States (which cover both the abuse-deterrent technology and methods of using it to treat patients), one granted and two pending applications in the European Patent Office, two issued patents in Canada, and one issued patent in each of Japan and Australia. Finally, we have six patent applications pending in the United States, one pending patent application in each of Canada and Japan, and one pending PCT application. Our issued U.S. patents are projected to expire in 2023, 2025, 2030, and 2036 and our pending patent applications in the United States, if issued, would be projected to expire in 2023, 2030, and 2036. In addition, we use a unique and proprietary process to manufacture our products that requires significant know how, which we currently protect as trade secrets.

We have concluded that some of our technology is best protected as proprietary know-how, rather than through obtaining patents. Except for licenses from Grünenthal GmbH to commercialize the Nucynta Products in the United States and its territories, our technology and products are not in-licensed from any third party, and we own all of the rights to Xtampza ER. We believe we have freedom to operate in the United States and other countries, but there can be no assurance that other companies, known and unknown, will not attempt to assert their intellectual property against us.

We also rely on trademarks and trade designs to develop and maintain our competitive position. We have received trademark registration for Collegium Pharmaceutical, Inc., DETERx, and Xtampza ER in the United States, and acquired trademarks associated with the Nucynta Products in connection with the Nucynta Acquisition.

Our business depends upon the skills, knowledge and experience of our scientific and technical personnel, as well as that of our advisors, consultants and other contractors. To help protect our proprietary know-how that is not patentable, we rely on trade secret protection and confidentiality agreements to protect our interests. To this end, we generally require our employees, consultants and advisors to enter into confidentiality agreements prohibiting the disclosure of confidential information and, in some cases, requiring disclosure and assignment to us of the ideas, developments, discoveries and inventions important to our business. Additionally, these confidentiality agreements require that our employees, consultants and advisors do not bring to us, or use without proper authorization, any third party's proprietary technology.

Competition

Our industry is characterized by rapidly advancing technologies, intense competition and a strong emphasis on proprietary products. We face competition and potential competition from a number of sources, including pharmaceutical and biotechnology companies, generic drug companies, drug delivery companies and academic and research institutions. Most of the existing and potential competitors have significantly more financial and other resources than we do. We believe the key competitive factors that will affect the commercial success of our products include the therapeutic efficacy, convenience of dosing and distribution and, in the case of Xtampza ER, the degree of abuse deterrence of competing products, as well as their safety, cost and tolerability profiles.

Xtampza ER

Currently, the only extended-release opioid drugs on the market that have an abuse-deterrent product label, in addition to Xtampza ER, are OxyContin and Hysingla®, both from Purdue. Hysingla is a once a day hydrocodone product.

Xtampza ER may also face competition from commercially available generic and branded extended-release and long-acting opioid drugs other than oxycodone, including morphine sulfate, fentanyl, hydromorphone, oxymorphone and methadone, as well as opioids that are currently in clinical development, including a generic version of Xtampza ER for which Teva submitted an Abbreviated New Drug Application ("ANDA") to the FDA. Pursuant to a settlement we reached with Teva in September 2020, we agreed to grant Teva a license to market its generic version of Xtampza ER in the United States beginning on or after September 2, 2033 (subject to FDA approval and acceleration under certain circumstances). As a result of the settlement, Teva agreed to a consent judgment confirming that its proposed generic

products infringe upon our asserted patents and that those patents are valid and enforceable with respect to Teva's proposed generic products.

Xtampza ER competes against all extended-release opioids, including Purdue's OxyContin and its authorized generics. Although Purdue lists 19 patents for OxyContin in the Orange Book, of which 10 list expiration dates between 2027 and 2030, it is possible that generic forms of OxyContin could become available sooner, in which case Xtampza ER would compete with any such generic oxycodone extended-release products, in addition to all other extended-release opioids and their respective generics.

The Nucynta Products

Nucynta ER competes primarily against other long-acting opioid medications, including: OxyContin; Butrans; Belbuca; and Hysingla. Nucynta ER may also face competition from commercially available generic and branded extended-release and long-acting opioid drugs including oxycodone, morphine sulfate, fentanyl, hydromorphone, oxymorphone and methadone.

Nucynta IR competes primarily against short-acting opioids used for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate in adults. There are numerous such medicines, including: generic hydrocodone acetaminophen; generic oxycodone; generic oxycodone acetaminophen; and generic tramadol.

Government Regulation

FDA Approval Process

In the United States, pharmaceutical products are subject to extensive regulation by the FDA. The Federal Food, Drug, and Cosmetic Act and other federal and state statutes and regulations govern the research, development, testing, manufacture, storage, recordkeeping, approval, labeling, promotion and marketing, distribution, post-approval monitoring and reporting, sampling, and import and export of pharmaceutical products. Failure to comply with applicable U.S. requirements may subject a company to a variety of administrative or judicial sanctions, such as warning or untitled letters, product recalls, product seizures, total or partial suspension of production or distribution, withdrawal of the product from the market, injunctions, fines, civil penalties, and criminal prosecution. Failure to meet FDA requirements for approval would also result in a medication not being approved for marketing.

The process of developing a pharmaceutical product and obtaining FDA approval to market the medication in the United States typically involves:

- completion of preclinical laboratory and animal testing and formulation studies in compliance with the FDA's good laboratory practices ("GLP"), regulation;
- submission to the FDA of an Investigational New Drug Application ("IND") for human clinical testing, which must become effective before human clinical trials may begin in the United States;
- approval by an independent institutional review board, at each clinical trial site before each trial may be initiated;
- performance of adequate and well-controlled human clinical trials in accordance with current good clinical practices ("GCP") to establish the safety and efficacy of the proposed drug product for each indication for which FDA approval is sought;
- satisfactory completion of an FDA pre-approval inspection of the facility or facilities at which the product is manufactured to assess compliance with the FDA's cGMP regulations;
- submission to the FDA of an NDA or, in the case of a generic drug, an ANDA;
- satisfactory completion of a review by an FDA advisory committee, if convened; and
- FDA review and approval of the NDA.

Satisfaction of FDA pre-market approval requirements typically takes many years and the actual time required may vary substantially based upon the type, complexity, and novelty of the product or disease.

Preclinical tests include laboratory evaluation of product chemistry, formulation, stability and toxicity, as well as animal studies to assess the characteristics and potential safety and efficacy of the product. The conduct of the preclinical tests

must comply with federal regulations and requirements, including GLPs. The results of preclinical testing are submitted to the FDA as part of an IND along with other information, including information about product chemistry, manufacturing and controls, and a proposed clinical trial protocol. Long-term preclinical tests, such as animal tests of reproductive toxicity and carcinogenicity, may continue after the IND is submitted.

Clinical trials involve the administration of the investigational new drug to healthy volunteers or subjects under the supervision of a qualified investigator. Clinical trials must be conducted: (i) in compliance with federal regulations, including GCP, an international standard meant to protect the rights, safety and wellbeing of subjects and to define the roles of clinical trial sponsors, administrators, and monitors; and (ii) under protocols detailing, among other things, the objectives of the trial, the parameters to be used in monitoring safety, and any effectiveness criteria to be evaluated. Each protocol involving testing on U.S. subjects and subsequent protocol amendments must be submitted to the FDA as part of the IND.

Clinical trials to support NDAs for marketing approval are typically conducted in three sequential phases, but the phases may overlap or be combined.

- Phase 1: The drug is initially introduced into healthy human subjects or patients, and is tested to assess safety, dose tolerance, absorption, metabolism, PK, pharmacological actions, side effects associated with increasing doses, and, in some cases, early evidence of effectiveness.
- Phase 2: The drug is typically tested in a limited patient population to begin to determine the effectiveness of the drug for a particular indication, dosage tolerance, and optimum dosage, and to identify common AEs and safety risks. Multiple Phase 2 trials may be conducted by the sponsor to obtain information prior to beginning larger and more extensive Phase 3 clinical trials.
- Phase 3: If a drug demonstrates evidence of effectiveness and an acceptable safety profile in Phase 2 evaluations, Phase 3 trials (often called "pivotal trials") are undertaken to obtain the additional information about clinical efficacy and safety in a larger number of subjects, typically at geographically dispersed clinical trial sites, to permit the FDA to evaluate the overall benefit-risk relationship of the drug and to provide adequate information for the labeling of the drug. In most cases, the FDA requires two adequate and well controlled Phase 3 clinical trials to demonstrate the efficacy of the drug. A single Phase 3 trial with other confirmatory evidence may be sufficient in rare instances where the clinical trial is a large multicenter trial demonstrating internal consistency and a statistically very persuasive finding of a clinically meaningful effect on mortality, irreversible morbidity or prevention of a disease with a potentially serious outcome and confirmation of the result in a second trial would be practically or ethically impossible. Sponsors of clinical trials generally must register and report key parameters of certain clinical trials at the NIH-maintained website ClinicalTrials.gov.

For products designed to deter abuse, FDA guidance regarding studies and clinical trials dictates what types of studies should be conducted to demonstrate abuse-deterrence, how those studies and clinical trials will be evaluated, and what product labeling claims may be approved based on the results of those studies and clinical trials. There are four categories of abuse-deterrence studies and clinical trials: Categories 1, 2 and 3 consist of pre-marketing studies and clinical trials designed to evaluate a product candidate's potentially abuse-deterrent properties under controlled conditions, while Category 4, post-marketing clinical trials and studies, assesses the real-world impact of abuse-deterrent formulations. The final guidance also provides examples of product label claims that may be made based on the results of the corresponding studies and clinical trials.

After completion of the required clinical testing, an NDA is prepared and submitted to the FDA. The FDA conducts a preliminary review of all NDAs within the first 60 days after submission before accepting them for filing. Pursuant to agreements reached during reauthorization of the Prescription Drug User Fee Act ("PDUFA"), the FDA has a goal of acting on most original NDAs within six months or ten months of the application submission or filing date, depending on the nature of the drug. The FDA has a number of programs intended to help expedite testing, review, and approval of drug candidates that meet certain eligibility criteria. The FDA may refer applications for novel drug products, or drug products that present difficult questions of safety or efficacy, to an advisory committee — typically a panel that includes clinicians and other experts — for review, evaluation, and a recommendation as to whether the application should be approved and under what conditions. The FDA is not bound by the recommendation of an advisory committee, but it generally follows such recommendations.

If the FDA's evaluations of the NDA and of the sponsor's manufacturing facilities are favorable, the FDA will issue an approval letter, and the sponsor may begin marketing the drug for the approved indications, subject to any post-approval requirements, described further below. If the FDA determines it cannot approve the NDA in its current form, it will issue

a complete response letter indicating that the application will not be approved in its current form. The complete response letter usually describes the specific deficiencies that the FDA identified in the application and may require additional clinical or other data or impose other conditions that must be met in order to obtain approval of the NDA. After receiving a complete response letter, the applicant may resubmit the application addressing all deficiencies in the letter or withdraw the application. Addressing the deficiencies noted by the FDA can be costly and can result in significant delays prior to approval. Moreover, even if the applicant believes it has addressed the deficiencies, it is possible that approval may not ultimately be obtained.

Where a sponsor wishes to expand the originally approved prescribing information, such as by adding a new indication, it must submit and obtain approval of an sNDA. Changes to an indication generally require additional clinical studies, which can be time-consuming and require the expenditure of substantial additional resources. Under PDUFA, the target timeframe for the review of an sNDA to add a new clinical indication is six or ten months from the receipt date, depending on whether or not the sNDA has priority review. As with an NDA, if the FDA determines that it cannot approve an sNDA in its current form, it will issue a complete response letter as discussed above.

REMS

The FDA has the authority to require a Risk Evaluation and Mitigation Strategy ("REMS"), either as a condition of the approval of an NDA or after approval to ensure that the benefits of a drug outweigh its risks. If the FDA determines a REMS is necessary for a new drug, the drug sponsor must submit a proposed REMS plan as part of its NDA prior to approval. The FDA may also impose a REMS requirement on a drug already on the market if the FDA determines, based on new safety information, that a REMS is necessary to ensure that the drug's benefits continue to outweigh its risks. A REMS can include medication guides, communication plans for healthcare professionals, and Elements To Assure Safe Use ("ETASU"). In addition, the REMS must include a timetable for periodically assessing the strategy, at a minimum, at 18 months, three years, and seven years after the REMS approval. The requirement for a REMS can materially affect the potential market and profitability of a drug.

In July 2012, the FDA approved a class-wide REMS for extended-release and long-acting opioid products. Extended-release formulations of oxycodone, morphine, hydrocodone and hydromorphone, for example, are required to have a REMS. Manufacturers subject to this class-wide REMS must work together to implement the REMS as part of a single shared system to reduce the burden of the REMS on the healthcare system. The central component of the extended-release/long-acting opioid REMS program is an education program for prescribers and patients. Specifically, the REMS includes a Medication Guide available for distribution to patients who are dispensed the drug, as well as a number of ETASU. These ETASU include training for healthcare professionals who prescribe the drug; information provided to prescribers that they can use to educate patients in the safe use, storage, and disposal of opioids; and information provided to prescribers about the existence of the REMS and the strong recommendation that they complete the available training. Prescriber training required to be offered as part of the REMS is conducted by accredited, independent continuing education providers, without cost to healthcare professionals, under unrestricted grants funded by the opioid analgesic manufacturers. Moreover, REMS assessments must be submitted on an annual basis to assess the extent to which the ETASU are meeting the goals of the REMS and whether the goals or elements should be modified.

In September 2018, and pursuant to its Opioids Action Plan, the FDA approved the final class-wide REMS, which includes several measures to facilitate communication of the risks associated with opioid pain medications to patients and health care professionals and, for the first time, applies to immediate-release and extended-release/long-acting opioid analgesics intended for use in an outpatient setting. The REMS requires that training be made available to health care providers who are involved in the management of patients with pain (including nurses and pharmacists) and requires that the education cover broad information about appropriate pain management, including alternatives to opioids for the treatment of pain. In connection with the 2018 REMS, the FDA also approved new product labeling containing information about the health care provider education available through the 2018 REMS.

Advertising and Promotion

The FDA and other federal regulatory agencies closely regulate the marketing and promotion of drugs through, among other things, guidance and regulations for direct-to-consumer advertising, communications regarding unapproved uses, industry-sponsored scientific and educational activities, and promotional activities involving the internet. A product cannot be commercially promoted before it is approved. After approval, product promotion can include only those claims relating to safety and efficacy that are consistent with the labeling approved by the FDA. Healthcare providers are

permitted to prescribe drugs for "off-label" uses — that is, uses not approved by the FDA and therefore not described in the drug's labeling — because the FDA does not regulate the practice of medicine. However, FDA regulations impose stringent restrictions on manufacturers' communications regarding off-label uses. Failure to comply with applicable FDA requirements and restrictions in this area may subject a company to adverse publicity and enforcement action by the FDA, the U.S. Department of Justice, or the Office of the Inspector General of the HHS, as well as state authorities. This could subject a company to a range of penalties that could have a significant commercial impact, including civil and criminal fines and agreements that materially restrict the manner in which a company promotes or distributes drug products.

Post-Approval Requirements

Once an NDA is approved, a product will be subject to pervasive and continuing regulation by the FDA, including, among other things, requirements relating to drug listing and registration, recordkeeping, periodic reporting, product sampling and distribution, adverse event reporting and advertising, marketing and promotion restrictions.

Adverse event reporting and submission of periodic reports is required following FDA approval of an NDA. The FDA also may require, in addition to REMS discussed above, post-market testing, known as Phase 4 testing, and surveillance to monitor the effects of an approved product, or the FDA may place conditions on an approval that could restrict the distribution or use of the product. In addition, quality control, drug manufacture, packaging, and labeling procedures must continue to conform to cGMPs after approval. Drug manufacturers and certain of their subcontractors are required to register their establishments with the FDA and certain state agencies. Registration subjects entities to periodic announced or unannounced inspections by the FDA or these state agencies, during which the agency inspects manufacturing facilities to assess compliance with cGMPs. Regulatory authorities may withdraw product approvals, request product recalls, or take other punitive action if a company fails to comply with regulatory standards, if it encounters problems following initial marketing, or if previously unrecognized problems are subsequently discovered.

The FDA may require post-approval studies and clinical trials if the FDA finds that scientific data, including information regarding related drugs, warrant them. The purpose of such studies would be to assess a known serious risk or signals of serious risk related to the drug or to identify an unexpected serious risk when available data indicate the potential for such a risk. The FDA may also require a labeling change if it becomes aware of new safety information that it believes should be included in the labeling of a drug.

The Hatch-Waxman Amendments

Orange Book Listing

In seeking approval for a drug through an NDA, applicants are required to list with the FDA each patent with claims that cover the applicant's product. Upon approval of a drug, each of the patents listed in the application for the drug is then published in the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations, commonly known as the Orange Book. Drugs listed in the Orange Book can, in turn, be cited by potential generic competitors in support of approval of an ANDA. An ANDA provides for marketing of a drug product that has the same active pharmaceutical ingredient in the same strengths and dosage form as the listed drug and has been shown through bioequivalence testing to be therapeutically equivalent to the listed drug. Other than the requirement for bioequivalence testing, ANDA applicants are not required to conduct, or submit results of, preclinical or clinical tests to prove the safety or efficacy of their drug product. Drugs approved in this way are commonly referred to as "generic equivalents" to the listed drug and can often be substituted by pharmacists under prescriptions written for the original listed drug.

The ANDA applicant is required to make certain certifications to the FDA concerning any patents listed for the approved product in the FDA's Orange Book. Specifically, the applicant must certify that: (i) the required patent information has not been filed; (ii) the listed patent has expired; (iii) the listed patent has not expired, but will expire on a particular date and approval is sought after patent expiration; or (iv) the listed patent is invalid or will not be infringed by the new product. The ANDA applicant may also elect to submit a section viii statement certifying that its proposed ANDA label does not contain (or carves out) any language regarding the patented method-of-use rather than make certifications concerning a listed method-of-use patent. If the applicant does not challenge the listed patents, the ANDA application will not be approved until all the listed patents claiming the referenced product have expired.

A certification that the new product will not infringe the already approved product's listed patents, or that such patents are invalid, is called a Paragraph IV certification. If the ANDA applicant has provided a Paragraph IV certification to the FDA, the applicant must also send notice of the Paragraph IV certification to the NDA and patent holders once the ANDA has been accepted for filing by the FDA. The NDA and patent holders may then initiate a patent infringement lawsuit in response to the notice of the Paragraph IV certification. The filing of a patent infringement lawsuit within 45 days of the receipt of a Paragraph IV certification automatically prevents the FDA from approving the ANDA until the earlier of 30 months, expiration of the patent, settlement of the lawsuit, or a decision in the infringement case that is favorable to the ANDA applicant.

For further detail regarding our litigation with Teva with respect to Teva's ANDA relating to Xtampza ER, refer to "Item 3. Legal Proceedings".

Exclusivity

Upon approval of an NDA for a new chemical entity ("NCE"), which is a drug that contains no active moiety that has been approved by FDA in any other NDA, that drug receives five years of marketing exclusivity during which FDA cannot receive any ANDA seeking approval of a generic version of that drug or any Section 505(b)(2) NDA, discussed in more detail below, that relies on the FDA's findings regarding that drug. A sponsor may obtain a three-year period of exclusivity for a change to an approved drug, such as the addition of a new indication to the labeling or a new formulation, if the supplement includes reports of new clinical trials (other than bioavailability clinical trials) essential to the approval of the supplement.

An ANDA may be submitted one year before NCE exclusivity expires if a Paragraph IV certification is filed. If there is no listed patent in the Orange Book, there may not be a Paragraph IV certification, and, thus, no ANDA may be filed before the expiration of the exclusivity period. No ANDA application will receive final approval before any applicable non patent exclusivity listed in the Orange Book for the referenced product has expired.

Section 505(b)(2) NDAs

A Section 505(b)(2) NDA is a special type of NDA often used by applicants seeking approval for new or improved formulations or new uses of previously approved active moieties. Under Section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, in lieu of developing all of the information normally required for approval of an NDA, an applicant may rely, in part, on data developed by another party and for which the applicant has not obtained a right of reference. Most commonly, 505(b)(2) applicants rely on the FDA's findings of safety and efficacy in a prior approval of a similar product (although they may also rely on information in published literature). A 505(b)(2) application that references a prior approval may seek approve for some or all of the referenced product's labeled indications and/or for a different indication not included in the referenced product's label.

To the extent that the Section 505(b)(2) applicant is relying on the FDA's findings of safety and effectiveness for an already approved product, the applicant is required to certify to the FDA concerning any patents listed for the approved product in the Orange Book to the same extent that an ANDA applicant would. Thus approval of a Section 505(b)(2) NDA can be stalled until all the listed patents claiming the referenced product have expired; until any non-patent exclusivity listed in the Orange Book for the referenced product has expired; and, in the case of a Paragraph IV certification and subsequent patent infringement suit, until the earlier of 30 months, settlement of the lawsuit or a decision in the infringement case that is favorable to the Section 505(b)(2) applicant. In the interim period, the FDA may grant tentative approval. Tentative approval indicates that the FDA has determined that the applicant meets the standards for approval as of the date that the tentative approval is granted. Final regulatory approval can only be granted if the FDA is assured that there is no new information that would affect final regulatory approval. As with traditional NDAs, a Section 505(b)(2) NDA may be eligible for three-year marketing exclusivity, assuming the NDA includes reports of new clinical trials (other than bioavailability clinical trials) essential to the approval of the NDA. For further detail regarding our litigation with Purdue regarding our Section 505(b)(2) NDA for Xtampza ER, refer to "Item 3. Legal Proceedings".

DEA and Opioid Regulation

Our products are regulated as "controlled substances" as defined in the Controlled Substances Act ("CSA"), which establishes registration, security, recordkeeping, reporting, storage, distribution, importation, exportation and other requirements administered by the DEA.

The DEA regulates controlled substances as Schedule I, II, III, IV or V substances. Schedule I substances by definition have no established medicinal use and may not be marketed or sold in the United States. A pharmaceutical product may be listed as Schedule II, III, IV or V, with Schedule II substances considered to present the highest risk of abuse and Schedule V substances the lowest relative risk of abuse among such substances.

Xtampza ER and the Nucynta Products are listed by the DEA as a Schedule II controlled substance under the CSA. Consequently, the manufacturing, shipping, storing, selling and using of our products is subject to a high degree of regulation. Schedule II drugs are subject to the strictest requirements for registration, security, recordkeeping and reporting. Also, distribution and dispensing of these drugs are highly regulated. For example, all Schedule II drug prescriptions must be signed by a physician, presented to a pharmacist and may not be refilled without a new prescription.

Annual DEA registration is required for any facility that manufactures, distributes, dispenses, imports or exports any controlled substance. The registration is specific to the particular location, activity and controlled substance schedule. For example, separate registrations are needed for import and manufacturing, and each registration will specify which schedules of controlled substances are authorized.

In addition, a DEA quota system, which was amended in 2018 to require sponsors to strengthen controls over diversion of controlled substances, controls and limits the availability and production of controlled substances in Schedule I or II. In November 2017, the DEA reduced the amount of almost every Schedule II opiate and opioid medication that may be manufactured in the U.S. in calendar year 2018 by 20%. For 2019, the DEA proposed decreased manufacturing quotas for the six most frequently misused opioids, including oxycodone, by an average of 10% as compared to the 2018 quotas. The DEA proposed further decreasing manufacturing quotas in 2020 for five of the six opioids (fentanyl, hydrocodone, hydromorphone, oxycodone, oxymorphone), by an average of 28%. In October 2019, the DEA proposed additional regulations to amend the manner in which the agency grants quotas to manufacturers. If finalized, the proposed regulations will establish use-specific quotas, including commercial sales, product development, transfer, replacement and packaging. To decrease the risk of diversion and increase accountability, inventory allowances will be reduced, and procurement quota certifications will be required. In April 2020 in response to the COVID-19 pandemic, the DEA adjusted the established 2020 aggregate production quotas and assessment of annual needs for select Schedule II substances. The DEA took this action to ensure that the country has an adequate and uninterrupted supply of these substances during the public health emergency.

Distributions of any Schedule I or II controlled substance must also be accompanied by special order forms, with copies provided to the DEA. Because Xtampza ER and the Nucynta Products are regulated as a Schedule II controlled substances, they are subject to the DEA's production and procurement quota scheme. The DEA establishes annually an aggregate quota for how much active opioid ingredients, such as oxycodone and tapentadol, may be produced in total in the United States based on the DEA's estimate of the quantity needed to meet legitimate scientific and medicinal needs. The limited aggregate amount of opioids that the DEA allows to be produced in the United States each year is allocated among individual companies, who must submit applications annually to the DEA for individual production and procurement quotas. We and our contract manufacturers must receive an annual quota from the DEA in order to produce or procure any Schedule I or Schedule II substance, including oxycodone base for use in manufacturing Xtampza ER. In addition, we and our contract manufacturers must receive an annual quota from the DEA in order to produce or procure tapentadol for use in manufacturing the Nucynta Products. The DEA may adjust aggregate production quotas and individual production and procurement quotas from time to time during the year, although the DEA has substantial discretion in whether or not to make such adjustments.

The DEA also requires drug manufacturers to design and implement a system that identifies suspicious orders of controlled substances, such as those of unusual size, those that deviate substantially from a normal pattern and those of unusual frequency, prior to completion of the sale. A compliant suspicious order monitoring system includes well-defined due diligence, "know your customer" efforts and order monitoring.

To enforce these requirements, the DEA conducts periodic inspections of registered establishments that handle controlled substances. Failure to maintain compliance with applicable requirements, particularly as manifested in loss or diversion, can result in administrative, civil or criminal enforcement action that could have a material adverse effect on our business, results of operations and financial condition. The DEA may seek civil penalties, refuse to renew necessary

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: CPM Medical Consultants, LLC

Physical Address: 1565 N. Central Expressway, Suite 200

City: Richardson State: TX Zip: 75080

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (469) 862-3030 Website: www.fusemedical.com

Name of Designated Representative (DR): Tarek Jabari

Licensing Company Email: info@fusemedical.com DR Email: tjabari@fusemedical.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	■ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: ASC		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Texas

Parent Company (if any): Fuse Medical, Inc

Corporation Name: CPM Medical, LLC

Mailing Address: 1565 North Central Expressway, Suite 200

City: Richardson State: TX Zip: 75080

Telephone: (469) 862-3030 Email: tjabari@fusemedical.com

Contact Person Name: Tarek Jabari

Date of SEC Registration: 07/13/1995 | SEC Registration Number: 319016 | Stock Exchange Symbol: FZMD

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CPM Medical Consultants, LLC

Facility Name

Tarek Jabari

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/18/2023

Date

Board Use Only	Date Received: 1.19.23	Amount: 1000.00 CC ↓ 1/19/23

DIRECTORS AND OFFICERS OF FUSE MEDICAL

Mark W. Brooks:

Email - mbrooks@fusemedical.com

Office Number – 972-331-5881

Christopher C. Reeg:

Email - creeg@fusemedical.com

Office Number – 972-331-5883

Lawrence S. Yellin:

Email - lyellin@fusemedical.com

Office Number – 972-331-5871

Renato V. Bosita Jr., MD

Email – rbosita@gmail.com

4 LARGEST SHAREHOLDERS

Owner	Total Shares Owned	% of Ownership
Mark W. Brooks	57,544,771	77.87%
Christopher C. Reeg	8,816,768	11.93%
Amir Daid Tahernia	1,705,987	2.31%
Renato V. Bosita Jr., MD	1,475,723	2.00%
Total	69,543,249	94.11%

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for CPM Medical Consultants, LLC (file number 800092786), a Domestic Limited Liability Company (LLC), was filed in this office on June 12, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 17, 2023.

Jane Nelson
Secretary of State

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUSE MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUSE MEDICAL, INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3064510 8300

SR# 20230160293

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202510143

Date: 01-17-23

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

CPM MEDICAL CONSULTANTS LLC
1565 N CENTRAL EXPY STE 220
RICHARDSON TX 75080

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CPM MEDICAL CONSULTANTS LLC

1565 N CENTRAL EXPY STE 220
RICHARDSON, TX 75080

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE MANUFACTURER

License # 1002277
Expires: October 22, 2024

NON-TRANSFERABLE

Commissioner

512642

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
CPM MEDICAL
1565 N Central Expy Floor 2
Richardson, TX 75080
Registration Number: 3007334927
FEI Number*: 3007334927
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
CPM Medical[6]
1565 N. Central Expressway
2nd Floor
Richardson, TX US 75080
Owner/Operator Number: 10029470[7]

Official Correspondent:
Chris Reeg
1565 N. Central Expressway
2nd Floor
Richardson, TX 75080
Phone: 214-5641350

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 01/30/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/26/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Higginbotham Insurance Agency, Inc.
500 W. 13TH
Fort Worth TX 76102

CONTACT NAME: Morayma Gonzalez
PHONE (A/C, No, Ext): 817-336-1197 FAX (A/C, No): 817-347-6981
E-MAIL ADDRESS: mgonzalez@higginbotham.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: The Travelers Indemnity Company	25658
INSURER B: The Travelers Indemnity Co of America	25666
INSURER C: The Travelers Property Casualty Company Of	25674
INSURER D:	
INSURER E:	
INSURER F:	

INSURED FUSEMED-01
Fuse Medical, Inc - CPM Medical Consultants, LLC
1565 N. Central Expressway
Suite 200
Richardson TX 75080

COVERAGES **CERTIFICATE NUMBER:** 954273281 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZPP81N33327	8/30/2022	8/30/2023	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 0
	OTHER:							$
B	AUTOMOBILE LIABILITY			BA6S72352A	8/30/2022	8/30/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB [X] OCCUR			CUP3L058447	8/30/2022	8/30/2023	EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 4,000,000
	DED X RETENTION $ 10,000							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		UB8S419111	8/30/2022	8/30/2023	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Professional Liability			ZPP41N30764	8/30/2022	8/30/2023	Per Occurrence Aggregate	2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability policy has a blanket automatic additional insured and Waiver of Subrogation provision that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: CPM Medical Consultants, LLC MDEG License # (if applicable): _____

Physical Address: 1565 North Central Expressway, Suite 200

City: Richardson State: TX Zip: 75080

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (972) 331-5888 Website: www.fusemedical.com

Licensing Company Email: info@fusemedical.com

Section 2: Personal Information

First: Christopher Middle: Charles Last: Reeg

Alias(es, nicknames, name changes, etc.): Chris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Vestminster Avenue

City: Dallas State: TX Zip: 75205

Telephone: [redacted] Email: creeg@fusemedical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Woodward High School			1978-1981
Address	**City**	**State**	**Zip**
2406 13th st	Woodward	OK	73801
Diploma/Degree obtained, if any			
High school diploma			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2015-current	[redacted] Westmionster Ave	Dallas	TX	75205
2/2014-8/2015	[redacted] Rosedale Ave Apt C	Dallas	TX	75205
1/2012 -1/2014	[redacted] Lovers Lane	Dallas	TX	75225
12/2001-11/2021	[redacted] Skyline Drive	Los Angeles	CA	90046
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: CPM Medical COnsultants, LLC				From - To (MM/YY – MM/YY): 01/2008- current
Business Address: 1565 N. Central Expressway, Suite 200		City: Richardson	State: TX	Zip: 75080
Phone: 469-862-3030	Title: CEO			Number of Employed Hours: 30,000
Description of Duties: Oversee entire operation. Medical device implant manufacturer of record, implant design and development, regulatory and quality oversight				

Business Name: Maxim Surgical				From - To (MM/YY – MM/YY): 12/2011-12/2018
Business Address: 1565 N Central Expressway, suite 200-A		City: Richardson	State: TX	Zip: 75080
Phone: 469-862-3030	Title: President			Number of Employed Hours: 7,000
Description of Duties: Medical Device manufacturer and distribution.				

Business Name: Fuse Medical, Inc				From - To (MM/YY – MM/YY): 12/2016-current
Business Address: 1565 N. Central Expressway, Suite 220		City: Richardson	State: TX	Zip: 75080
Phone: 469-862-3030	Title: CEO			Number of Employed Hours: 5000
Description of Duties: Fuse Medical acquired CPM Medical in 2017 and Maxim Surgical in 2018. Fuse is the parent / holding company. CPM Medical is a wholly owned subsidary of Fuse and is the operating company.				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

1/17/2023

Date

I, Christopher C. Reeg, **certify that as the MDEG Administrator for**

CPM Medical Consultants, LLC,

that I (initial that you have read and meet the following requirements):

1. x Have a high school diploma or its equivalent;
2. x Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. x Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. x Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher C. Reeg
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/17/2023
Date

Board Use Only	Date Received: 1.19.23

CPM Medical Consultants
Employees, Contractors and Lendors

Type	Name	Business Name
Bank		Amegy Bank
Contractor	Abigail Thau	A. Thau LLC
Contractor	Alyssa Huffman	Ortho-Med Solutions LLC
Contractor	Andy Rynearson	Rynearson Consulting
Contractor	Arthur Boose	Art Medical, LLC
Contractor	Brian Ormsby	Nytrix Consulting LLC
Contractor	christian Brantley	Brantley Welding & Repair
Contractor	David Jayne & Mike Hill	Pro-Ortho LLC
Contractor	Dennis Thompson	OpVotes Inc
Contractor	Eric Roye	Roye Operating, LLC/Grace Medical Resources
Contractor	Geoffrey Jones	Future Surgical
Contractor	Grayson Mann	GMann5 Medical, LLC
Contractor	James Turo	Mend Trends
Contractor	Jamie Rindler	Peloton Medical Device Distributtion
Contractor	Jerry Morrison	SLR Medical Consulting
Contractor	Jesse Garcia	Artimed Solutions
Contractor	John Mieyr	DuraSpine LLC
Contractor	Jon Boski	Medcillary Med Group, LLC
Contractor	Juan Carlos Gonzalez Contreras	TWIY Health
Contractor	Keith Fox	Fox Orthopedics
Contractor	Mike Turpack	Malibu Medical
Contractor	Nana Yaw Appiah	Neurospine Consultants, LLC
Contractor	Nick Philpott	Surgical Evolution, Inc
Contractor	R. Grady Lodes	Point Clear Solutions
Contractor	RJ Clark	C3 Medical, Distributors
Contractor	Roy Montez	RD Montez Consulting
Contractor	Same	Willis Vincent
Contractor	Shad Orton	Active Medical Implants
Contractor	Shane Jackson	Q5 Medical Solutions, LLC
Contractor	Susan Doherty	RGMO Consulting ,LLC
Contractor	Wally Perkins	American Medical Management
Contractor	ZeAnne Hesterman	ZED, LLC
Contractor	Zsolt Csernatoni	Zaudax, LLC
Employee	Aaron Harris-Gearing	
Employee	Allison Suell	
Employee	Anthony Harris	
Employee	Christopher Reeg	
Employee	Ethan Harris-Gearing	
Employee	Faiz Mohammad	
Employee	Iulia Timciuc	
Employee	James Fancher	
Employee	Joel Adams	
Employee	Kenneth Walker	
Employee	Kiyoko McDonald	
Employee	Lawrence Yellin	
Employee	Lisa Walicek	

CPM Medical Consultants
Employees, Contractors and Lendors

Type	Name	Business Name
Employee	Mark Brooks	
Employee	Nathan Francois	
Employee	Nelson Trang	
Employee	Shane Jackson	
Employee	Shelby Easter	
Employee	Tarek Jabari	
Employee	Touch Bareis	
Lendor		E Capital Healthcare

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271.10

FEI: 3008805506

Other FDA Registrations:
Blood:
Devices:
Drugs:

Reason For Last Submission: Annual Registration/Listing
Last Annual Registration Year: 2023
Last Registration Receipt Date: 12/08/2022
Summary Report Print Date: 12/15/2022

Legal Name and Location:

CPM Medical Consultants, LLC (dba. CPM Medical)
1565 N.Central Expressway
Suite 200

Richardson, Texas 75080
USA
Phone: 972-331-5861 Ext.:

Reporting Official:

Faiz Mohammad, Quality Manager
1565 N.Central Expressway
Suite 200
Richardson, Texas 75080
USA
Phone: 972-331-5861 Ext.
Fmohammad@surgicalservice.com

Satellite Recovery Establishment: No
Parent Manufacturing Establishment FEI No.:
Testing For Micro-Organisms Only: No

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).

HCT/P(s)	Donor Type(s)	Establishment Functions								Date of Discontinuance	Date of Resumption	Proprietary Name(s)
		Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute			
Amniotic Membrane							X		X			***See full text on next page.
Blood Vessel												
Bone							X		X			***See full text on next page.
Cardiac Tissue - non-valved												
Cartilage												
Cornea												
Dura Mater												
Embryo												
Fascia												
Heart Valve												
HPC Apheresis												
HPC Cord Blood												
Ligament												
Nerve Tissue												
Oocyte												
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium												
Peripheral Blood Mononuclear Cells												
Peritoneal Membrane												
Sclera												
Semen												
Skin							X		X			***See full text on next page.
Tendon							X		X			Vivex
Testicular Tissue												
Tooth Pulp												
Umbilical Cord Tissue							X		X			***See full text on next page.

Additional Information:

a. Amniotic Membrane

b. Bone
Bone Bank Strip, Fuse Triology, FusePure DBM

Proprietary Name(s):		
	Amniotic Membrane	FuseChoice, FuseChoice Plus, Cygnus Solo & Viagenex Matrix, BioD DryFlex
	Bone	H-Genin, EVO Graft, EVO Sponge,Vivex DBM Plus &100, Vega Sponge & Strip,Via Graft,Via FORM M,FusePure,FusePure Plus,FusePure Fiber, FuseTrilogy, Induce NMP
	Skin	FuseChoice Derm, FuseChoice DermX, Derm XT, Miami Dermal Matrix
	Umbilical Cord Tissue	FuseChoice Max and Viagenex Max

FEI: 3008805506

Legal Name: CPM Medical Consultants, LLC (dba. CPM Medical)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Commission File Number: 000-10093



Fuse Medical, Inc.

(Exact name of registrant as specified in its charter)

Delaware	59-1224913
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
1565 N. Central Expressway, Suite 220, Richardson, TX	75080
(Address of principal executive offices)	(Zip Code)

(469) 862-3030

Registrant's telephone number, including area code

Securities registered pursuant to section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock	FZMD	OTCPink

Securities registered pursuant to Section 12(g) of the Act:

(Title of class)

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. ☐ Yes ☒ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. ☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the past 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. ☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). ☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See definition of "large accelerated filer," "accelerated filer," "small reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☒
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has selected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether or not the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). ☐ Yes ☒ No

State the aggregate market value of the voting and non-voting common equity held by non-affiliates computed by reference to the price at which the common equity was last sold, or the average bid and asked price of such common equity, as of the last business day of the registrant's most recently completed second fiscal quarter: $1,086,529.

Indicate the number of shares outstanding of each of the registrant's classes of Common Stock, as of the latest practicable date: As of March 21, 2022, 72,895,793 shares of the registrant's Common Stock were outstanding.

Audit Firm ID: 32 Auditor Name: Armanino LLP Auditor Location: Dallas, TX, US

INDEX

PART I

ITEM 1.	BUSINESS.	4
ITEM 1A.	RISK FACTORS.	13
ITEM 1B.	UNRESOLVED STAFF COMMENTS.	21
ITEM 2.	PROPERTIES.	21
ITEM 3.	LEGAL PROCEEDINGS.	21
ITEM 4.	MINE SAFETY DISCLOSURES.	21

PART II

ITEM 5.	MARKET FOR REGISTRANT'S COMMON EQUITY, RELATED STOCKHOLDER MATTERS AND ISSUER PURCHASES OF EQUITY SECURITIES.	22
ITEM 6.	SELECTED FINANCIAL INFORMATION.	22
ITEM 7.	MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS.	23
ITEM 7A.	QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK.	30
ITEM 8.	FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA.	30
ITEM 9.	CHANGES IN AND DISAGREEMENTS WITH ACCOUNTANTS ON ACCOUNTING AND FINANCIAL DISCLOSURE.	30
ITEM 9A.	CONTROLS AND PROCEDURES.	30
ITEM 9B.	OTHER INFORMATION.	31

PART III

ITEM 10.	DIRECTORS, EXECUTIVE OFFICERS AND CORPORATE GOVERNANCE.	32
ITEM 11.	EXECUTIVE COMPENSATION.	35
ITEM 12.	SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS.	40
ITEM 13.	CERTAIN RELATIONSHIPS AND RELATED TRANSACTIONS, AND DIRECTOR INDEPENDENCE.	42
ITEM 14.	PRINCIPAL ACCOUNTANT FEES AND SERVICES.	44

PART IV

ITEM 15.	EXHIBITS AND FINANCIAL STATEMENTS SCHEDULES.	45
SIGNATURES		50

In this Annual Report on Form 10-K ("Annual Report"), the terms "we," "us," "our" and "Fuse" mean Fuse Medical, Inc. and our subsidiary, CPM Medical Consultants, LLC.

CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report and in particular, the descriptions of our "Business" set forth in "Item 1. Business," "Item 1A. Risk Factors," and "Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations" contain or incorporate a number of forward-looking statements within the meaning of Section 27A of the Securities Exchange Act of 1933, as amended, the ("Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended, the ("Exchange Act"), including statements regarding:

- the plans and objectives of management for future operations;
- a projection of income (including income/loss), earnings (including earnings/loss) per share, capital expenditures, dividends, capital structure or other financial items;
- our future financial performance, including any such statement contained in a discussion and analysis of financial condition by management or in the results of operations included pursuant to the rules and regulations of the Securities and Exchange Commission ("SEC");
- our ability to meet the financial covenants under our credit facility;
- our ability to maintain profitability and the need to raise additional funding;
- our beliefs regarding potential clinical and other health benefits of our medical products; and
- the assumptions underlying or relating to any statement described above.

Terms such as "may," "might," "would," "should," "could," "project," "estimate," "pro-forma," "predict," "potential," "strategy," "anticipate," "attempt," "develop," "plan," "help," "believe," "continue," "intend," "expect," "future," and terms of similar import (including the negative of any of the foregoing) may be intended to identify forward-looking statements. However, not all forward-looking statements may contain one or more of these identifying terms.

Forward-looking statements are not meant to predict or guarantee actual results, performance, events, or circumstances and may not be realized because they are based upon our current projections, plans, objectives, beliefs, expectations, estimates, and assumptions and are subject to a number of risks, uncertainties and other influences, many of which we have no control over. Actual results and the timing of certain events and circumstances may differ materially from those described by the forward-looking statements as a result of these risks and uncertainties. Factors that may influence or contribute to the inaccuracy of the forward-looking statements or cause actual results to differ materially from expected or desired results may include, without limitation: (i) our inability to obtain adequate debt or equity financing; (ii) the duration of, and government response to, the novel coronavirus SARS CoV-2 ("COVID-19") pandemic, including limitations on performing elective surgeries; (iii) the significant length of time and resources associated with the development of our products and related insufficient cash flows and resulting illiquidity; (iv) our inability to expand our business; (v) significant government regulation of our business and the healthcare industry; (vi) lack of product diversification; (vii) existing or increased competition; (viii) results of arbitration and litigation; (ix) stock volatility and illiquidity; and (x) our failure to implement our business plans or strategies. Descriptions of some of the risks and uncertainties that could cause our actual results to differ materially from those described by the forward-looking statements in this Annual Report appear in "Item 1A, Risk Factors" ("Risk Factors") and elsewhere in this 2021 Annual Report.

Readers are cautioned not to place undue reliance on forward-looking statements because of the risks and uncertainties related to them and to the Risk Factors. We disclaim any obligation to update the forward-looking statements contained in this Annual Report to reflect any new information, future events or circumstances, or otherwise.

Readers should read this Annual Report in conjunction with (i) the discussion under the caption Risk Factors, (ii) our audited consolidated financial statements as of December 31, 2021, and 2020, and the related notes therein included in this Annual Report, beginning on page F-1 ("Financial Statements"), and (iii) other documents which we may file from time to time with the SEC.

Explanatory Note

We are a "smaller reporting company" as that term is defined in Rule 12b-2 promulgated under the Exchange Act. Accordingly, this Annual Report will reflect the reporting requirements of smaller reporting companies as set forth in Regulation S-K, promulgated under the Exchange Act.

PART I

ITEM 1. BUSINESS.

Overview

We are a manufacturer and national distributor of medical devices in the United States. We provide a broad portfolio of orthopedic implants including:

- Foot and Ankle: internal and external fixation products;
- Orthopedics: upper and lower extremity plating and total joint reconstruction implants;
- Sports Medicine: soft tissue fixation and augmentation for sports medicine procedures;
- Spine: full spinal implants for trauma, degenerative disc disease, and deformity indications (collectively, we refer to these bulleted products as "Orthopedic Implants").

We also provide a wide array of osteo-biologics and regenerative products, which include human allografts, tendons, synthetic skin and bone substitute materials, and regenerative tissues, which we refer to as ("Biologics").

All of our medical devices are approved by the U.S. Food and Drug Administration ("FDA") for sale in the United States, and all of our Biologics suppliers are licensed tissue banks accredited by the American Association of Tissue Banks. Additionally, we are licensed by the FDA for storage and distribution of human cells, tissues, and cellular and bone-based products (HCT/Ps), and an FDA-registered medical device specification developer and repackager/relabeler, and manufacturer of record, (a "Manufacturer"). We are seeking to grow our manufacturing operations, both by internal product development and by acquiring existing FDA approved devices and related intellectual property.

Impact of COVID-19

The novel coronavirus **COVID-19** global pandemic has presented and continues to present significant risks to our business plan. During 2021, we were introduced to both the Delta and Omicron Variants of COVID-19, each causing a significant surge in infection rates. This surge of COVID-19 cases across the country has had a negative impact on the medical device industry during these periods due to the adverse impact on supply chains and the ability of surgeons to schedule elective surgeries.

During the third quarter of 2021, the COVID-19 Delta Variant had a negative impact on our sales. We believe that the increase in hospitalization rates during this period, and resulting decrease in the number of elective surgeries, attributed to the overall reduction in revenue for the year ended December 31, 2021 compared to 2020.

Despite the adverse effects of COVID-19 on our business in the third quarter of 2021, we believe that our revenues for the fourth quarter of 2021 were strengthened due to performance of deferred third quarter elective surgeries. However, the strength of the fourth quarter did not entirely compensate for the third quarter deterioration due to COVID-19. The majority of our products support patient conditions which are degenerative in nature. While most of our products are used in procedures that are currently considered elective, the procedures are typically necessary for a patient to restore mobility, reduce pain and increase quality of life and, therefore, are not typically foregone entirely. Our other cases are emergency in nature, involving trauma, and are not typically deferred.

Products

We believe our broad portfolio of Orthopedic Implants and Biologics provide high-quality products to assist surgeons with positive patient outcomes and are cost-effective solutions for our customers.

Currently Marketed Products – Orthopedic Implants

- Foot and Ankle - We offer comprehensive product offerings of internal and external fixation for forefoot, midfoot and hindfoot reconstruction. Our solutions include CPM Cannulated Headed and Headless Screws, CPM Snap Off Screws, Fuse Orbitum Compression Staple System, FuseFix HammerToe and our Fuse TyWedge System.
- Orthopedics - We offer joint reconstruction systems for upper and lower extremities, which include the Sterizo Total Knee, Tibial Revision, and Total Hip Replacement Systems, as well as the Arrow total and reverse total shoulder system.
- Sports Medicine - We offer our line of Fuse Suture Anchors and Interference Screws as well as multiple products for soft tissue fixation augmentation, including ACL and Rotator Cuff Repair (RCR).

- Spine - We offer a full line of spinal products for cervical and thoracolumbar fusion, including our Fuse PSS Pedicle Screw system for open and MIS procedures, our Fuse ACP Anterior Cervical Plating System, our Maxim X-Treme PEEK Cervical Interbodies and CPM PEEK Titanium Coated Cervical and Lumbar Interbodies.

Currently Marketed Products – Biologics

- Osteobiologics - We offer an extensive product portfolio of allograft products for all categories for fracture management and fusion indications, which include FusePure™ Demineralized Bone Matrix (DBM) and FuseTrilogy™ Viable Bone Matrix bone void fillers.
- Regenerative - We offer placental membranes for use in conjunction with surgical procedures, which includes FuseChoice™, FuseChoice™ Plus, and FuseChoice™ Max, with amniotic and umbilical membranes, and FuseChoice™ Derm, FuseChoice™ DermX, and FuseChoice™ DermXT with dermal matrix membranes.
- Autologous - We offer concentration systems for Platelet Rich Plasma (PRP) and Bone Marrow Aspirate Concentrate (BMAC).

Customers and Product Distribution Channels

Retail. Under our retail distribution model, ("Retail Model"), we sell directly to our end customers, which consist of hospitals and medical facilities, utilizing (i) our full-time sales representatives whom we employ or engage as independent contractors and (ii) independent sales representatives who work on a non-exclusive basis. In both instances, we pay the sales representative a commission with respect to sales made by the representative. We refer to sales through our Retail Model as Retail Cases (which are herein referred to as "Retail Cases"). For the years ended December 31, 2021 and 2020, our Retail Cases generated, in aggregate, approximately 92% and 89%, respectively, of our revenues.

Wholesale. Under our wholesale distribution model, ("Wholesale Model"), we sell our products directly to independent distributors rather than to hospitals and medical facilities who are the ultimate end customer. We do not pay commissions from any sales to independent distributors. We refer to our sales through our Wholesale Model as Wholesale Cases, (which are herein referred to as "Wholesale Cases"). For the years ended December 31, 2021 and 2020, our Wholesale Cases generated, in aggregate, approximately 8% and 11%, respectively, of our revenues.

For the year ended December 31, 2021, our largest customer represented approximately 8.7% of our consolidated net revenues. We continue to develop and expand our customer portfolio through building relationships with key medical professionals in the expanding geographic areas we serve. We provide on-going product training and support to our full-time sales representatives, independent sales representatives and contractors, and independent distributors, along with product manufacturer marketing materials to ensure customer satisfaction with the products we offer. We believe focusing on these key areas is essential to growing our customer base and increasing revenues, particularly with respect to Retail Cases.

Manufacture and Supply

We rely on third-party suppliers for the manufacturing or machining of all our products. Outsourcing product manufacturing reduces our need for capital investment and reduces operational expense. Additionally, outsourcing provides expertise and capacity necessary to scale up or down based on demand for our products. We select our suppliers to ensure that all of our products are safe, effective, adhere to all applicable regulations, and meet our high-quality standards and supply needs. We employ a rigorous supplier assessment, qualification, and selection process targeted to suppliers that meet the requirements of the FDA, and International Organization for Standardizations, ("ISO"), and quality standards supported by our internal policies and procedures. Our quality assurance process monitors and maintains supplier performance through qualification and periodic supplier reviews and audits.

Our suppliers consist of:

Manufacturers. We purchase product directly from the manufacturer on a wholesale basis and serve as a stocking distributor for the manufacturer with respect to the product. We then sell the product utilizing our Retail and Wholesale Models and determine the sales price to the end customer.

Our primary supplier of Biologics is Vivex Biomedical, Inc. a biomedical company focused on cellular therapies that treat orthopedic, spine, wound, and soft tissue indications. With respect to Orthopedic Implants, our significant suppliers FH Orthopedics, Inc. for shoulder replacement systems, and CoreLink Surgical, Inc. for medical devices used in spine surgeries.

Private label manufacturers. We purchase product directly from the manufacturer on an exclusive basis. We then sell the products under one of our own proprietary brands utilizing our Retail Model or our Wholesale Model. With respect to private label products, the manufacturer owns the applicable 510(k) which is an FDA clearance of a premarket notification requesting permission for commercial distribution under Section 510(k) of the Federal Food, Drug and Cosmetic Act ("FDCA").

We contract with Tyber Medical, LLC, Maruho Medical, LLC, Solco Biomedical Co., Ltd, and Modal Manufacturing, LLC, for the manufacture of Orthopedic Implants, to develop and expand our private label initiatives, including our foot and ankle, and spine and sports medicine products. During 2021, we expanded our private label products through key relationships and suppliers. Our Orthopedic Implants private label portfolio consists of:

- our internal fixation product line for foot and ankle procedures, which includes CPM Headed and Headless Cannulated Screws, CPM Snap Off Screws, the FuseFix Hammertoe implant, and Fuse TyWedge System for Evans & Cotton procedures;
- our Cervical ACIF, and Lumbar PLIF/TLIF interbody spacer product line that features titanium-coated surfaces to promote osseointegration during spinal fusion surgeries;
- our Fuse Suture Anchor product line for sports medicine procedures, which includes Galen, Kopis and Vida suture anchors delivery system for soft tissue fixation ("Fuse Suture Anchors");
- our Fuse ACP Anterior Cervical Plating System and
- our Sterizo Total Knee Replacement System ("Sterizo Total Knee System").

Private label tissue processors. We purchase product directly from the tissue processors on an exclusive basis. We then sell the products under one of our own proprietary brands utilizing our Retail Model or our Wholesale Model. We contract with Vivex Biomedical to process our regenerative tissues and viable bone matrices, and Pinnacle Transplant Technologies for osteobiologics, and demineralized bone matrices.

During 2021, we launched and expanded our diverse portfolio of biologics with the introduction of FuseChoice™ Derm Non-Fenestrated Dermal Matrix, FusePure™ Demineralized Bone Matrix, and FuseTrilogy ™ Viable Bone Matrix, an osteoconductive, osteoinductive & osteogenic DMSO-free bone void filler.

Contract manufacturers. For products for which we are the Manufacturer of record on the applicable 510(k), we outsource our manufacturing and machining needs to contract manufacturers. Our approved contract manufacturers are all ISO13485 certified and machine and produce our products to our specifications. All finished products go through quality and final inspection at our facility. We then sell the products under one of our own proprietary brands utilizing our Retail Model or Wholesale Model. Our FDA cleared products for which we are the Manufacturer of record are:

- Maxim X-Treme PEEK Cervical Interbody System
- Fuse PSS open and MIS Pedicle Screw System
- Orbitum™ Compression Staple System

Research and Development

To further our business objectives, we use our knowledge of the healthcare industry and leverage our relationships with key suppliers, manufacturers, facility materials managers, and distribution channels. In 2021, we continued to utilize our Scientific Advisory Boards, ("SABs"), to assist with our product development and design input. Members of our SABs include the heads of teaching hospitals and universities, clinical residency programs, and clinical fellowship programs at some of the most respected institutions in the United States. Our SABs have provided valuable insight for both our products coming to market as well as the design and development of new products in our pipeline that target unmet needs of the industry, or deficiencies of existing commercialized medical devices. In January of 2022, we formed a New SAB for Sports Medicine and Extremities, to assist with our internal design and development of new product lines utilizing a novel material with osseointegration and anti-bacterial properties. We continuously review our product lines, both internally and with our SABs, proactively evaluating product trends to ensure we offer a comprehensive, high-quality, and cost-effective selection of Orthopedic Implants. We believe these efforts will enable us to become a leader in our industry and to expand our existing customer base.

Public Recognition

Our strategic acquisitions of CPM Medical Consultants, LLC ("CPM") and Palms Springs Partners, LLC d/b/a Maxim Surgical ("Maxim") significantly expanded our product lines, operations, and competitive reach. Fuse was named and ranked 43rd in 2020 and 89th in 2019 on Deloitte's *Technology Fast 500™*, an annual ranking of the fastest growing North American companies in the technology, media, telecommunications, life sciences and energy technologies sectors. Fuse was also named and ranked in the top 150 largest public companies by revenue in the Dallas-Fort Worth metropolitan area, by the *Dallas Morning News* in 2018, 2019 and 2020.

Competition

As a Manufacturer, distributor, and wholesaler of medical devices, we primarily compete with other distributors, as well as, vertically integrated medical device manufacturers that enjoy well-established distribution channels, national sales networks, direct sales models, and participation in large group purchasing organizations ("GPOs") contracted with major hospitals, and surgery centers.

We believe that our ability to offer a diverse selection of products across five different product categories, sets us apart from other distributors and gives us a competitive advantage against distributors who are not able to manufacture their own products, as well as manufacturers who are limited to distributing their own products within a specific product category.

Generally, we view Stryker Corporation, Smith & Nephew plc, and Orthofix Medical Inc., as examples of our large vertically integrated competitors. We believe those competitors, and companies like them, only distribute products they manufacture and have significant costs related to new product research and development and organizational support. Conversely, in addition to our own products, we sell a broad portfolio of specialized third-party manufacturers' products and have significantly lower costs related to research and development, as well as significantly lower costs for organizational support. Thus, we believe our competitive advantage lies primarily with our single-source fulfillment sales model, allowing us to offer a broader assortment of several manufacturers' products. We also believe that we generally realize higher gross margins than our competitors due to the lower product costs associated with being a Manufacturer and a stocking distributor.

We contract primarily with small- and medium-sized manufacturers of Orthopedic Implants and Biologics that are subject to FDA compliance and approval standards. We believe these manufacturers are highly innovative and cost effective because of their streamlined sales infrastructures and substantially lower research and development costs. Because of our organizational structure, large distribution footprint, and sales models, we tend to align well with our specialized suppliers' competitive strategies, which we believe is the foundation for additional significant relationships with such suppliers compared to our competitors.

We believe the competition in our industry is primarily driven by continued acquisitions of smaller manufacturers and distributors by larger, vertically integrated companies that produce, market and distribute medical devices, Orthopedic Implants, and Biologics. Our vertically integrated competitors benefit from their ability to control costs for the devices they manufacture and distribute. Moreover, we believe the market in which we operate is sensitive to changes in third-party and government payor reimbursements and, competitive pricing. We believe that our industry will continue to see increased mergers and acquisitions because the market is significantly fragmented with numerous medical device manufacturers, distributors, and specialized suppliers offering similar product portfolios throughout the United States.

Intellectual Property

We maintain stocking distribution agreements providing for exclusive distribution rights in certain geographic areas and use of associated trademarks, service marks, and tradenames for the sale and promotion of the products we offer. In 2021 we entered into two new distribution agreements with Induce Biologics and BRM Extremities. Our distribution agreement with Induce Biologics includes exclusive distribution rights in the state of Texas for the Urist Natural Matrix Protein ("NMP") bioimplant. Our distribution agreement with BRM Extremities includes exclusive distribution rights in the United States of the SilkToe® metatarsophalangeal joint arthroplasty system. Our stocking distribution agreements typically have terms of one (1) to three (3) years, subject to renewal terms. Furthermore, we require employees, independent contractors, consultants, and advisors to execute agreements, with varying terms of one (1) to three (3) years, that assign to us the intellectual property existing and generated from their work. In 2020, we applied and were granted trademark approval for our Galen™ and Kopis™ suture anchors, part of our Fuse Suture Anchor product line. As of 2022, Galen™ became a registered trademark of Fuse.

Government Regulation

Our products are subject to extensive regulation by the FDA and other U.S. federal and state regulatory bodies. Our products are subject to regulation under the FDCA, and in the case of our tissue products, also under the Public Health Service Act, ("PHSA"). To ensure that our products are safe and effective for their intended use, the FDA regulates, among other things, the following activities that we or our manufacturing and distribution partners perform and will continue to perform:

- product design and development;
- product testing;
- non-clinical and clinical research;
- product manufacturing;
- product labeling;
- product storage;

- premarket clearance or approval;
- advertising and promotion;
- product marketing, sales and distribution;
- import and export; and
- post-market surveillance, including reporting deaths or serious injuries related to products and certain product malfunctions.

Government Regulation – Medical Devices

FDA's Premarket Clearance and Approval Requirements. Unless an exemption applies, each medical device we seek to commercially distribute in the United States requires either FDA clearance of a premarket notification requesting permission for commercial distribution under Section 510(k) of the FDCA ("510(k) Clearance"), or approval of a premarket approval application ("PMA"). The information that must be submitted to the FDA in order to obtain clearance or approval to market a new medical device varies depending on how the medical device is classified by the FDA. Under the FDCA medical devices are classified as Class I, Class II, or Class III depending on the degree of risk associated with the use of the device and the extent of manufacturer and regulatory controls deemed to be necessary by the FDA to reasonably ensure their safety and effectiveness.

Class I devices are those with the lowest risk to the patient for which safety and effectiveness can be reasonably assured by adherence to a set of regulations, referred to as General Controls, which require compliance with the applicable portions of the FDA's Quality System Regulation ("QSR"), facility registration and product listing, reporting of adverse events and malfunctions, and appropriate, truthful and non-misleading labeling and promotional materials. Some Class I devices also require 510(k) Clearance by the FDA, though most Class I devices are exempt from the premarket notification requirements. Class II devices are those that are subject to the General Controls, as well as Special Controls, which can include performance standards, product-specific guidance documents and post-market surveillance. Manufacturers of most Class II devices are required to submit to the FDA a premarket notification under Section 510(k) of the FDCA. Class III devices include devices deemed by the FDA to pose the greatest risk such as life-supporting or life-sustaining devices, or implantable devices, in addition to those deemed not substantially equivalent following the 510(k) process. The safety and effectiveness of Class III devices cannot be reasonably assured solely by compliance with the General Controls and Special Controls described above. Therefore, these devices must receive an approved PMA. Both 510(k)s and PMAs are subject to the payment of user fees at the time of submission for FDA review.

If the FDA determines that the device is not "substantially equivalent" to a predicate device following submission and review of a 510(k) premarket notification, or if the manufacturer is unable to identify an appropriate predicate device and the new device or new use of the device presents a moderate or low risk, the device sponsor may either pursue a PMA approval or seek reclassification of the device through the de novo process. The products we currently market in the U.S. are Class I and Class II devices marketed under FDA 510(k) clearance.

510(k) Clearance Pathway. To obtain 510(k) Clearance, we must submit a 510(k) premarket notification demonstrating that the proposed device is substantially equivalent to a device legally marketed in the United States. A predicate device is a legally marketed device that is not subject to premarket approval, i.e., a device that was legally marketed prior to May 28, 1976 (pre-amendments device) and for which a PMA is not required, a device that has been reclassified from Class III to Class II or I, or a device that was found substantially equivalent through the 510(k) Clearance process. To be "substantially equivalent," the proposed device must have the same intended use as the predicate device, and either have the same technological characteristics as the predicate device or have different technological characteristics and not raise different questions of safety or effectiveness than the predicate device. Clinical data is sometimes required to support substantial equivalence.

The FDA's goal is to review and act on each 510(k) premarket notification within 90 days of submission, but the process usually takes from nine to twelve months, and it may take longer if the FDA requests additional information. Most 510(k) premarket clearances do not require supporting data from clinical trials, but the FDA may request such data. If the FDA agrees that the device is substantially equivalent, it will grant clearance to commercially market the device.

After a device receives 510(k) Clearance, any modification that could significantly affect its safety or effectiveness, or that would constitute a new or major change in its intended use, will require a new 510(k) Clearance or, depending on the modification, require premarket approval. The FDA requires each manufacturer to determine whether the proposed change requires the submission of a 510(k) premarket notification or PMA, but the FDA can review any such decision and can disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA can require the manufacturer to cease marketing and/or recall the modified device until 510(k) Clearance or PMA is obtained. If the FDA requires us to seek a new 510(k) Clearance or PMA for any modifications to a previously cleared product, we may be required to cease marketing or recall the modified device until we obtain this clearance or approval. Also, in these circumstances, we may be subject to significant fines or penalties. We have made and plan to continue to make enhancements to our products for which we have not submitted 510(k)s premarket notifications or PMAs, and we will consider on a case-by-case basis whether a new 510(k) premarket notification or PMA is necessary.

The FDA began to consider proposals to reform its 510(k) Clearance process in 2011, and such proposals could include increased requirements for clinical data and a longer review period. Specifically, in response to industry and healthcare provider concerns regarding the predictability, consistency and rigor of the 510(k) regulatory pathway, the FDA initiated an evaluation of the 510(k) program, and as part of the Food and Drug Administration Safety and Innovation Act ("FDASIA"), Congress reauthorized the Medical Device User Fee Amendments with various FDA performance goal commitments and enacted several "Medical Device Regulatory Improvements" and miscellaneous reforms, which are further intended to clarify and improve medical device regulation both pre- and post-clearance and approval. Further, in December 2016, the 21st Century Cures Act ("Cures Act"), was signed into law. The Cures Act, among other things, is intended to modernize the regulation of devices and spur innovation, but its ultimate implementation is unclear.

Pervasive and Continuing FDA Regulation. After a device is placed on the market, numerous FDA and other regulatory requirements continue to apply. These include:

- registration and listing requirements, which require manufacturers to register all manufacturing facilities and list all medical devices placed into commercial distribution;
- the QSR, which requires manufacturers, including third-party contract manufacturers, to follow stringent design, testing, control, supplier/contractor selection, documentation, record maintenance and other quality assurance controls, during all aspects of the manufacturing process and to maintain and investigate complaints;
- labeling regulations and unique device identification requirements;
- advertising and promotion requirements;
- restrictions on sale, distribution or use of a device;
- FDA prohibitions against the promotion of products for uncleared or unapproved "off-label" uses;
- medical device reporting obligations, which require that manufacturers submit reports to the FDA of devices that may have caused or contributed to a death or serious injury or malfunctioned in a way that would likely cause or contribute to a death or serious injury if it were to reoccur;
- medical device correction and removal reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the FDCA that may present a risk to health;
- device tracking requirements; and
- other post-market surveillance requirements, which apply when necessary to protect the public health or to provide additional safety and effectiveness data for the device.

Failure to comply with applicable regulatory requirements can result in enforcement action by the FDA, which may include any of the following:

- warning letters and untitled letters;
- fines, injunctions, consent decrees, and civil penalties;
- recalls, withdrawals, administrative detention, or seizure of products;
- operating restrictions, partial suspension or total shutdown of production;
- withdrawals of 510(k) Clearances or PMA approvals that have already been granted;
- refusal to grant 510(k) Clearance or PMA approvals of new products; and/or
- criminal prosecution.

Our facilities, records and manufacturing processes are subject to periodic announced and unannounced inspections by the FDA to evaluate compliance with applicable regulatory requirements.

Regulation of Human Cells, Tissues, and Cellular and Tissue-based Products. Certain of our products are regulated as human cells, tissues, and cellular and tissue-based products ("HCT/Ps"). Section 361 of the PHSA authorizes the FDA to issue regulations to prevent the introduction, transmission or spread of communicable disease. HCT/Ps regulated as "361" HCT/Ps are subject to requirements relating to registering facilities and listing products with the FDA, screening and testing for tissue donor eligibility, or Good Tissue Practice, when processing, storing, labeling, and distributing HCT/Ps, including required labeling information, stringent record keeping, and adverse event reporting, among other applicable requirements and laws. If the HCT/P is minimally manipulated, is intended for homologous use only and meets other requirements, the HCT/P will not require 510(k) Clearance, PMA approval, a Biologics license application, or other premarket authorization from the FDA before marketing.

Environmental Matters

Our facilities and operations are subject to extensive federal, state, and local environmental and occupational health and safety laws and regulations. These laws and regulations govern, among other things, air emissions; wastewater discharges; the generation, storage, handling, use and transportation of hazardous materials; the handling and disposal of hazardous wastes; the cleanup of contamination; and the health and safety of our employees. Under such laws and regulations, we are required to obtain permits from governmental authorities for some of our operations. If we violate or fail to comply with these laws, regulations or permits, we could be fined or otherwise sanctioned by regulators. We could also be held responsible for costs and damages arising from any contamination at our past or present facilities or at third-party waste disposal sites. We cannot completely eliminate the risk of contamination or injury resulting from hazardous materials, and we may incur material liability as a result of any contamination or injury.

Compliance with Certain Applicable Statutes

We are subject to various federal and state laws pertaining to healthcare fraud and abuse, including anti-kickback laws, false claims laws, criminal health care fraud laws, physician payment transparency laws, data privacy and security laws and foreign corrupt practice laws. Violations of these laws are punishable by criminal and/or civil sanctions, including, in some instances, fines, imprisonment and, within the United States, exclusion from participation in government healthcare programs, including Medicare, Medicaid and Veterans Administration health programs. These laws are administered by, among others, the U.S. Department of Justice, the Office of Inspector General of the Department of Health and Human Services and state attorney generals. Many of these agencies have increased their enforcement activities with respect to medical device manufacturers in recent years.

The federal Anti-Kickback Statute, prohibits persons from knowingly and willfully soliciting, offering, receiving or providing remuneration, directly or indirectly, in exchange for or to induce either the referral of an individual, or the furnishing, arranging for or recommending a good or service, for which payment may be made in whole or in part under federal healthcare programs, such as the Medicare and Medicaid programs. The Anti-Kickback Statute is broad and prohibits many arrangements and practices that are lawful in businesses outside of the healthcare industry. For example, the definition of "remuneration" has been broadly interpreted to include anything of value, including gifts, discounts, the furnishing of supplies or equipment, credit arrangements, payments of cash, waivers of payments, ownership interests and providing anything at less than its fair market value. In addition, the Patient Protection and Affordable Health Care Act, which, as amended by the Health Care and Education Reconciliation Act (collectively referred to as "ACA"). ACA, among other things, amends the intent requirement of the federal Anti-Kickback Statute. A person or entity no longer needs to have actual knowledge of this statute or specific intent to violate it. In addition, ACA provides that the government may assert that a claim including items or services resulting from a violation of the Anti-Kickback Statute constitutes a false or fraudulent claim for purposes of the federal False Claims Act.

In implementing the Anti-Kickback Statute, the Department of Health and Human Services Office of Inspector General ("OIG"), has issued a series of regulations, known as the safe harbors, which began in July 1991. These safe harbors set forth provisions that, in circumstances where all the applicable requirements are met, will assure healthcare providers and other parties that they will not be prosecuted under the Anti-Kickback Statute. The failure of a transaction or arrangement to fit precisely within one or more safe harbors does not necessarily mean that it is illegal or that prosecution will be pursued. However, conduct and business arrangements that do not fully satisfy all requirements of an applicable safe harbor may result in increased scrutiny by government enforcement authorities such as the OIG. Penalties for violations of the Anti-Kickback Statute include criminal penalties and civil sanctions such as fines, imprisonment and possible exclusion from Medicare, Medicaid and other federal healthcare programs. Many states have anti- kickback laws that are similar to the federal law, some of which apply to the referral of patients for healthcare items or services reimbursed by any source, and may also result in penalties, fines, sanctions for violations, and exclusions from state or commercial programs.

The federal False Claims Act prohibits persons from knowingly filing or causing to be filed a false or fraudulent claim to, or the knowing use of false statements to obtain payment from, the federal government. Private suits filed under the False Claims Act, known as qui tam actions, can be brought by individuals on behalf of the government. These individuals, sometimes known as "relators" or, more commonly, as "whistleblowers," may share in any amounts paid by the entity to the government in fines or settlement. The number of filings of qui tam actions has increased significantly in recent years, causing more healthcare companies to have to defend a False Claim Act action. If an entity is determined to have violated the federal False Claims Act, it may be required to pay up to three times the actual damages sustained by the government, plus civil penalties of between $10,000 to $22,000 for each separate false claim and may be subject to exclusion from Medicare, Medicaid and other federal healthcare programs. Various states have also enacted similar laws modeled after the federal False Claims Act which apply to items and services reimbursed under Medicaid and other state programs, or, in several states, apply regardless of the payor.

The Health Insurance Portability and Accountability Act ("HIPAA") created two new federal crimes: healthcare fraud and false statements relating to healthcare matters. The healthcare fraud statute prohibits knowingly and willfully executing a scheme to defraud any healthcare benefit program, including private payors. The ACA changed the intent requirement of the healthcare fraud statute to such that a person or entity no longer needs to have actual knowledge of this statute or specific intent to violate it. A violation of this statute is a felony and may result in fines, imprisonment or possible exclusion from Medicare, Medicaid and other federal healthcare programs. The false statements statute prohibits knowingly and willfully falsifying, concealing or covering up a material fact or making any materially false, fictitious or fraudulent statement in connection with the delivery of or payment for healthcare benefits, items or services. A violation of this statute is a felony and may result in similar sanctions.

ACA also includes various provisions designed to significantly strengthen fraud and abuse enforcement in addition to those changes discussed above. The Physician Payments Sunshine Provision of the Affordable Care Act (Section 6002) (the "Sunshine Act"), requires public disclosure to the U.S. government of payments to physicians and teaching hospitals, including in-kind transfers of value, such as gifts or meals. The Sunshine Act also provides penalties for non-compliance. The Sunshine Act requires that we file an annual report on March 31st of a calendar year for the transfers of value incurred for the prior calendar year. The Sunshine Act also require certain GPOs, including physician-owned distributors, to disclose physician ownership information to Centers for Medicare and Medicaid Services ("CMS"). In 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the "SUPPORT Act") was signed into law. The SUPPORT Act expands the reporting obligation under the Sunshine Act to include payments and other transfers of value made to physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives. These expanded reporting obligations are effective for payments reported in 2022, with payment tracking beginning in 2021. Non-compliance with the Sunshine Act or SUPPORT Act is subject to civil monetary penalties. There are various state laws and initiatives that require device manufacturers to disclose to the appropriate regulatory agency certain payments or other transfers of value made to physicians, and in certain cases prohibit some forms of these payments, with the risk of fines for any violation of such requirements.

HIPAA also includes privacy and security provisions designed to regulate the use and disclosure of "protected health information", ("PHI"), which is health information that identifies a patient and that is held by a health care provider, a health plan or health care clearinghouse. We are not directly regulated by HIPAA, but our ability to access PHI for purposes such as marketing, product development, clinical research or other uses is controlled by HIPAA and restrictions placed on health care providers and other covered entities. HIPAA was amended in 2009 by the Health Information Technology for Economic and Clinical Health Act ("HITECH"), which strengthened the rule, increased penalties for violations and added a requirement for the disclosure of breaches to affected individuals, the government and in some cases the media. We must carefully structure any transaction involving PHI to avoid violation of HIPAA and HITECH requirements.

Almost all states have adopted data security laws protecting personal information including social security numbers, state issued identification numbers, credit card or financial account information coupled with individuals' names or initials. We must comply with all applicable state data security laws, even though they vary extensively, and must ensure that any breaches or accidental disclosures of personal information are promptly reported to affected individuals and responsible government entities. We must also ensure that we maintain compliant, written information security programs or run the risk of civil or even criminal sanctions for non-compliance as well as reputational harm for publicly reported breaches or violations.

If any of our operations are found to have violated or be in violation of any of the laws described above and other applicable state and federal fraud and abuse laws, we may be subject to penalties, among them being civil and criminal penalties, damages, fines, exclusion from government healthcare programs, and the curtailment or restructuring of our operations.

Third-Party Reimbursement

In the United States, healthcare providers generally rely on third-party payors, principally private insurers and governmental payors such as Medicare and Medicaid, to cover and pay for all or part of the cost of a surgery in which our medical devices are used. We expect that sales volumes and prices of our products will depend in large part on the continued availability of reimbursement from such third-party payors. These third-party payors may deny reimbursement if they determine that a device used in a procedure was not medically necessary in accordance with cost-effective treatment methods, as determined by the third-party payor, or was used for an unapproved indication. Particularly in the United States, third-party payors continue to carefully review, and increasingly challenge, the prices charged for procedures and medical products. Medicare coverage and reimbursement policies are developed by CMS, the federal agency responsible for administering the Medicare program, and its contractors. CMS establishes these Medicare policies for medical products and procedures and such policies are periodically reviewed and updated. While private payors vary in their coverage and payment policies, the Medicare program is viewed as a benchmark. Medicare payment rates for the same or similar procedures vary due to geographic location, nature of the facility in which the procedure is performed (i.e., teaching or community hospital) and other factors. We cannot assure you that government or private third-party payors will cover and provide adequate payment for the procedures in which our products are used. ACA and other reform proposals contain significant changes regarding Medicare, Medicaid and other third-party payors.

Elements of the ACA include numerous provisions to limit Medicare spending through reductions in various fee schedule payments and by instituting more sweeping payment reforms, such as bundled payments for episodes of care, the establishment of "accountable care organizations" under which hospitals and physicians will be able to share savings that result from cost control efforts, comparative effectiveness research, value-based purchasing, and the establishment of an independent payment advisory board.

We believe that the overall escalating cost of medical products and services has led to, and will continue to lead to, increased pressures on the healthcare industry to reduce the costs of products and services. We cannot assure you that government or private third-party payors will cover and provide adequate payment for the procedures using our products. In addition, it is possible that future legislation, regulation, or reimbursement policies of third-party payors will adversely affect the demand for procedures using our products or our ability to sell our products on a profitable basis. The unavailability or inadequacy of third-party payor coverage or reimbursement could have a significant adverse effect on our business, operating results and financial condition.

Compliance Training

We maintain a company-wide compliance program for all employees, vendors, and contractors, which is managed by our Compliance Officer who is responsible for developing compliance programs, reviewing our policies, overseeing adherence to those policies, and advising management on possible risks. Our compliance policies include general ethical business practices as well as specific operating policies and training to ensure compliance with relevant and applicable healthcare laws and regulations, including the laws referenced above.

Employees

We engage AmBio Staffing, LLC ("AmBio"), a Texas licensed professional employment organization ("PEO"), to provide us with payroll processing, employee benefit administration, and related human capital services. As of March 21, 2022, AmBio supported approximately 36 full time equivalents ("FTE"). Of those 36 FTEs, 32 FTEs directly support us, 3 FTEs support the operations of other companies, and we share 1 FTE with other related companies.

Corporate and Available Information

We are a Delaware corporation. We were initially incorporated in 1968 as American Metals Service, Inc., a Florida corporation. In July 1999, American Metals Service, Inc. changed its name to GolfRounds.com, Inc. and was redomiciled to Delaware through a merger. Effective May 28, 2014, GolfRounds.com amended its certificate of incorporation to change its name to Fuse Medical, Inc., Fuse Medical, LLC, an unrelated entity, then merged with and into a wholly-owned subsidiary of Fuse Medical, Inc. The transaction was accounted for as a reverse merger. Fuse Medical, Inc. was the legal acquirer, and Fuse Medical, LLC was deemed the accounting acquirer. During 2015, certificates of termination were filed for Fuse Medical, LLC and its two subsidiaries.

On December 19, 2016 (the "Change-in-Control Date"), we entered into a stock purchase agreement (the "Stock Purchase Agreement") by and between NC 143 Family Holdings, LP, a Texas limited partnership ("NC 143") which is controlled by Mark W. Brooks ("Mr. Brooks"), the Chairman of our Board of Directors ("Board") and our President; and Reeg Medical Industries, Inc., a Texas corporation, ("RMI"), which is owned and controlled by Christopher C. Reeg, ("Mr. Reeg") our Chief Executive Officer and Secretary. The closing of the Stock Purchase Agreement resulted in a change-in-control of Fuse whereby Messrs. Brooks and Reeg beneficially acquired, immediately after the Change-In-Control Date, approximately 61.4% of our issued and outstanding shares of common stock, par value $0.01 per share ("Common Stock").

On December 31, 2017, we completed the acquisition of CPM in which we purchased all outstanding membership units of CPM the ("CPM Acquisition"). In the CPM Acquisition, Fuse was the legal acquirer, and for accounting purposes, CPM was deemed to have acquired Fuse. As a result, CPM is consolidated with Fuse effective on the Change-in-Control Date.

On August 1, 2018, ("Maxim Closing Date") we completed the acquisition of Maxim, the ("Maxim Acquisition") for aggregate consideration of approximately $3,400,000. As of the Maxim Closing Date, Maxim and Fuse's operations were consolidated. Maxim was subsequently dissolved and terminated on December 20, 2019.

Our principal executive office is located at 1565 N. Central Expressway, Suite 220, Richardson, Texas 75080. Our Internet address is www.fusemedical.com. We are not including information contained on our website as part of, or incorporated by reference into, this Annual Report. Our annual reports on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K, and all amendments to those reports, are available to you free of charge through the Investor Relations section of our website as soon as reasonably practicable after such materials have been electronically filed with, or furnished to, the SEC.

ITEM 1A. RISK FACTORS.

Our business and an investment in our securities are subject to a variety of risks. The following risk factors describe some of the most significant events, facts, and circumstances that could have a material adverse effect upon our business, financial condition, results of operations, ability to implement our strategies and business plans, and the market price for our securities. Many of these events are outside of our control. If any of these events occur, our business, financial condition, or results of operations may be materially adversely affected, the trading price of our Common Stock could decline and investors in our Common Stock could lose all or part of their investments. We believe our Common Stock continues to be low volume traded and therefore, subject to significant volatility and liquidity.

Risks Related to Our Financial Results, Credit and Certain Financial Obligations and Need for Financing

We may not be able to refinance, extend or repay our indebtedness owed to our secured lender, which would have a material adverse effect on our business, future operating results, and financial condition.

We expect to fund our future business development activities and our working capital needs largely from available cash, improved future operations, and other traditional financing sources, such as a revolving line of credit facility, term notes, or private placements, until such time sufficient funds are provided by operations. There can be no assurance that our financing efforts will be successful, or if we will be able to achieve sufficient revenue and profitability growth from operations. If an event of default occurs under our Credit Agreement with CNH Fund I, L.P. (the "Credit Agreement") or our Credit Agreement terminates, we could be prohibited from borrowing or unable to borrow for our working capital needs. If the loans are accelerated and we do not have sufficient cash on hand to pay all amounts due, we could be required to sell assets, to refinance all or a portion of our indebtedness or to obtain additional financing. Refinancing may not be possible and additional financing may not be available on commercially reasonable terms, or at all. If we cannot borrow under the Credit Agreement, we would need to seek additional financing, if available, or curtail our operations. Additional financing may include restrictions on our operations, or, with equity financing, may result in our stockholders' ownership being diluted.

Risks Related to Our Business and Industry

The COVID-19 outbreak may decrease demand for our products and disrupt our supply chain, and any decrease in demand or supply chain disruption resulting from COVID-19 would adversely affect our revenues and results of operations.

The COVID-19 global pandemic has presented and continues to present significant risks to our business plan. During the first quarter of 2020 and as a response to COVID-19, the Governor of Texas declared a state of disaster and issued an executive order requiring hospitals to defer all elective surgeries. The order was effective March 19, 2020 through April 22, 2020. On April 17, 2020, the Governor of Texas issued an additional executive order permitting hospital facilities to begin elective surgeries effective April 22, 2020 with certain restrictions, including maintaining a percentage of available beds for potential COVID-19 related patients. The disaster declaration in Texas and similar declarations in other governmental jurisdictions, specifically the temporary deferral of all elective surgeries, adversely impacted our results of operations for the second quarter 2020, in particular, the periods prior to April 22, 2020. Our revenues and results of operations may be negatively and materially affected if: (i) our supply of our products or product components or ability to distribute our products, is materially reduced despite our efforts to manage potential supply-chain disruption; (ii) an outbreak materially impacts our headquarters or manufacturing operations for a sustained period of time; (iii) hospitals are again required to allocate resources to care for patients with COVID-19 and defer treatment of procedures utilizing our products; (iv) patients elect to defer treatment for procedures utilizing our products due to real or perceived concerns about the potential spread of coronavirus in hospital settings; and/or (v) vendors or manufacturers have additional supply chain issues caused by material shortages and workforce reductions, which lead to additional lead times for the machining and/or delivery of product. A significant percentage of our products are utilized in elective surgeries or procedures, which may be deferred or avoided altogether due to the COVID-19 outbreak. Any prolonged decrease in demand for our products or disruption to our business resulting from the COVID-19 outbreak similar to what we incurred in the second quarter of 2020 would adversely affect our revenues and results of operations.

We have significant concentration in and dependence on a small number of customers.

In 2021, our top five (5) customers represented approximately 36% of our consolidated net revenues. If an existing contract with one of our top customers expires without being replaced or the customer terminates the contract prior to its expiration, we could lose that customer relationship, which would adversely impact our business, future operating results, and financial condition.

We are exposed to risks of obsolete and slow-moving inventory which may adversely impact our cash flow and liquidity.

Maintaining an optimal level of inventories is important to our business. If we over-stock our inventories, we might be exposed to increased slow-moving inventories. Conversely, if we under-stock our inventories, we may be unable to meet customers' demand. In

either case, our liquidity and results of operations may be adversely affected. For the years ended December 31, 2021 and 2020, the total amount of our inventories, net of allowance for slow-moving and obsolete inventory, were approximately $8.7 and $7.0 million, respectively, and accounted for approximately 47.7% and 39.9%, respectively, of our total assets for the same years. For the years ended December 31, 2021 and 2020, we recorded a reserve for slow moving and obsolete inventory of $2.5 and $3.1 million, respectively. Any increase in inventory may adversely affect our working capital. If we cannot manage our inventory level efficiently in the future, our liquidity and inventory may be adversely affected. Further, if we fail to stock appropriate medical devices and instruments to suit customer demand in the future, the volume of our obsolete and slow moving inventory may increase, and we may need to either sell off such inventory at a lower price or write off such inventory, in the event of which our business, financial condition, results of operation and cash flows will be adversely affected.

To grow revenues and profitability from certain products, we must expand our relationships with hospital systems, third-party distributors and independent sales representatives, whom we do not control.

We derive significant revenues through our relationships with hospital systems, distributors and independent sales representatives. If such a relationship terminated or otherwise was negatively impacted for any reason, it could materially and adversely affect our ability to generate revenues and profits. Because independent distributors often control the customer relationships within their territory, there is a risk that if our relationship with a distributor ends, we could lose our relationship with our ultimate customer.

Our success partially depends on our ability to retain and motivate our distributors and independent sales representatives to sell our products in certain territories. However, such parties may not be successful in implementing our strategies and marketing plans. Many of our independent distributors also market and sell the products of our competitors, and those competitors may have the ability to influence the products that our independent distributors choose to market and sell. Our competitors may be able, by offering higher commission payments or otherwise, to convince our independent distributors to terminate their relationships with us, carry fewer of our products or reduce their sales and marketing efforts of our products. We also may not be able to find additional distributors and independent sales representatives who will agree to market or distribute our products on commercially reasonable terms, if at all. If we are unable to establish new distribution and independent sales representative relationships or renew current distribution and sales agreements on commercially acceptable terms, our business, financial condition and results of operations could be materially and adversely affected.

Our revenue growth and profitability will depend in large part upon the effectiveness of our marketing strategies and investments.

Our future revenue growth and profitability will partially depend on the effectiveness of our marketing efforts and maintenance of appropriate cost structure, including our ability to:

- create greater awareness of the products we sell, our quality control, and customer service;
- identify and utilize the most effective sales representatives who are experienced with understanding the advantages of our products and who can effectively communicate that to our customers; and
- effectively scale marketing and administrative expenditures with revenue and profitability.

Ineffective sales representatives, promotional efforts, and management of working capital could adversely affect our future results of operations and financial condition.

Our revenues will depend on our customers' continued receipt of adequate reimbursement from private insurers and government sponsored healthcare programs.

Political, economic, and regulatory influences continue to change the healthcare industry in the United States. The ability of hospitals and medical facilities to pay fees for our products partially depends on the extent to which reimbursement for the costs of such materials and related treatments will continue to be available from private health coverage insurers and other similar organizations. We may have difficulty gaining market acceptance for the products we sell if third-party payors do not provide adequate coverage and reimbursement to hospitals and medical facilities.

Major third-party payors of hospitals and medical facilities, such as private healthcare insurers, periodically revise their payment methodologies based, in part, upon changes in government sponsored healthcare programs. We cannot predict these periodic revisions with certainty, and such revisions may result in stricter standards for reimbursement of hospital charges for certain specified products, potentially adversely impacting our business, results of operations, and financial conditions.

If pricing pressures cause us to decrease prices for our products and we are unable to compensate for such reductions through changes in our product mix or reductions to our expenses, our results of operations will suffer.

We have experienced and may continue to experience decreasing prices for the products we offer due to pricing pressure exerted by our customers in response to increased cost containment efforts from managed care organizations, other third-party payors and increased

market power of our customers as the medical device industry consolidates. If we are unable to offset such price reductions through changes in our product mix or reductions in our expenses, our business, financial condition, results of operations and cash flows will be adversely affected.

Consolidation in the healthcare industry could lead to demands for price concessions or to the exclusion of some suppliers from certain of our markets, which could have an adverse effect on our business, financial condition or results of operations.

Because healthcare costs have risen significantly over the past decade, numerous initiatives and reforms initiated by legislators, regulators and third-party payors to curb these costs have resulted in a consolidation trend in the healthcare industry to create new companies with greater market power, including hospitals. As the healthcare industry consolidates, competition to provide products and services to industry participants has become and will continue to become more intense. This in turn has resulted and will likely continue to result in greater pricing pressures and the exclusion of certain suppliers from important market segments as GPOs, independent delivery networks and large single accounts continue to use their market power to consolidate purchasing decisions for some of our customers. We expect that market demand, government regulation, third-party reimbursement policies and societal pressures will continue to change the worldwide healthcare industry, resulting in further business consolidations and alliances among our customers, which may reduce competition, exert further downward pressure on the prices of our products and may adversely impact our business, financial condition and results of operations.

Our operating earnings are dependent on certain significant suppliers.

As of December 31, 2021, we distributed products from 56 suppliers. We are dependent on these suppliers for the continuing supply of products. In 2021, purchases of products from our largest supplier accounted for approximately 20% of purchases. We rely on suppliers to provide agreeable purchasing and delivery terms and performance incentives. Our ability to sustain adequate operating earnings has been, and will continue to be, dependent upon our ability to obtain favorable terms and incentives from suppliers, as well as suppliers' continuing use of third-party distributors to sell and deliver their products. An unforeseen delay in raw material supplies, a change in terms by a significant supplier, or a decision of such a supplier to distribute its products directly to healthcare providers rather than through third-party distributors could have a material adverse effect on our results of operations and financial condition.

Interruption of manufacturing operations could adversely affect our business.

Our suppliers have manufacturing facilities for certain product lines that may be concentrated in one or more plants. Damage to these facilities or issues in our manufacturing arising from a failure to follow specific internal protocols and procedures, compliance concerns relating to quality systems regulations, equipment breakdown or malfunction, among other factors, could adversely affect the availability of our products. In the event of an interruption in manufacturing of certain products, we may be unable to quickly shift to alternate means of production to meet customer demand. In the event of a significant interruption, we may experience lengthy delays in resuming production of affected products due to the need for regulatory approvals. We may experience loss of market share, additional expense, or harm to our reputation.

If we or our suppliers fail to comply with the FDA's quality system and good tissue practice regulations, the manufacturing of our products could be delayed.

We and our suppliers are required to comply with the FDA's QSR, which covers, among other things, the methods and documentation of the design, testing, production, control, quality assurance, labeling, packaging, sterilization, record keeping, storage and shipping of our products. In addition, suppliers and processors of products derived from HCT must comply with the FDA's current good tissue practice requirements, or cGTPs, which govern the methods used in and the facilities and controls used for the manufacture of HCT/Ps, record keeping and the establishment of a quality program. The FDA audits compliance with the QSR and cGTPs through inspections of manufacturing and other facilities. If we or our suppliers have significant non-compliance issues or if any corrective action plan is not sufficient, we or our suppliers could be forced to halt the manufacturing of our products until such problems are corrected to the FDA's satisfaction, which could have a material adverse effect on our business, financial condition and results of operations. Further, our products could be subject to recall if the FDA determines, for any reason, that our products are not safe or effective. Any recall or FDA requirement demanding that we seek additional approvals or clearances could result in delays, costs associated with modification of a product, loss of revenue and potential operating restrictions imposed by the FDA, all of which could have a material adverse effect on our business, financial condition and results of operations.

Future business combinations or acquisitions may be difficult to integrate, which could cause us to shift our attention away from our primary business and its operations.

We may pursue future business combinations with other companies or strategic acquisitions of complementary businesses, product lines, or technologies. There can be no assurance that such acquisitions will be available at all, or on terms acceptable to us. These transactions may require additional capital, which may increase our indebtedness or outstanding shares, resulting in a dilution to our stockholders or

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	(Applicant is a wholly-owned subsidiary of a publicly traded company.) ☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: embecta Medical II LLC

Physical Address: 300 Kimball Drive

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 201-847-6800 Website: www.embecta.com

Name of Designated Representative (DR): Thomas Brennan

Licensing Company Email: tom.brennan@embecta.com DR Email: tom.brennan@embecta.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: Over-the-counter drugs and prescription medical devices	☐ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Virtual manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - no pharmaceutical products have been sold, dispensed or distributed within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): embecta Corporation

Corporation Name: embecta Medical II LLC

Mailing Address: 300 Kimball Drive

City: Parsippany State: NJ Zip: 07054

Telephone: 201-847-6800 Email: tom.brennan@embecta.com

Contact Person Name: Thomas Brennan

Date of SEC Registration: 2/10/22 | SEC Registration Number: 0001872789 | Stock Exchange Symbol: EMBC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/ - N/A - applicant is a wholly-owned subsidiary of a publicly traded company.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. See Attachments B – F	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

embecta Medical II LLC

Facility Name

Thomas Brennan

Print Name of Authorized Person Submitting Application

Thomas M Brennan

Original signature of Authorized Person (copies or stamps not accepted)

Oct 28, 2022

Date

Board Use Only	Date Received: 11-14-22	Amount: 1000.00 CK- 354

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0748940

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

300 KIMBALL DR PARSIPPANY, NJ 07054-

Reg. No.
5006231

EMBECTA MEDICAL II LLC
300 KIMBALL DR
PARSIPPANY, NJ 07054-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

From: edrls@fda.hhs.gov
To: Regulatory Affairs
Subject: Labeler Code Request Approved
Date: Thursday, September 29, 2022 11:48:10 AM

EXTERNAL EMAIL - Use caution opening attachments and links.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 29-SEP-2022
Labeler DUNS: 118777356
Labeler Name: EMBECTA MEDICAL II, LLC
Labeler Code Assigned: 83017

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Attachment B

LLC Information

embecta Medical II LLC
(a wholly-owned subsidiary of embecta Corporation)

LLC Officers:

Jeffrey Mann
SVP, General Counsel and Head of Business Development

Brian Capone
VP, Corporate Controller and Chief Accounting Officer

Attachment C

Delaware Certificate of Good Standing

Please note that the enclosed certificate lists the former company name, Berra Operations LLC. Formal name change documentation from the state of formation is additionally enclosed.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BERRA OPERATIONS LLC", CHANGING ITS NAME FROM "BERRA OPERATIONS LLC" TO "EMBECTA MEDICAL II LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF MAY, A.D. 2022, AT 10:25 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

6255968 8100
SR# 20221846126

Authentication: 203380364
Date: 05-09-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BERRA OPERATIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6255968 8300

SR# 20221419020

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203159819

Date: 04-12-22

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "BERRA OPERATIONS LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2021, AT 12:57 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

6255968 8100
SR# 20213325914

Authentication: 204233481
Date: 09-23-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF FORMATION
OF
BERRA OPERATIONS LLC

This Certificate of Formation of Berra Operations LLC (the "Company"), dated September 23, 2021, is being duly executed and filed by Elizabeth Ingriselli, an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. §18-101, *et seq.*) (the "Act").

FIRST: The name of the Company formed hereby is "Berra Operations LLC."

SECOND: The purpose of the Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act.

THIRD: The address of the registered office of the Company in the State of Delaware is 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of the registered agent at such address is The Corporation Trust Company.

[*Signature Page Follows*]

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:57 PM 09/23/2021
FILED 12:57 PM 09/23/2021
SR 20213325914 - File Number 6255968

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.

By:

Elizabeth Ingriselli

Name: Elizabeth Ingriselli
Authorized Person

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Berra Operations LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

To change the legal name of the LLC to "embecta Medical II LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 6th day of May, A.D. 2022.

By: _____
Authorized Person(s)

Name: Jeffrey Zimmerman Mann
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:25 AM 05/09/2022
FILED 10:25 AM 05/09/2022
SR 20221846126 - File Number 6255968

Preferred Name
Ginny Blocki
Hiliary Johnson
Danielle Dispoto
Ann Jannu
Malathi Tummalapalli
Vanessa Casimiro
Sachin Bobate
Girard Vercillo
Ryan Yardis
Elise Aho-Coscia
Cindy Smith
Patricia Lucas
Dave Anderson
Rita Saltiel-Berzin
Tamara Maik
Howard Gold
Erica Ellenberg
Louis Tomaselli
Magali Mehr
Ronald Marsh
Erin Gass
Dorothy Calie
Mark Novak
Peggy Conley
Karen Repetto
Michael Edelman
Keith Swajger
Jayne Curtis
Susan Sprado
Jeanne Helfant
Joseph Biehler
Christine Pasquariello
Donna Boyd
Ajay Kumar
Aline Santoro
Vadim Goykhman
Leisha Ayres
Maryann Fam
Qi Guo
Niraj Desai
Michael Lo Russo
Darina Karoyan
Jorge Rodriguez
Elyse Robertson
Kevin Andrews
Sophia Li
Avital Merl
Antonio Mule
Claire Becker
Adrienne McCarron
Maliha Khaja
Alfonso Minervino
Bob Foncellino

Kevin Thai
Aditya Prabhu
Katie Karshner
Alice Badami
Marcus Vinicius de Freitas
Joe Schneider
Tom Brennan
Kari LeBlancq
Justin Director
Aysegul Varnatopu
Jeff Zivan
Evan Repousis
Cam Betancourt
Kara Maltempi
Amy Green
Tom Blount
C J Hughley
Enrica Onnembo
Donald Broedlin
Heather Henkel
Marisol Chevalier
Ora Zable
Shivaani Girdhari
Victoria Coyne
Juliet Stewart
Michael Piotrowski
Alan Hilliard
Isolis Rodriguez
Paul Bresko
Nishant Shah
Alexis Fisher
Ray Jacobus
Jan Adlawan
Carlos Payares
Michelle Balevski
Dean Villani
Chris Sciancalepore
Corey Griffin
Mat Osicki
Stacy Burch
Kevin Duvall
Bryan Rourke
Alec Paterno
Corynne Bielecki
Issa Bangura
Rexie Juan
Sarah Balch
Eugene Prais
Suad Pjetrovic
Margaret Pflug
JASON RASER
Yolanda Hart
John Nacsin
Kimberly Weaver

Andrew Willcox
Carissa Bally
Kapil Bulsara
Marco Alarcon -
Lopez
Henry Anhalt
Brian Capone
Ketan Patel
Shailesh Saxena
Christine Iannelli
Douglas Rothacker
Stephen Wallace
Andy O'Connor
Greg Elkin
Eric Balsam
Jigen Shah
Deion Hu
Pravesh Khandelwal
Brian Scorben
Grace Marmorstein
Kristen Meany
Aaron Lian
Rich Goldbach
Melody Wolff
Michael Mall
Ravi Shah
Rishi Shahi
Cathy Concannon
Philip Ganz
Christopher Kelly
Shirley Atherton
Helen Baker
Alice Ryan
Madeline Coluccio
Sandra Lassalle
Cheryl Legros
Lisa Aglialoro
Michael Shapiro
Nick Lombardi
Joe Hom
Khatha Saha
Deirdre Hinds-
Gravesande
David Gummer
Melanie Wong
Joseph Scates
Shantel Watson

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 CN138180256-EC-GAWUP-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Embecta Corp. and all of it subsidiaries 1 Becton Drive Franklin Lakes, NJ 07417	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Liberty Mutual **INSURER B :** Liberty Mutual Fire Insurance Company — 23035 **INSURER C :** Liberty Insurance Corporation — 42404 **INSURER D :** Employers Insurance Company Of Wausau — 21458 **INSURER E :** Illinois Union Insurance Company — 27960 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CLE-006917774-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			TB2Z11C2321K032	04/01/2022	04/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AS2Z11C2321K042	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
C	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			TH7Z11C2321K012 (Exclude Products)	04/01/2022	04/01/2023	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCCZ11C2321K022	04/01/2022	04/01/2023	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
E	Products Liability & Professional Liability			G72570947001	04/01/2022	04/01/2023	Limit	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate of Insurance is issued as evidence of coverage only. Refer to Page Two for additional insurance coverages.

As respects General Liability, Automobile and Products Liability: additional insured wording: Additional insured status is granted to a party granted access to this certificate of insurance , but only to the extent that such a status has been agreed to, and is evidenced in a written agreement for service or products, between such party and the insured named herein or any subsidiary thereof. Waiver of subrogation included where required by written contract.

CERTIFICATE HOLDER

Embecta Corp. and all of it subsidiaries
One Becton Drive
Franklin Lakes, NJ 07417

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN138180256
LOC #: Philadelphia

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Embecta Corp. and all of it subsidiaries 1 Becton Drive Franklin Lakes, NJ 07417
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Liability (Excluding Products)

Insurance Company: National Union Fire Insurance Company of Pittsburgh, PA
Policy Number: BE21908113
Policy Term: April 1, 2022 - April 1, 2023
Limits: $10,000,000 Each Occurence / $10,000,000 Aggregate

Excess Liability (Products Only)

Insurance Company: Columbia Casualty Company
Policy Number ADE7018671499
Policy Term: April 1, 2022 - April 1, 2023
Limits: $10,000,000 Each Occurence / $10,000,000 Aggregate

Insurance Company: Ironshore Specialty Insurance Company
Policy Number: HC7CACHVW3001
Policy Term: April 1, 2022 - April 1, 2023
Limits: $5,000,000 Each Occurrence / $5,000,000 Aggregate

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Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG embecta Medical II LLC MDEG License # (if applicable) N/A

Physical Address 300 Kimball Drive

City Parsippany State NJ Zip 07054

Mailing Address (if different from physical address) Same as physical address

City State Zip

Telephone 201-847-6800 Website www.embecta.com

Licensing Company Email tom.brennan@embecta.com

Section 2: Personal Information

First Thomas Middle Michael Last Brennan

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 300 Kimball Drive

City Parsippany State NJ Zip 07054

Telephone 201-847-5048 Email tom.brennan@embecta.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
New Jersey Institute of Technology			09/82 - 05/92
Address	**City**	**State**	**Zip**
323 Dr Martin Luther King Jr. Blvd.	Newark	NJ	07102
Diploma/Degree obtained, if any			
BS, Industrial Engineering			
School Name			**From - To (MM/YY – MM/YY)**
Fair Lawn High School			09/78 - 06/82
Address	**City**	**State**	**Zip**
14-00 Berdan Ave	Fair Lawn	NJ	07410
Diploma/Degree obtained, if any			
High School Diploma			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/93 - Present	[redacted]Gordon Avenue	Dumont	NJ	07628
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
embecta Medical II LLC			04/22 - Present
Business Address	**City**	**State**	**Zip**
300 Kimball Drive	Parsippany	NJ	07054
Phone	**Title**		**Number of Employed Hours**
201-847-6800	Sr. Manager Quality Systems		40 hrs/week

Description of Duties

Responsible for implementing and managing the Quality Management System for conformance to regulatory requirements and company policies.

Business Name			From - To (MM/YY – MM/YY)
Becton Dickinson Medical -- Diabetes Care			10/19 - 03/22
Business Address	**City**	**State**	**Zip**
1 Becton Drive	Franklin Lakes	NJ	07417
Phone	**Title**		**Number of Employed Hours**
201-847-6800	Sr. Manager Quality Systems		40 hrs/week

Description of Duties

Responsible for implementing and managing the Quality Management System for conformance to regulatory requirements and company policies.

Business Name			From - To (MM/YY – MM/YY)
Becton Dickinson Medical -- Diabetes Care			11/17 - 10/19
Business Address	**City**	**State**	**Zip**
1 Becton Drive	Franklin Lakes	NJ	07417
Phone	**Title**		**Number of Employed Hours**
201-847-6800	Staff Quality Engineer II, Sustaining Engineering		40 hrs/week

Description of Duties

Product Quality Engineer for syringe product family. Core team member for design control and process control projects including leadership for risk management activities.

Business Name			From - To (MM/YY – MM/YY)
Becton Dickinson Medical -- Diabetes Care			07/17 - 10/17
Business Address	**City**	**State**	**Zip**
1 Becton Drive	Franklin Lakes	NJ	07417
Phone	**Title**		**Number of Employed Hours**
201-847-6800	Staff Manager, Quality Auditing/Systems		40 hrs/week

Description of Duties

Responsible for implementing and managing the Quality Management System for conformance to regulatory requirements and company policies.

Business Name			From - To (MM/YY – MM/YY)
Becton Dickinson Medical -- Diabetes Care			05/14 - 07/17
Business Address	**City**	**State**	**Zip**
1 Becton Drive	Franklin Lakes	NJ	07417
Phone	**Title**		**Number of Employed Hours**
201-847-6800	Staff Quality Engineer II		40 hrs/week

Description of Duties

Project lead for transitioning the Diabetes Care QMS to ISO 13485:2016 and MDSAP. Diabetes Care r epresentative for the Supplier Management Risk Classification project. Oversee the CAPA program for Diabetes Care.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
MAQUET (formerly Datascope)			08/10 - 05/14
Business Address	**City**	**State**	**Zip**
15 Law Drive	Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**
973-244-6100	Manager, Quality Systems		40 hrs/week

Description of Duties

Develop, manage, and maintain the QMS using TrackWise software throughout the company for all Quality System functions. Quality representative on due diligence teams for new business acquisitions.

Business Name			From - To (MM/YY – MM/YY)
Datascope			01/07 - 08/10
Business Address	**City**	**State**	**Zip**
15 Law Drive	Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**
	Manager, Quality Engineering & Product Surveillance		40 hrs/week

Description of Duties

Manage the Product Surveillance and Support Department to ensure that complaints are satisfactorily evaluated, investigated, documented, and ensure that all regulatory requirements are met in filing reportable events to appropriate regulatory bodies worldwide.

Business Name			From - To (MM/YY – MM/YY)
Datascope			07/06 - 01/07
Business Address	**City**	**State**	**Zip**
15 Law Drive	Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**
	Supervisor, Quality Engineering		40 hrs/week

Description of Duties

Manage the operation and personnel of the Quality Engineering Lab and Calibration Lab. Develop test methods and tooling.

Business Name			From - To (MM/YY – MM/YY)
Datascope			05/04 - 06/06
Business Address	**City**	**State**	**Zip**
15 Law Drive	Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**
	Senior Quality Engineer		40 hrs/week

Description of Duties

Plan and conduct process and product validations. Provide technical support for project teams. Plan and conduct internal and supplier quality audits.

Business Name			From - To (MM/YY – MM/YY)
Datascope			10/00 - 05/04
Business Address	**City**	**State**	**Zip**
15 Law Drive	Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**
	Industrial Engineer, Project Manager		40 hrs/week

Description of Duties

Core team member for Continuous Improvement Program. Manage and execute various manufacturing engineering and cost saving projects. Maintain plant layout to optimize process flow of manufacturing equipment.

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:** See enclosed letter of explanation.

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Thomas M Br

Original Signature (electronic, copies or stamps not accepted)

Jan 19, 2023

Date

I, Thomas Brennan, **certify that as the MDEG Administrator for**

embecta Medical II LLC,

that I (initial that you have read and meet the following requirements):

1. TMB Have a high school diploma or its equivalent;
2. TMB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TMB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TMB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Brennan
Print Name (First, Last)

Thomas MBr
Original Signature (electronic, copies or stamps not accepted)

Jan 13, 2023
Date

Board Use Only	Date Received:

PharmaLicense

embecta

To Whom It May Concern,

I would like to disclose the following incidents that may possibly be on my federal background check.

The first incident is estimated to be from the summer around the mid 1980's (possibly 1985). This incident was related to a college fraternity get together at a fraternity members home in Lake Georgie, NY. The incident resulted in being charged with drinking in public and causing property damage. The action did not result in a court appearance and a fine was paid. No other action resulted and there are not any records or documents related to this incident.

The second incident was in the fall of 1988 (believed to be in November). I was on my way home from a NJ Devils hockey game and was pulled over and charged with DUI. I plead guilty, paid a fine, lost my license for six months, and paid an insurance surcharge. No other action resulted and there are not any court documents or any other records from the incident.

X 

Thomas Brennan
Senior Manager, WW Quality Systems

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 15, 2022

EMBECTA CORP.
(Exact name of registrant as specified in its charter)

Delaware		
(State or Other Jurisdiction of Incorporation)		
001-41186		**87-1583942**
(Commission File Number)		**(IRS Employer Identification No.)**
300 Kimball Drive, Parsippany, New Jersey		**07054**
(Address of principal executive offices)		**(Zip Code)**

Registrant's telephone number, including area code: (201) 847-6880

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.01 per share	**EMBC**	**The Nasdaq Stock Market LLC (Nasdaq Global Select Market)**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On August 15, 2022, Embecta Corp. (the "Company" or "embecta") issued a press release (the "Earnings Release") regarding its results for the quarter ended June 30, 2022. The Earnings Release is included as Exhibit 99.1 to this report.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

The following is furnished as an exhibit to this report:

99.1	Press Release, dated August 15, 2022.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

Signature

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

EMBECTA CORP.

By: /s/ Jacob Elguicze
Jacob Elguicze
Chief Financial Officer

Dated: August 15, 2022



FOR IMMEDIATE RELEASE

Embecta Corp. Reports Third Quarter Fiscal 2022 Financial Results

PARSIPPANY, N.J., Aug 15, 2022 (GLOBE NEWSWIRE) – Embecta Corp. ("embecta") (Nasdaq: EMBC), one of the largest pure-play diabetes care companies in the world following its April 1, 2022, spin off from Becton, Dickinson and Company ("BD"), today reported financial results for the three and nine month periods ended June 30, 2022.

"Our fiscal third quarter 2022 results reinforce our core strength and further position embecta towards creating a company that allows for a life unlimited by diabetes," said Devdatt "Dev" Kurdikar, Chief Executive Officer of embecta. "Despite a challenging macro-economic environment, we delivered resilient commercial performance during our first quarter as an independent company. While we continue to navigate through supply chain and inflationary pressures, as well as certain COVID-19 restrictions, given the strength of our third quarter results, coupled with our outlook for the remainder of the fiscal year, we are reiterating our second half of 2022 fiscal year financial guidance for as-reported revenue growth, and raising our second half of 2022 fiscal year financial guidance for constant currency revenue growth, adjusted gross margin and adjusted EBITDA margin."

embecta was spun-off from BD on April 1, 2022. Financial results during the pre-spin period were presented on the carve-out basis of accounting and do not purport to reflect what embecta's financial results would have been had embecta opereted as a standalone public company. Therefore, financial results for the three and nine month periods ended June 30, 2021 and June 30, 2022 are not meaningfully comparable.

Third Quarter Fiscal Year 2022 Financial Highlights:

- Revenues of $291.1 million, down 1.3% on a reported basis; up 2.0% on a constant currency basis
  - U.S. revenues increased 4.1% on both a reported and constant currency basis
  - International revenues decreased 7.1% on a reported basis, and decreased 0.3% on a constant currency basis
- Gross profit and margin of $202.9 million and 69.7%, compared to $202.6 million and 68.7% in the prior year period
- Adjusted gross profit and margin of $203.1 million and 69.8%, compared to $206.4 million and 70.0% in the prior year period
- Net income of $62.4 million, compared to $104.7 million in the prior year period
- Adjusted EBITDA and margin of $117.9 million and 40.5%, compared to $143.6 million and 48.7% in the prior year period
- Announced a dividend of $0.15 per share

Nine Months Ended June 30 Fiscal Year 2022 Financial Highlights:

- Revenues of $854.9 million, down 1.1% on a reported basis; up 0.8% on a constant currency basis
  - U.S. revenues increased 0.1% on both a reported and constant currency basis
  - International revenues decreased 2.4% on a reported basis, and increased 1.6% on a constant currency basis
- Gross profit and margin of $598.0 million and 69.9%, compared to $590.2 million and 68.3% in the prior year period
- Adjusted gross profit and margin of $598.2 million and 70.0%, compared to $604.0 million and 69.9% in the prior year period
- Net income of $240.8 million, compared to $317.9 million in the prior year period
- Adjusted EBITDA and margin of $372.7 million and 43.6%, compared to $433.4 million and 50.1% in the prior year period

Strategic Highlights:

- Executing on transition service agreements with BD, while beginning to build up embecta's internal organization, systems and processes
- Advanced the development of a type 2 closed loop insulin delivery system utilizing embecta's proprietary patch pump, which carries Breakthrough Device Designation from the U.S. Food & Drug Administration

Third Quarter Fiscal Year 2022 Results:

Revenues by geographic region are as follows:

Dollars in millions	Three months ended June 30,				
			Increase/(decrease)		
				As Reported	Constant Currency
	2022	2021	$	%	%
United States	$ 158.0	$ 151.8	$ 6.2	4.1%	4.1 %
International	133.1	143.2	(10.1)	(7.1)	(0.3)
Total	$ 291.1	$ 295.0	$ (3.9)	(1.3)%	2.0 %

Our revenues decreased by $3.9 million, or 1.3%, to $291.1 million in the third quarter of 2022 as compared to revenues of $295.0 million in the third quarter of 2021. Changes in our revenues are driven by the volume of goods that we sell, the prices we negotiate with customers and changes in foreign exchange rates. The decrease in revenues was primarily attributable to $9.7 million of unfavorable foreign currency impact due to the strengthening of the U.S. dollar, partially offset by favorable volume and price, to some extent, for customers in the U.S. and Central and Southeast Asia.

Nine Months Fiscal Year 2022 Results:

Revenues by geographic region are as follows:

Dollars in millions	Nine months ended June 30,				
			Increase/(decrease)		
				As Reported	Constant Currency
	2022	2021	$	%	%
United States	$ 450.4	$ 450.1	$ 0.3	0.1 %	0.1 %
International	404.5	414.4	(9.9)	(2.4)	1.6
Total	$ 854.9	$ 864.5	$ (9.6)	(1.1)%	0.8 %

Our revenues decreased by $9.6 million, or 1.1%, to $854.9 million for the nine months ended June 30, 2022 as compared to revenues of $864.5 million for the nine months ended June 30, 2021. The decrease in revenues was primarily driven by unfavorable foreign currency impact of $16.6 million due to the strengthening of the U.S. dollar, partially offset by favorable volume and price, to some extent, in the U.S., Canada and Mainland China, and countries within Eastern Europe, the Middle East, Africa and Central and Southeast Asia.

Second-Half Fiscal Year 2022 Updated Financial Guidance:

For the last six months of fiscal year 2022, the Company now expects:

Dollars in millions, except percentages	Current	Previous
Revenues	~$555	~$555
As Reported (%)	*~(7.0%)*	*~(7.0%)*
Constant Currency (%)	*~(3.0%)*	*~(3.5%)*
*Contract Manufacturing**	*~$10*	*~$15*
Adjusted Gross Margin (%)	Mid 60%s	Low 60%s
Adjusted EBITDA Margin (%)	Mid 30%s	Low 30%s
TSA Expense	~$35	~$35

*Current guidance includes contract manufacturing revenues of approximately $10 million during the last six months of fiscal year 2022, as compared to the previous guidance which included approximately $15 million during the last six months of fiscal year 2022. There were no contract manufacturing revenues during the last six months of fiscal 2021.

We are unable to present a quantitative reconciliation of our expected adjusted gross margin, expected adjusted EBITDA and our expected adjusted EBITDA margin as we are unable to predict with reasonable certainty and without unreasonable effort the impact and timing of certain one-time items. The financial impact of these one-time items is uncertain and is dependent on various factors, including timing, and could be material to our Condensed Consolidated Statements of Income.

Balance sheet, Liquidity and Other Updates

As of June 30, 2022, the Company had approximately $292.3 million in cash and cash equivalents and $1.648 billion of debt principal outstanding, and no amount drawn on the $500 million Revolving Credit Facility.

The Company's Board of Directors declared a quarterly cash dividend of $0.15 for each issued and outstanding share of the Company's common stock. The dividend is payable on September 14, 2022 to stockholders of record at the close of business on August 26, 2022.

Third Quarter of Fiscal Year 2022 Earnings Conference Call:

Management will host a conference call at 8:00 a.m. Eastern Time (ET) on Aug 15, 2022 to discuss the results of the quarter, provide an update on its business, including financial guidance for fiscal year 2022, and host a question and answer session. Those who would like to participate may access the live webcast here, or access the teleconference here. The live webcast can also be accessed via the Company's website at investors.embecta.com.

A webcast replay of the call will be available beginning at 11:00 a.m. ET on August 15, 2022, via the embecta investor relations website and archived on the website for one year.

Condensed Consolidated Statements of Income
Embecta Corp.
(Unaudited)

	Three Months Ended June 30,		Nine Months Ended June 30,	
	2022	2021	2022	2021
Revenues	$ 291.1	$ 295.0	$ 854.9	$ 864.5
Cost of products sold[1]	88.2	92.4	256.9	274.3
Gross Profit	$ 202.9	$ 202.8	$ 598.0	$ 590.2
Operating expenses:				
Selling and administrative expense	83.8	60.5	212.9	169.5
Research and development expense	14.3	15.7	49.0	43.8
Other operating expenses	7.7	2.1	23.5	2.1
Total Operating Expenses	$ 105.8	$ 78.3	$ 285.4	$ 215.4
Operating Income	$ 97.1	$ 124.3	$ 312.6	$ 374.8
Interest expense, net	(19.5)	—	(24.4)	—
Other income (expense), net	(4.0)	0.6	(4.1)	3.7
Income Before Income Taxes	$ 73.6	$ 124.9	$ 284.1	$ 378.5
Income tax provision	11.2	20.2	43.3	80.6
Net Income	$ 62.4	$ 104.7	$ 240.8	$ 317.9
Net Income per common share:				
Basic	$ 1.08	$ 1.81	$ 4.17	$ 5.50
Diluted	$ 1.07	$ 1.81	$ 4.14	$ 5.50

(1) For periods prior to the separation from BD, this income statement line includes cost of products sold from related party inventory purchases. For the three month period ended June 30, 2021, cost of products sold from related party inventory purchases were $11.4 million. For the nine month periods ended June 30, 2022 and 2021, cost of products sold from related party inventory purchases were $22.1 million and $30.4 million, respectively.

Condensed Consolidated Balance Sheets
Embecta Corp.

	June 30, 2022 (Unaudited)	September 30, 2021
Assets		
Current Assets		
Cash and cash equivalents	$ 292.3	$ —
Trade receivables, net (net of allowance for doubtful accounts of $1.2 million in 2022 and $2.8 million in 2021)	22.2	150.6
Inventories:		
Materials	12.0	13.1
Work in process	17.7	21.0
Finished products	100.6	83.9
	$ 130.3	$ 118.0
Amounts due from Becton, Dickinson and Company	97.0	—
Prepaid expenses and other	38.8	23.2
Total Current Assets	$ 580.6	$ 291.8
Property, Plant and Equipment, Net	375.7	451.0
Goodwill and Other Intangible Assets	25.0	33.9
Other Assets	68.5	11.3
Total Assets	$ 1,049.8	$ 788.0
Liabilities and Equity		
Current Liabilities		
Accounts payable	$ 64.3	$ 54.2
Accrued expenses	89.6	81.6
Salaries, wages and related items	41.1	28.2
Current debt obligations	9.5	—
Current finance lease liabilities	3.6	—
Income taxes	20.4	—
Total Current Liabilities	$ 228.5	$ 164.0
Deferred Income Taxes and Other Liabilities	36.8	29.7
Long-Term Debt	1,599.2	—
Non Current Finance Lease Liabilities	32.9	—
Commitments and Contingencies (Note 5)		
Embecta Corp. Equity		
Common stock, $0.01 par value Authorized - 250,000,000 Issued and outstanding - 57,806,040	0.6	—
Additional paid-in capital	5.8	—
Accumulated deficit	(556.0)	—
Net Investment from Becton, Dickinson and Company	—	864.8
Accumulated other comprehensive loss	(298.0)	(270.5)
Total Equity	(847.6)	594.3
Total Liabilities and Equity	$ 1,049.8	$ 788.0

Condensed Consolidated Statements of Cash Flows
Embecta Corp.
(Unaudited)

	Nine Months Ended June 30,	
	2022	2021
Operating Activities		
Net income	$ 240.8	$ 317.9
Adjustments to net income to derive net cash provided by operating activities:		
Depreciation and amortization	24.2	29.4
Amortization of debt issuance costs	1.9	—
Impairment of property, plant and equipment	—	13.8
Share-based compensation	14.3	9.6
Pension expense	6.4	7.0
Deferred income taxes	0.4	—
Change in operating assets and liabilities:		
Trade receivables, net	123.6	(1.6)
Inventories	(23.6)	(16.7)
Due from Becton, Dickinson and Company	(99.6)	—
Prepaid expenses and other	(25.8)	(4.0)
Accounts payable	41.4	(8.3)
Accrued expenses	25.9	19.1
Income and other net taxes payable	10.8	—
Other current liabilities	5.8	4.4
Other, net	7.7	0.2
Net Cash Provided by Operating Activities	$ 354.2	$ 370.8
Investing Activities		
Capital expenditures	(15.0)	(24.0)
Acquisition of intangible assets	(0.4)	(1.9)
Net Cash Used for Investing Activities	$ (15.4)	$ (25.9)
Financing Activities		
Proceeds from the issuance of long-term debt	1,450.0	—
Payments on long-term debt	(2.4)	—
Payment of long-term debt issuance costs	(33.3)	—
Payment of revolving credit facility fees	(5.6)	—
Payments on finance lease	(0.9)	—
Net consideration paid to Becton, Dickinson and Company in connection with the Separation	(1,266.0)	—
Net transfers to Becton, Dickinson and Company	(182.7)	(344.9)
Net Cash Used for Financing Activities	$ (40.9)	$ (344.9)
Effect of exchange rate changes on cash and cash equivalents	(5.6)	—
Net Change in Cash and cash equivalents	$ 292.3	$ —
Opening Cash and cash equivalents	—	—
Closing Cash and cash equivalents	$ 292.3	$ —

Non-GAAP financial measures

In evaluating our operating performance, we supplement the reporting of our financial information determined under GAAP with certain non-GAAP financial measures including (i) earnings before interest, taxes, depreciation, and amortization ("EBITDA"), (ii) adjusted EBITDA, as further defined below, (iii) adjusted gross profit and adjusted gross profit margin, and (vi) Constant Currency revenue growth. These non-GAAP financial measures are indicators of our performance that are not required by, or presented in accordance with, GAAP. They are presented with the intent of providing greater transparency to financial information used by us in our financial analysis and operational decision-making. We believe that these non-GAAP measures provide meaningful information to assist investors, shareholders and other readers of our consolidated financial statements in making comparisons to our historical operating results and analyzing the underlying performance of our results of operations. Additionally, EBITDA and Adjusted EBITDA are important metrics for debt investors who utilize debt-to-EBITDA ratios. These non-GAAP financial measures are not intended to be, and should not be, considered separately from, or as an alternative to, the most directly comparable GAAP financial measures.

We believe EBITDA is an important valuation measurement for management and investors given the effect non-cash charges such as amortization related to acquired intangible assets and depreciation of capital equipment have on net income. Additionally, we regard EBITDA as a useful measure of operating performance and cash flow before the effect of interest, taxes, depreciation and amortization and as a complement to operating income, net income and other GAAP financial performance measures. We define adjusted EBITDA as EBITDA excluding certain items that affect comparability of operating results and the trend of earnings. These adjustments are either non-cash or irregular in nature, may not be indicative of our past and future performance and are therefore excluded to allow investors to better understand underlying operating trends. The following are examples of the types of adjustments that are excluded: (i) share-based compensation, (ii) impairment losses incurred, (iii) separation costs associated with our spin-off from BD, and (iv) other significant items management deems irregular or non-operating in nature. We use adjusted EBITDA when evaluating operating performance because we believe the exclusion of such adjustments is necessary to help provide an accurate measure of on-going core operating results and to evaluate comparative results period over period.

For the three and nine month periods ended June 30, 2022, the reconciliation of net income to EBITDA and adjusted EBITDA was as follows:

Dollars in millions	Three Months Ended June 30,		Nine Months Ended June 30,	
	2022	2021	2022	2021
Net income	$ 62.4	$ 104.7	$ 240.8	$ 317.9
Interest expense, net	19.5	—	24.4	—
Income taxes	11.2	20.2	43.3	60.6
Depreciation and amortization	9.1	9.9	24.2	29.4
EBITDA	**102.2**	**134.8**	**332.7**	**407.9**
Share-based compensation expense	5.8	2.9	14.3	9.6
One-time costs [1] [2]	9.9	2.1	25.7	2.1
Impairment losses [3]	—	3.8	—	13.8
Adjusted EBITDA	$ 117.9	$ 143.6	$ 372.7	$ 433.4

(1) One-time costs incurred during the three months ended June 30, 2022 primarily include costs to stand up the Company. Approximately $7.7 million of the one-time costs are recorded in Other operating expenses, $1.7 million are recorded in Selling, general and administrative expenses, $0.3 million are recorded in Research and development expense, and $0.2 million are recorded in Cost of products sold. For the three months ended June 30, 2021, $2.1 million of the one-time costs are classified in Other operating expenses.

(2) One-time costs incurred during the nine months ended June 30, 2022 primarily include costs to stand up the Company. Approximately $23.5 million of the one-time costs are recorded in Other operating expenses, $1.7 million are recorded in Selling, general and administrative expenses, $0.3 million are recorded in Research and development expense, and $0.2 million are recorded in Cost of products sold. For the nine months ended June 30, 2021, $2.1 million of the one-time costs are classified in Other operating expenses.

(3) Relates to impairment charges incurred during fiscal year 2021.

For the three and nine month periods ended June 30, 2022, the reconciliation of GAAP Gross Profit and Gross Margin to Non-GAAP Adjusted Gross Profit and Adjusted Gross Margin was as follows:

Dollars in millions	Three Months Ended June 30,		Nine Months Ended June 30,	
	2022	2021	2022	2021
Revenue	$ 291.1	$ 295.0	$ 854.9	$ 864.5
Cost of sales	88.2	92.4	256.9	274.3
Gross Profit	202.9	202.6	598.0	590.2
Gross Margin	*69.7 %*	*68.7 %*	*69.9 %*	*68.3 %*
Share-based compensation expense	0.2	—	0.2	—
Impairment losses	$ —	$ 3.8	$ —	$ 13.8
Adjusted Gross Profit [1]	$ 203.1	$ 206.4	$ 598.2	$ 604.0
Adjusted Gross Profit Margin	***69.8 %***	***70.0 %***	***70.0 %***	***69.9 %***

(1) Adjusted Gross Profit is calculated by excluding impairment losses and the portion of stock-based compensation expense allocated to Cost of sales associated with the modification of employee share awards on the Separation date.

Each reporting period, we face currency exposure that arises from translating the results of our worldwide operations to the U.S. dollar at exchange rates that fluctuate from the beginning of such period. A stronger U.S. dollar, compared to the prior-year period, resulted in an unfavorable foreign currency translation impact to our revenues as compared to the prior-year period. We evaluate our results of operations on both a reported and a Constant Currency basis, which excludes the impact of fluctuations in foreign currency exchange rates by comparing results between periods as if exchange rates had remained constant period-over-period. As exchange rates are an important factor in understanding period-to-period comparisons, we believe the presentation of results on a Constant Currency basis in addition to reported results helps improve investors' ability to understand our operating results and evaluate our performance in comparison to prior periods. We calculate Constant Currency percentages by converting our current-period local currency financial results using the prior-period foreign currency exchange rates and comparing these adjusted amounts to our current-period results. These results should be considered in addition to, not as a substitute for, results reported in accordance with GAAP. Results on a Constant Currency basis, as we present them, may not be comparable to similarly titled measures used by other companies and are not measures of performance presented in accordance with GAAP.

For the three and nine month periods ended June 30, 2022, the reconciliation of revenue growth to Constant Currency was as follows:

	Three months ended June 30,				
Dollars in millions	2022	2021	Total Change	Estimated FX Impact	Constant Currency Change
Total Revenues	$ 291.1	$ 295.0	(1.3)%	(3.3)%	2.0 %

	Nine months ended June 30,				
Dollars in millions	2022	2021	Total Change	Estimated FX Impact	Constant Currency Change
Total Revenues	$ 854.9	$ 864.5	(1.1)%	(1.9)%	0.8 %

About embecta

embecta, formerly part of BD (Becton, Dickinson and Company), is one of the largest pure-play diabetes care companies in the world, leveraging its nearly 100-year legacy in insulin delivery to empower people with diabetes to live their best life through innovative solutions, partnerships and the passion of more than 2,000 employees around the globe. For more information, visit embecta.com, the content of which is not a part of this press release.

Safe Harbor Statement Regarding Forward-Looking Statements

This press release contains express or implied "forward-looking statements" as that term is defined in the Private Securities Litigation Reform Act of 1995 and other securities laws. These forward-looking statements concern our current expectations regarding our future results from operations, performance, financial condition, goals, strategies, plans and achievements. These forward-looking statements are subject to various known and unknown risks, uncertainties and other factors, and you should not rely upon them except as statements of our present intentions and of our present expectations, which may or may not occur. When we use words such as "believes," "expects," "anticipates," "estimates," "plans," "intends", "pursue", "will" or similar expressions, we are making forward-looking statements. For example, embecta is using forward-looking statements when it discusses its fiscal 2022 financial guidance and its capabilities as an independent company and strategic priorities, including its ability to optimize its product portfolio and achieve more efficient resource and capital allocation. Although we believe that our forward-looking statements are based on reasonable assumptions, our expected results may not be achieved, and actual results may differ materially from our expectations. In addition, important factors that could cause actual results to differ from expectations include, among others: (i) competitive factors that could adversely affect embecta's operations, (ii) any events that adversely affect the sale or profitability of embecta's products or the revenues delivered from sales to its customers, (iii) any failure by BD to perform of its obligations under the various separation agreements entered into in connection with the separation and distribution; (iv) increases in operating costs, including fluctuations in the cost and availability of raw materials or components used in its products, the ability to maintain favorable supplier arrangements and relationships, and the potential adverse effects of any disruption in the availability of such items; (v) changes in reimbursement practices of governments or private payers or other cost containment measures; (vi) the adverse financial impact resulting from unfavorable changes in foreign currency exchange rates, as well as regional, national and foreign economic factors, including inflation, deflation, and fluctuations in interest rates; (vii) the impact of changes in U.S. federal laws and policy that could affect fiscal and tax policies, healthcare and international trade, including import and export regulation and international trade agreements; (viii) any impact of the COVID-19 pandemic, including disruptions in its operations and supply chains; (ix) new or changing laws and regulations, or changes in enforcement practices, including laws relating to healthcare, environmental protection, trade, monetary and fiscal policies, taxation and licensing and regulatory requirements for products; (x) the expected benefits of the separation from BD; (xi) risks associated with embecta's indebtedness; (xii) the risk that embecta's separation from BD will be more difficult or costly than expected; and (xiii) the other risks described in our periodic reports filed with the Securities and Exchange Commission ("SEC"), including under the caption "Risk Factors" in our Information Statement dated February 11, 2022, filed with the SEC on February 11, 2022 as Exhibit 99.1 to our Current Report on Form 8-K. Except as required by law, we undertake no obligation to update any forward-looking statements appearing in this release.

CONTACTS

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BlackRock Inc. (15%),

Vanguard Group Inc. (11%)

American Century Companies Inc. (8%)

T Rowe Price Associates (5%)

This information is subject to change based upon institutional trading. All required SEC filings of stock ownership are available online https://investors.embecta.com/financials-filings/sec-filings

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02774	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Global Blood Therapeutics, Inc.

Physical Address: 181 Oyster Point Boulevard

City: South San Francisco State: CA Zip: 94080

Mailing Address (if different from physical address): 181 Oyster Point Blvd

City: South San Francisco State: CA Zip: 94080

Telephone: (650) 741-7700 Website: www.gbt.com

Name of Designated Representative (DR): Patricia Suvari

Licensing Company Email: statelicensing@gbt.com DR Email: tsuvari@gbt.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Pfizer Inc.

Corporation Name: Global Blood Therapeutics, Inc.

Mailing Address: 181 Oyster Point Blvd

City: South San Francisco State: CA Zip: 94080

Telephone: (650) 741-7700 Email: statelicensing@gbt.com

Contact Person Name: Patricia B. Suvari

Date of SEC Registration: | SEC Registration Number: 00000 78003 | Stock Exchange Symbol: PFE

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Global Blood Therapeutics, Inc.
Facility Name

Patricia Suvari
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/29/2022
Date

Board Use Only	Date Received: 12-2-22	Amount: 1000.00 CK-17512

Company Information

Company Name: Global Blood Therapeutics, Inc.
Address: 181 Oyster Point Boulevard
City, State, Zip: South San Francisco, CA 94080
Phone: (650) 741-7700
Website: www.gbt.com
E-mail: statelicensing@gbt.com

FEIN: 27-4825712
State of Formation: Delaware
Date Incorporation: 02/04/2011
File Number: 4936182

Ownership Information

Global Blood Therapeutics, Inc. is 100% owned by Pfizer Inc.

Parent Company Address: 235 East 42nd Street, New York, NY 10017-5703
Parent Company Phone: (212) 733-2323
Parent Company FEIN: 13-5315170

Officers

Susan E. Grant, Assistant Secretary
Business Address: 100 Route 206 North, Peapack, NJ 07977
Business Phone: (908) 901-1641
% Ownership: 0

David L. Johnson, Chief Commercial Officer
Business Address: 181 Oyster Point Boulevard, South San Francisco, CA 94080
Business Phone: (650) 741-7700
% Ownership: 0

Patricia B. Suvari, Chief Legal Officer
Business Address: 181 Oyster Point Boulevard, South San Francisco, CA 94080
Business Phone: (650) 741-7700
% Ownership: 0

GBT

Nevada Customer List

Name	Address	City	State	Zip
ASD Specialty Healthcare LLC	1195 Trademark Dr., Suite 102	Reno	NV	89521
Caremark LLC, dba CVS Specialty	7251 South Eastern Avenue	Las Vegas	NV	89119
Accredo Health Group Inc	1335 East Sunset Road	Las Vegas	NV	89119

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 7730
RECEIPT NO. 00177930

VALID UNTIL APRIL 01, 2023

GLOBAL BLOOD THERAPEUTICS INC
181 OYSTER POINT BLVD
SOUTH SAN FRANCISCO CA 94080

In accordance with the provisions of section 4161 of the Business and Professions Code, the firm named hereon is issued a wholesale drug permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 10 days when there is a change of ownership, limited corporate officer, director, shareholder (more than 10 percent), sole owner, manager, vice president of operations or designated representative in charge.

This permit is valid only at the address shown

1/31/22
1/31/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7730

NAME: GLOBAL BLOOD THERAPEUTICS INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

181 OYSTER POINT BLVD
SOUTH SAN FRANCISCO CA 94080
SAN MATEO COUNTY

ISSUANCE DATE

APRIL 15, 2020

EXPIRATION DATE

APRIL 1, 2023

CURRENT DATE / TIME

DECEMBER 1, 2022
1:23:2 PM

LICENSE RELATIONSHIPS

NAME: TONDA, MARGARET E

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 46171 **PRIMARY STATUS:** CLEAR

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through December 03, 2022

You have searched Finished drug products

Search Results: *'72786'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
+ OXBRYTA	72786-111-02	300 mg/1	TABLET, FOR SUSPENSION	ORAL	NDA216157	Global Blood Therapeutics Inc.	72786-111	Voxelotor	VOXELOTOR	HUMAN PRESCRIPTION DRUG	12/17/2021	N/A
+ OXBRYTA	72786-111-03	300 mg/1	TABLET, FOR SUSPENSION	ORAL	NDA216157	Global Blood Therapeutics Inc.	72786-111	Voxelotor	VOXELOTOR	HUMAN PRESCRIPTION DRUG	12/17/2021	N/A
+ OXBRYTA	72786-101-01	500 mg/1	TABLET, FILM COATED	ORAL	NDA213137	Global Blood Therapeutics Inc.	72786-101	Voxelotor	VOXELOTOR	HUMAN PRESCRIPTION DRUG	11/25/2019	N/A
+ OXBRYTA	72786-102-02	300 mg/1	TABLET, FILM COATED	ORAL	NDA213137	Global Blood Therapeutics Inc.	72786-102	Voxelotor	VOXELOTOR	HUMAN PRESCRIPTION DRUG	10/14/2022	N/A
+ OXBRYTA	72786-102-03	300 mg/1	TABLET, FILM COATED	ORAL	NDA213137	Global Blood Therapeutics Inc.	72786-102	Voxelotor	VOXELOTOR	HUMAN PRESCRIPTION DRUG	10/14/2022	N/A

Showing 1 to 5 of 5 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Top (https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL BLOOD THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4936182 8300

SR# 20223827812

Authentication: 204673794

Date: 10-21-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Description of Operations

Global Blood Therapeutics, Inc. ("GBT") is a Virtual Manufacturer. GBT is 100% owned by Pfizer Inc. and is located in South San Francisco, California. GBT's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies by their Third-Party Logistics Provider,ICS, who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufactures to produce our product:

Commercialized Product:
Patheon Inc.
111 Consumers Drive
Whitby, Ontario, Canada L1N 5Z5
Contact: Thomas Lau
(905) 668-3368
FEIN: 3003516812
Manufactures Oxbryta (NDC 72786-101-01, 72786-111-02 and 72786-111-03)

Catalent Pharma Solutions, LLC
1100 Enterprise Drive
Winchester, KY 40391
Contact: Chris Rosenbaum
(859) 745-2200
FEIN: 1000122400
Manufactures Oxbryta (NDC 72786-101-01)

Packaging:
AndersonBrecon Inc. (dba PCI Pharma Services)
4545 Assembly Drive
Rockford, IL 61109
Contact: Amy Sauberlich
(815) 484-2186
FEIN: 1421377
Packages Oxbryta (NDC 72786-101-01, 72786-111-02 and 72786-111-03)

Sharp Packaging Services LLC
7451 Keebler Way
Allentown, PA 18106
Contact: Barbara H. Ost
(610) 366-8748
FEIN: 3004161147
Packages Oxbryta (NDC 72786-101-01)

Product Description
Patheon, Inc, Catalent Pharma Solutions, LLC and manufactures GBT's product and AndersonBrecon Inc. and Sharp Packaging Services LLC packages finished product. At no time does Patheon, Inc, Catalent Pharma Solutions, LLC, AndersonBrecon Inc. or Sharp Packaging Services LLC own the product, contract with GBT customers, invoice, nor sell a GBT product. GBT's product is not a Controlled Substance.

Labeler Code: 72786

Third Party Logistic information:
For distribution into the commercial supply channels, ICS acts as GBT's Third Party Logistics (3PL) provider to manage the storage and distribution of GBT's product to Specialty Pharmacies throughout the United States. GBT will be utilizing two of ICS's locations. The addresses are:

ICS
420 International Blvd. Suite 500
Brooks, KY 40109
Contact: Josh Sutherland - josh.sutherland@icsconnect.com

ICS
1195 Trademark Dr. Suite 102-B
Reno, NV 89521
Contact: Ken Aguiar - ken.aguiar@icsconnect.com

GBT's hours of operation are 8:00 am – 5:00pm Monday through Friday.

Tricia Borga Suvari, Esq.
217 Corte Madera Road, Portola Valley, CA 94028
Cell: (650) 619-7972, tricia.suvari@gmail.com

Seasoned senior executive and legal advisor; excel at pragmatic legal and strategicadvice and cross-functional collaboration.

EXPERIENCE:

GLOBAL BLOOD THERAPEUTICS, INC., South San Francisco, CA (2016 – present) Joined as Chief Legal Officer & Corporate Secretary. Built and oversee legal and healthcare compliance departments while the company has scaled from <100- employee R&D-stage to >400-employee fully integrated biopharmaceutical company with a US marketed product (Oxbryta®), an EU marketing approval, a multi-product pipeline and several partnering arrangements. Currentlymanaging a team of > 15 personnel in the United States and Europe. Extensive experience in hiring and managing in-house legal and compliance personnel in theUS and Europe, and in managing and collaborating with a wide range of outside counsel experts. Key areas of oversight responsibility and expertise include boardcounsel and governance; strategic/M&A advising and corporate development transactions; SEC filings, financings and SOX/public company compliance; IP; and healthcare compliance spanning multiple regions.

PENINSULA OPEN SPACE TRUST, Palo Alto, CA (2012 – 2016)
Served as Vice President, Land Transactions & General Counsel of nationally recognized non-profit. Led "business development" unit responsible for prospecting and closing land transactions for open space conservation in Silicon Valley. Managed 6-person transactions team with >10 closings annually; responsibilities included negotiations and structuring of complex/large transactions, funding strategies and board reviews.

CONSULTANT, Portola Valley, CA (2010 – 2012)
Provided legal strategic and business skills to biopharmaceutical companies. Consulting clients included early-stage private companies and later-stage publiccompanies. Expertise across many areas including technology/corporate transactions, financing, research/product testing, commercialization compliance and effective legal/business processes and staffing.

CV THERAPEUTICS, INC., Palo Alto, CA (2000 – 2009)
Joined as Vice President, General Counsel & Assistant Secretary; promoted to Senior Vice President, General Counsel, Secretary & Chief Compliance Officer. Responsible for all legal services to the company; grew in-house legal departmentfrom 1 attorney to staff of 12 (including 3 VP -level attorneys) as company transitioned from <100-employee R&D-stage to >500-employee fully integrated biopharmaceutical company with US and European marketing approvals, a product pipeline and multiple partnering arrangements. Extensive experience in hiring and managing in-house legal personnel and wide range of outside counsel expertise. Key areas of responsibility and expertise included board and governance, strategic/M&A (including serving as lead attorney in sale of companyto Gilead Pharmaceuticals in 2009), financings, securities litigation, transactions and IP (including serving as lead attorney on $385 million ex-US license for company's lead product and $185 million non-dilutive financing through sale of royalty interest on approved product), and commercialization compliance for products approved in the US and Europe.

GENENTECH, INC., South San Francisco, CA (1991 – 2000)
Joined legal department when this biopharmaceutical company had ~1,500- employees and small corporate group supporting entire organization; obtainedseveral promotions and took on responsibility for managing other attorneys. Gained extensive in-house experience across wide variety of areas. Main roles were: business development and licensing transactions; real property and financing transactions to develop two corporate campuses; legal advice on product commercialization; and research, clinical and manufacturing contracts formany product candidates. Key accomplishments included: lead attorney/negotiator for many technology agreements with companies or academic/research institutions, including complex partnering arrangements for late-stage product candidates; lead attorney/negotiator on >$500 million in bank-syndicated financings for capital acquisitions; lead commercial compliance attorney for several product franchises.

IRELL & MANELLA, Los Angeles, CA (1988 – 1991)
Associate; extensive transactional experience in corporate and real estate departments.

EDUCATION:

HARVARD LAW SCHOOL, Cambridge, MA (1985 – 1988)
Juris doctorate *cum laude* and editor of Harvard Law Review.

YALE COLLEGE, New Haven, CT (1979 – 1983)
Bachelor of sciences *magna cum laude* with honors in major (geology andgeophysics); awarded senior field research fellowship.

FRANKLIN REGIONAL HIGH SCHOOL, PA (1975-1979)
Graduated in 1979.

Name
Mira Patel
David Clark
Kobe Dufu
Zhe Li
Qing Xu
Calvin Yee
Chul Yu
Lina Setti
Ted Love
Xin Geng
Manuel Zancanella
Ajaishnee Singh
Jung Choi
Jennifer Cheung
Tzechiang Tang
Ken Bridges
Aimee Enriquez
Nazila Habibizad
David Gao
Kelly Ung
Alonzo Bell
Jeff Farrow
Sandy Dixon
Demei Leung
Shahul Nilar
Kwan Tam
Kimberly Cruz
Mike Conner
Joel Torrevillas
Tricia Suvari
Carsten Alt
Steve Larsen
Mark Omran
Diana Vazquez
Ruthie Siska
Alexandra Pulido
Hilary Liao-Zou
Karen Jacobs
Maria Alejandre
Terry Chiu
Sudha Thakur
Kevin Arnold
Debbie Yim
Jeanne Loboda
Margot Hottmann
Stacy Tsukayama
Debra Newsome
Lio Hernandez
Yekaterina Myslovaty
Evangeline Pascual
Elizabeth Trenkner

Melody Whicher
Laura Knutsen
Nelson Yu
Michelle Slavik
David Johnson
Mark Witschi
Alicia Hasson
Emily Hester
Lindsey Berkebile
Gwen Whitney
Laura Cruz
Rish Sanghvi
Camille Laturno
Irwan Anwar
Thomas Warren
Steven Jeffries
Karena Kong
Radu Mihaila
Carolyn Hoppe
Kairi Mcmahon
Rochon Kim
Sarah Gray
Victor Ramiro
Bernard Lee
Arlene Leano
Melanie Nelson
Lily Anne Veridiano
Brian Cathers
Rachel Nitta
Arisa Chaudhury
Debra Martinez
Maria Torres
Nikhil Bhat
Sally Ton
Bill Yates
Aaron Krupp
Deirdre Celotto
Angelo Noronha
Danica Fryhling
Aurora Flores
Theresa Garcia
Rupali Sardesai
Eddie Ruelas
Ernie Hernandez
Kevin Furstoss
Scott Peterson
Rozita Saii
Carlo Chelone
Wanda Tormos
Sandeep Kumar
Diana Bartlett
Simone Blake

Erbel Colon
Omar Sarwar
Yu-Wei Chen
Ha Nguyen
Alanna Smith
Kathleen Bennett
Karen To
Bill Ge
Noelle Griffin
Adam Chinnock
Tara Millspaugh
Adina Lombardi
Ning Liu
Steven Immergut
Kimiya Bahmanyar
Jerry Tan
Mara Peters
Jasmine Garcia
Suzy Lee
John Mcginley
Tiffany Tjon
Raghuvara Yendluri
Jamie Smutko
Dina Koutoulas
Paul Vento
Sam Chi
Chi Kwan
David Tannin
Heli Huang
Benny Villanueva
Liza Spezia
Josh Leung
Leanne Obeso
Rajinder Bahia
Lorraine Lim
Gema Monforte
Dipali Ruhela
Caroline Gundel
Nela Veis
Todd Reul
Aaron Darby
Wendy Yares
Ghezal Rashid
Stacey Vogel
David Purdie
Lifang Xu
Supriya Rao
Neil Lawson
Chris Yoon
Kanchan Balaji
Rajiv Patni
Michelle Lean

Miguel Carrillo
Michelle Arnold
Judie Tran
Xiao Chang
Dana Manochi
Mita Mookherjee
Paul Talierco
Xiao-Jun Li
Suman Chittivelu
Chenghong Zhang
Todd Day
Helen Shi
Pei-Hua Wu
Patricia Gillis
Courtney Roberts
Deborah Arrindell
Patrick Yue
Mitra Duell
Reggie Bauzon
Eleanor Lisbon
Cora Versaggi
Andy Nguyen
Natalie Kelley
Hyunah Kyong
Michelle Xu
Sean Gharpurey
Ashutosh Tripathi
Anne Beaubrun
Madhulika Jupelli
Evan Susser
Rosalynn Wong
Susan Page
Barbara Moehring
Francis DeGuzman
Gina Deignan
Elliot Levy
Sandra Joussef
Clare Tong
Paolo Tagliaferri
Sandra McBurnett
Molly Ryan
Sally Fivecoat
Mitesh Patel
Annie Nguyen Dang
Beheshteh Baharaein
Jessica Guider
Juliette Page
Johnny Kim
Kenley Ngim
Jennifer Doss
Rebecca Mandujano
Anmol Bal

Adam Khouri
Charlie Chu
Charles Levine
Larisa Petrossian
Taylor Mazac
Maryann Bartolo
Kim Smith-Whitley
Asish Chandra
Amy Bradburn
Melissa Ceo
Sumeet Deshpande
Erin Hopkins
Elizabeth Allen
Karen Yu
Pierre Kiami
Julie Allen
David Siopack
Seung Chun
Pratima Hosamani
Devon Mundal
Mark Davis
Naseem Ehsan
Mo Noursalehi
Jean Lopez
Si Yi Zhang
Michelle Chan
Vincent Wong
Eric Rodaman
Keith Kellerman
Ngan Nguyen
William Sipes
Jill O'Dell
Aline Barth
Bill Long
Polo Gaputan
Marc Nicholson
Eric Ingalla
Gerson Alvarez
Valerie Mejia
Jennifer OHearn
Onuralp Soylemez
Carrie Krehlik
Mary Ellen Harrigan
Rhonda Rusinski
Devin Arnold
Scott Sieckert
Jacqueline Masker
Michael Trentalange
Ryan Saini
Jyoti Dhillon
Amar Bhuta
Timothy Graham

Claudia Montllor Albalate
Jiadong Sun
Kyle Hartlage
Carla Tucay
Soyoung Park
Chelsea Olsen
Kelly Kaufman
Nina Garcia
Wilton Kuang
Gurpreet Brar
Allister Baldwin
Jigna Parekh
Xuanlynh Tran
Bailey Garfield
Claudine Ooi
Ben Graetz
Yi Yi
Suresh Potharaju
Carolyn Intal
Michelle Lee
Andrew Becker
Lisa Anderson
Samuel Gonzalez
Stacie Williams
Angela Xiao
John Spencer
Jennifer Banh
Bob Gatmaitan
Yiyi Yang
George Wu
Amanda McTiernan
Marcus Linsley
Jesset Sidore
Pamela McGovern
Jill Girard
Patrick Brassil
Shameka Heber
Jason Farthing
Coleman Myhre
Alain Romero
Jiaxin Sun
Jess Spencer
Rick Birdi
Demetrius Brunson
Christopher Turner
Baoyen Bautista
Reza Afkhami
Angela Chen
Donnella Williams
Christina Chiaffarelli
Cesar Cisneros
Fatemeh Akhlaghi

Shannon Levy
Patrick Ferrell
Abhishek Sharma
Katie Santora
Allyson Plyler
Imelda Concepcion
Amanda Nghiem
Kelly Cavanaugh
Robert Ramirez
Emily Meier
Areli Torres
Sarah Ikekhua
Ingrid Li
Brenda Li
Alyssa Quinsay
Minh Vo
Amy Maxwell
Arthur Lo
Selina Anabwani
Marshall Young
Roberto Aquino Class
Janny Zhang
Minh Ha
Vanina Larroca Vicena
Kaveh Gooyandeh
Deirdre Hedrick
Vikas Chhabra
Carolina de la Pena
Wai Chin
Sammer Ganem
Avril Condell
Siraj Doulathana
Debra McCarthy
Dustin Haddenham
Michelle Kim
Michael Zastrow
Kevin Eng
Kathy Maloney
Ken Qin
May Breaux
Jon Penney
Jazmine Cruz-Maddox
Federico Montealegre-Golcher
Alka Potdar
Lorena Mello
Nanshi Sha
Faezeh Koohestani
Adam Roberts
Jason Shepard
Natasha Holcomb
Chen Zhao

Enrique Antone
Audrey Jones
Fatima Zaidi
Victoria Nguyen
Kyle Tse
Ashley Schroeder
Jonathan Kindron
Lauryn Lawson
Hakan Ordek
Clark Brown
Mahesh Baratam
Eric Zimmerman
Tahseen Sadiq
Sudeshna Sarkar
Yemi Adenola
Malathi Robaina
Chancy Fessler
Sarah Tannehill-Gregg
Dana Montanez
Eric Goldbrener
Edwin Jauregui
Todd Sallee
Lauren Davidson
Nathan Kucera
Matthew Tran

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): November 1, 2022

PFIZER INC.

(Exact name of registrant as specified in its charter)

Delaware	1-3619	13-5315170
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

235 East 42nd Street 10017
New York, New York (Zip Code)
(Address of principal executive offices)

Registrant's telephone number, including area code:
(212) 733-2323

Not Appticable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2 (b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $.05 par value	PFE	New York Stock Exchange
1.000% Notes due 2027	PFE27	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial

On November 1, 2022, Pfizer Inc. ("Pfizer") issued a press release announcing its financial results for the third quarter of 2022. A copy of the press release is furnished herewith as Exhibit 99 and is incorporated by reference herein.

The information furnished pursuant to this "Item 2.02 - Results of Operations and Financial Condition", including Exhibit 99, shall not be deemed to be "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended ("Exchange Act") or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any filing made by us under the Exchange Act or Securities Act of 1933, as amended, regardless of any general incorporation language in any such filing, except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit Number	Exhibit Description
Exhibit 99	Press Release of Pfizer Inc. dated November 1, 2022, reporting Pfizer's financial results for the third quarter of 2022.
104	Cover Page Interactive Data File--the cover page XBRL tags are embedded within the Inline XBRL document.

EXHIBIT INDEX

Exhibit No.	Description
99	Press Release of Pfizer Inc. dated November 1, 2022, reporting Pfizer's financial results for the third quarter of 2022.
104	Cover Page Interactive Data File–the cover page XBRL tags are embedded within the Inline XBRL document.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PFIZER INC.

By: /s/ Margaret M. Madden
Margaret M. Madden
Senior Vice President and Corporate Secretary
Chief Governance Counsel

Dated: November 1, 2022

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: IVERIC bio, Inc.

Physical Address: 1249 S. RIVER RD, SUITE 107

City: Cranbury State: NJ Zip: 08512

Mailing Address (if different from physical address): 1249 S. RIVER RD, SUITE 107

City: Cranbury State: NJ Zip: 08512

Telephone: (609) 474-6755 Website: https://ivericbio.com/

Name of Designated Representative (DR): Keith Westby

Licensing Company Email: statelicensing@ivericbio.com DR Email: keith.westby@IVERICbio.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies, Specialty Distributors		☒ Others: Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No suppliers sold, dispensed, or distributed within the last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: IVERIC bio, Inc.

Mailing Address: 1249 S. RIVER RD, SUITE 107

City: Cranbury State: NJ Zip: 08512

Telephone: (609) 474-6755 Email: Keith.Westby@ivericbio.com

Contact Person Name: Keith Westby

Date of SEC Registration: See Attached | SEC Registration Number: See Attached | Stock Exchange Symbol: ISEE

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

IVERIC bio, Inc.
Facility Name

Keith Westby
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/30/2022
Date

Board Use Only	Date Received: 12-21-22	Amount: 1000.00 CK - 17637

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	Y	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.	MS	

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓ X	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) (4)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	X ✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	X ✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

IVERIC bio

Company Information

Company Name: IVERIC bio, Inc.
Address: 1249 S. RIVER RD, SUITE 107
City, State, Zip: Cranbury, NJ 08512
Phone: (609) 474-6755
Website: www.ivericbio.com
E-mail: Keith.Westby@ivericbio.com

FEIN: 20-8185347
State of Formation: Delaware
Date Incorporated:01/05/2007
File Number: 4280266

Ownership Information

IVERIC bio, Inc., is a Publicly Traded company on the NASDAQ stock exchange under the symbol ISEE.

Officers

Pravin Dugel, President
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0.1%

Keith Westby, Chief Operating Officer
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0%

David Carroll, CFO & Treasurer
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0%

Christopher Simms, Chief Commercial Officer
Business Address: 8 Sylvan Way, Parsippany, NJ 07054
Ownership %: 0%

Glenn Sblendorio, CEO
Business Address: 8 Sylvan Way, Parsippany, NJ 07054
Ownership %: 0%

Designated Representative

Keith Westby, Chief Operating Officer
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0%

eDRLS - Electronic Drug Registration & Listing System

Current Date: 30-JUN-2022
Labeler DUNS: 061101891
Labeler Name: Iveric Bio Inc
Labeler Code Assigned: 82829

Verified
MS
1/10/23

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

IVERIC bio

Cranbury Office Location Employees

Name	Title
Rocco Auletta	Executive Director, Controller
Keith Westby	SVP, Chief Operating Officer
Radha Iyer	SVP, Head of Quality
Beth Fucito	Associate Director, Human Resources
Aldona Pajaczkowski	Corporate Paralegal
Scott Brewster	Sr. Director Market Access

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/12/2022

Registration Number: 5006183 **Registered as:** Wholesale

Name: IVERIC BIO, INC.

DBA:

Address: 1249 S RIVER RD, STE 107, CRANBURY, NJ 08512

Original Issue Date: 12/06/2022 **Expiration Date:** 01/31/2024

Current Issue Date: 12/06/2022

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVERIC BIO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4280266 8300

SR# 20222114855

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203465803

Date: 05-18-22

IVERIC bio

Description of Operations

IVERIC bio, Inc. is a Virtual Manufacturer based in New Jersey. IVERIC bio is an innovative biopharmaceutical company focused on the discovery and development of treatments for retinal diseases with significant unmet medical needs. IVERIC bio, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies and Specialty Distributors by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state. Sales records are stored at the 3PL facility and electronically copied to IVERIC bio, Inc.

Contract Manufacturer Information:
IVERIC bio is using the following contract manufacturer to produce product:

AJINOMOTO ALTHEA, INC.
11040 Roselle Street
San Diego, CA 92121
FDA Establishment Number: 3004575449

Ajinomoto manufactures IVERIC bio, Inc.'s product and packages finished product. At no time does Ajinomoto own the product, contract with IVERIC bio, Inc.'s customers, invoice, nor sell a IVERIC bio, Inc. product. IVERIC bio, Inc.'s products are not Controlled Substances.

Third Party Logistic information:
For distribution into the commercial supply channels, a 3PL will act as IVERIC bio, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of IVERIC bio, Inc.'s product to Specialty Pharmacies and Specialty Distributors throughout the United States. A letter of intent has been signed with Integrated Commercialization Solutions.

ICS
1195 Trademark Dr Ste 102
Reno, NV 89521

IVERIC bio, Inc.'s hours of operation are 8:00am – 5:00pm Monday through Friday.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): April 4, 2022

IVERIC bio, Inc.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**001-36080**	**20-8185347**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

8 Sylvan Way
Parsippany, NJ 07054
(Address of Principal Executive Offices) (Zip Code)

Registrant's telephone number, including area code: **(609) 474-6455**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	ISEE	The Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Forward-Looking Statements

Any statements in this Current Report on Form 8-K about IVERIC bio, Inc.'s (the "Company") future expectations, plans and prospects constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Forward-looking statements include any statements about the Company's strategy, future operations and future expectations and plans and prospects, and any other statements containing the words "anticipate," "believe," "estimate," "expect," "intend", "goal," "future", "may", "might," "plan," "predict," "project," "seek," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions. In this Current Report on Form 8-K, the Company's forward-looking statements include statements about the Company's hypotheses underlying and the implications of the findings from a retrospective review of data from the Company's GATHER1 clinical trial, the Company's expectations to use the completed GATHER1 clinical trial and the ongoing GATHER2 clinical trial as pivotal trials fur purposes of seeking regulatory approval for Zimura® (avacincaptad pegol) for the treatment of geographic atrophy, and the Company's expectations regarding and understanding of the utility and regulatory importance of fellow eye data from the GATHER1 clinical trial. Such forward-looking statements involve substantial risks and uncertainties that could cause the Company's development programs, future results, performance or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, the initiation, progress and success of research and development programs and clinical trials, availability of data from these programs, developments from the Company's competitors, the scientific and medical community and the marketplace for the Company's products, expectations for regulatory matters and other factors discussed in the "Risk Factors" section contained in the quarterly and annual reports that the Company files with the Securities and Exchange Commission. Any forward-looking statements represent the Company's views only as of the date of this Current Report on Form 8-K. The Company anticipates that subsequent events and developments may cause its views to change. While the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so except as required by law.

Item 8.01 Other Events.

Retrospective Review of Cases of Choroidal Neovascularization in the GATHER1 Trial: Exudative MNV vs. non-Exudative MNV

The Company, working with an independent reading center, recently completed a retrospective review of the cases of choroidal neovascularization ("CNV") in the Zimura® (avacincaptad pegol) 2 mg group (n=67) from GATHER1, the Company's first pivotal clinical trial evaluating the safety and efficacy of Zimura for the treatment of geographic atrophy ("GA") secondary to age-related macular degeneration ("AMD"). As previously reported, the incidence of investigator reported CNV in the study eye in the Zimura 2 mg group in the completed GATHER1 clinical trial was six (6) patients (9.0%) at 12 months and eight (8) patients (11.9%) at 18 months. GATHER2, the Company's second pivotal clinical trial evaluating the safety and efficacy of Zimura 2 mg for the treatment of GA remains ongoing, with topline data expected to be available during the second half of 2022.

The retrospective review was performed by the Center for Ocular Research and Evaluation (CORE) at Cole Eye Institute of the Cleveland Clinic (the "Reading Center"). As part of the retrospective review, the Reading Center read optical coherence tomography ("OCT") images for the eight (8) patients in the Zimura 2 mg group who developed CNV in the study eye. OCT is an ultra-high resolution imaging technology commonly used to visualize the retinal tissue. OCT is capable of rendering images in multiple dimensions and from multiple perspectives, including a cross-sectional view of the retina showing clearly defined layers of retinal tissue. OCT is the dominant imaging modality used by retinal specialists in the United States to diagnose, treat and follow patients with CNV.

OCT images were read to determine the number of CNV cases that were (1) macular neovascularization ("MNV") (versus peripapillary neovascularization, where the neovascularization is located around the optic nerve and not encroaching on the macula) and (2) exudative MNV (versus non-exudative MNV). The Reading Center classifies cases of MNV as exudative or non-exudative based on the following OCT criteria:

- Exudative MNV ("eMNV") is MNV that presents with new onset fluid in either the subretinal space or the intraretinal space. The subretinal space is the area on OCT between the retinal pigment epithelium ("RPE") and photoreceptor cells. The intraretinal space is the area on OCT containing the photoreceptors and other neurosensory cells of the retina.

- Non-exudative MNV ("neMNV") is neovascularization located in the macula but which does not present with new onset fluid in the subretinal or intraretinal spaces. In some cases, isolated fluid may be present in the sub-RPE space, which is the area between the RPE and Bruch's membrane, a layer of tissue directly beneath the RPE separating the RPE from the choroid. A case is also considered to be neMNV when the MNV may not be visible but both a double-layer sign and sub-RPE fluid are present. A double-layer sign is characterized by a shallow elevation of the RPE typically caused by the accumulation of fluid or debris in the sub-RPE space.

The table below summarizes the cases of eMNV and neMNV among GATHER1 patients with CNV in the Zimura 2 mg group at the 12-month and 18-month timepoints:

CNV cases among the Zimura 2 mg group (n=67) in the GATHER1 trial

Timepoint	eMNV (%)	neMNV (%)	Total CNV
Month 12	4 (6.0%)	2 (3.0%)	6 (9.0%)
Month 18	6 (9.0%)	2 (3.0%)	8 (11.9%)

The Reading Center also reviewed the baseline OCT images for all eight (8) patients looking for the presence of a double-layer sign at baseline. A study published in 2019 in the peer-reviewed journal *Ophthalmology Retina* found that the presence of a double-layer sign is correlated with the presence or development of neMNV in eyes with AMD, and clinical experience has shown that this type of neMNV often progresses to eMNV. Based on scientific literature and clinical understanding among the retinal community, the Company believes the presence of a double-layer sign on OCT is a useful biomarker to predict the future onset of cases of eMNV.

In this retrospective review, the Reading Center found that among the six (6) GATHER1 patients who developed eMNV over 18 months, five (5) of those patients had a double-layer sign at baseline. The Reading Center also found that neither of the two GATHER1 patients who had neMNV at the 12-month and 18-month timepoints had a double-layer sign at baseline.

For this retrospective review, OCT images were graded at the Reading Center by two masked, independent readers, with the gradings confirmed by two additional masked, independent senior readers. All OCT gradings for these patients were consistent among all readers. All of the readers remained masked to treatment condition throughout the review.

Comparison of Fellow Eye to Study Eye in the GATHER1 Trial

The Company does not plan to report data comparing the growth of GA area in the study eye to the growth of GA area in the fellow eye among patients in the GATHER1 trial. The study eye is the eye that received study drug or sham during the trial, while the fellow eye is the patient's other eye. In the GATHER1 trial, one of the key ophthalmic inclusion criteria was the presence of GA in the study eye located in whole or in part within 1500 microns of the fovea, the central portion of the macula, but which did not enter the foveal center point. These criteria did not apply to the fellow eye, and the Company has not collected measurements of the fellow eye that would enable it to determine which patients' fellow eyes would have met the study eye inclusion criteria. As the Company has previously discussed, it has been widely reported in scientific literature and observed in clinical trials that GA that is non-subfoveal (that has not impacted the foveal center), is positively correlated with a higher rate of GA area progression and growth as compared to GA that has reached the foveal center. For these reasons, the Company does not believe that a valid comparison between the growth of GA area in the study eye versus that in the fellow eye can be made for the GATHER1 trial.

In addition, in a joint endpoint workshop conducted among the U.S. Food and Drug Administration ("FDA"), the National Eye Institute, a division of the U.S. National Institutes of Health, and other participants, including several AMD imaging experts, in November 2016, the FDA expressed the view that it was not prepared to accept the use of the fellow eye as a comparator in clinical trials studying the progression of GA. A report summarizing the workshop was published in *Investigative Ophthalmology & Visual Science* in 2017. The Company is not aware that the FDA has changed its view regarding this matter.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IVERIC bio, Inc.

Date: April 4, 2022

By: /s/ David F. Carroll
David F. Carroll
Senior Vice President, Chief Financial Officer and Treasurer

TwoLabs PHARMA SERVICES

IVERIC BIO

December 15, 2022

Via Fed Ex

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

To whom it may concern:

On behalf of IVERIC bio, Inc., attached is IVERIC bio, Inc's application for Licensure.

IVERIC bio, Inc is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from IVERIC bio, Inc's office. IVERIC bio, Inc's product is not a controlled substance. Accordingly, IVERIC bio, Inc. is not required to obtain a DEA registration. At the time of this filing, IVERIC bio, Inc. only holds a license in their home state of New Jersey.

I hope this narrative is helpful as you review IVERIC bio, Inc.'s application. If you have a question regarding this application, please contact me at 315-883-7728 or via email at nanette.mcmahon-white@twolabs.com. Please also address all written communication to me. My address is 121 Vieau Drive, Syracuse, NY 13207.

Thank you in advance for your consideration.

Nanette McMahon-White
Licensing Analyst
PharmaLicense

Logged in WH - Payment added to Inlumon

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LifeCell Corporation

Physical Address: 4 Millennium Way

City: Branchburg State: NJ Zip: 08876

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Robert. Utzinger.

Licensing Company Email: patricia.misinski@abbvie.com DR Email. robert.utzinger@aol.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: Surgical Centers	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attachment

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Allergan Holdco, Inc. (Ultimate Parent - AbbVie Inc.) **see attachment** org chart/description

Corporation Name: AbbVie, Inc.

Mailing Address: 1 North Waukegan Road

City: North Chicago State: IL Zip: 60064

Telephone: 847-932-7900 Email: liz.shea@abbvie.com

Contact Person Name: Elizabeth Shea

Date of SEC Registration: 11/30/2012 | SEC Registration Number: 001-35565 | Stock Exchange Symbol: ABBV

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Belle

Print Name of Authorized Person Submitting Application

C Belle

Original signature of Authorized Person (copies or stamps not accepted)

03/10/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 0754365

LifeCell Corporation
4 Millennium Way
Branchburg, NJ 08876

Responses to application questions

Section 3: LifeCell currently maintains a wholesaler license in Nevada, WH02025. We ship directly to our 3PL – Kuehne + Nagel, Inc. located at 1800 Waters Ridge Drive, Lewisville, Texas, license # WH01152 for further distribution to our customers. Our customers are physicians who receive our class II medical devices- surgical and mesh products for the plastic and reconstruction surgical markets. (Hospitals & Surgical Centers)

Section 4: LifeCell Corporation is a wholly owned indirect subsidiary of AbbVie Inc. – org chart attached showing percent of ownership.

Section 9:
Robert Michael is the sole Director and President of LifeCell Corporation

Employee list

Robert Michael – corporate officer – sole Director and President
Paul Maguire – Executive Director and General Plant Manager
Christopher Belle – Executive Director, Quality

Corporate Creations Network Inc.– Registered Agent
181 New Road #304
Parsippany, NJ 07054

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

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Establishment:
LIFECELL CORP
4 Millenium Way
Branchburg, NJ 08876
Registration Number: 3016823837
FEI Number*: 3016823837
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
ALLERGAN, INC.[6]
2525 DUPONT DRIVE
Irvine, CA US 92612
Owner/Operator Number: 2011068[7]

Official Correspondent:
David J Fisher
2525 DUPONT DRIVE
Irvine, CA 92612
Phone: 714-2463862

√ verified MH 4/6/22

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745366

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 - "If any location of a registered business is to be changed the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State

ONE MILLENNIUM WAY BRANCHBURG, NJ 08876
220 EVANS WAY BRANCHBURG,NJ 08876-
4 MILLENNIUM WAY BRANCHBURG NJ 08876

Reg. No.
5005206

LIFECELL CORPORATION
ONE MILLENNIUM WAY
BRANCHBURG, NJ 08876-

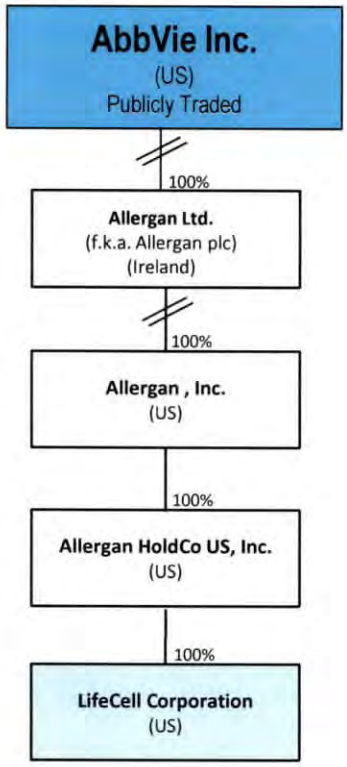
ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

LifeCell Corporation

2021



DELEGATION OF AUTHORITY

I, Robert A. Michael, as the sole Director and the President of LifeCell Corporation (the "Company"), a corporation duly organized and validly existing under the laws of the State of Delaware with its principal place of business at 5 Giralda Farms, Madison, New Jersey, 07940, United States, with the authority granted to me through the By-laws of the Company, do hereby delegate the following as authorized signatories to sign, without countersignature, license applications for the Company, including its manufacturing locations in Branchburg, New Jersey:

- Christopher Belle, Executive Director, Quality
- Robert Utzinger, Authorized Person

The individual delegations of authority are valid until revoked by the Company, provided that the individual delegations of authority shall expire automatically upon an individual delegee ceasing to be an employee of the Company or its affiliates.

Robert A. Michael

Done at North Chicago, Illinois

Date: November 19, 2020

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

LIFECELL CORPORATION
0100796000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on October 15, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATE CREATIONS NETWORK INC.
181 NEW ROAD #304
PARSIPPANY, NJ 07054

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of March, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6129416483

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFECELL CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2284056 8300

SR# 20213716147

Authentication: 204610363

Date: 11-05-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Form 10-K Abbvie Inc.

10-K - AbbVie Inc. (0001551152) (Filer)

SEC.report (https://sec.report/) / AbbVie Inc. (/CIK/0001551152) / Form 10-K (/Document/0001551152-22-000007/) / Filer

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abbv-20211231

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D. C. 20549 FORM 10-K

(MARK ONE)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021 **OR**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-35565 abbvie **AbbVie Inc.** (Exact name of registrant as specified in its charter)

Delaware	**32-0375147**
(State or other jurisdiction of incorporation or organization)	(I.R.S. employer identification number)

1 North Waukegan Road North Chicago, Illinois 60064-6400 (847) 932-7900 (Address, including zip code, and telephone number of principal executive offices)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.01 per share	ABBV (/Ticker/ABBV)	New York Stock Exchange
		Chicago Stock Exchange
1.500% Senior Notes due 2023	ABBV23B	New York Stock Exchange
1.375% Senior Notes due 2024	ABBV24	New York Stock Exchange
1.250% Senior Notes due 2024	ABBV24B	New York Stock Exchange
0.750% Senior Notes due 2027	ABBV27	New York Stock Exchange
2.125% Senior Notes due 2028	ABBV28	New York Stock Exchange
2.625% Senior Notes due 2028	ABBV28B	New York Stock Exchange
2.125% Senior Notes due 2029	ABBV29	New York Stock Exchange
1.250% Senior Notes due 2031	ABBV31	New York Stock Exchange

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐ Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒ Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐ Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐ Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒	Accelerated Filer ☐
Non-Accelerated Filer ☐	Smaller reporting company ☐
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐ Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒ Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒ The aggregate market value of the 1,751,117,802 shares of voting stock held by non-affiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of AbbVie Inc.'s most recently completed second fiscal quarter (June 30, 2021), was $197,245,909,217. AbbVie has no non-voting common equity. Number of common shares outstanding as of January 31, 2022: 1,768,753,829 **DOCUMENTS INCORPORATED BY REFERENCE** Portions of the 2022 AbbVie Inc. Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 21, 2022.

ABBVIE INC. FORM 10-K FOR THE YEAR ENDED DECEMBER 31, 2021 TABLE OF CONTENTS

		Page No.
PART I		
Item 1.	BUSINESS	1
Item 1A.	RISK FACTORS	15
Item 1B.	UNRESOLVED STAFF COMMENTS	25
Item 2.	PROPERTIES	25
Item 3.	LEGAL PROCEEDINGS	26
Item 4.	MINE SAFETY DISCLOSURES	26
	INFORMATION ABOUT OUR EXECUTIVE OFFICERS	27
PART II		
Item 5.	MARKET FOR REGISTRANT'S COMMON EQUITY, RELATED STOCKHOLDER MATTERS AND ISSUER PURCHASES OF EQUITY SECURITIES	29
Item 6.	[RESERVED]	31
Item 7.	MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS	32
Item 7A.	QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK	48
Item 8.	FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA	49
Item 9.	CHANGES IN AND DISAGREEMENTS WITH ACCOUNTANTS ON ACCOUNTING AND FINANCIAL DISCLOSURE	103
Item 9A.	CONTROLS AND PROCEDURES	103
Item 9B.	OTHER INFORMATION	105
PART III		
Item 10.	DIRECTORS, EXECUTIVE OFFICERS AND CORPORATE GOVERNANCE	106
Item 11.	EXECUTIVE COMPENSATION	106
Item 12.	SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS	107
Item 13.	CERTAIN RELATIONSHIPS AND RELATED TRANSACTIONS, AND DIRECTOR INDEPENDENCE	107
Item 14.	PRINCIPAL ACCOUNTING FEES AND SERVICES	107
PART IV		
Item 15.	EXHIBITS, FINANCIAL STATEMENT SCHEDULES	108
Item 16.	FORM 10-K SUMMARY	112
	SIGNATURES	113

PART I ITEM 1. BUSINESS

Overview AbbVie[1] is a global, diversified research-based biopharmaceutical company positioned for success with a comprehensive product portfolio that has leadership positions across immunology, hematologic oncology, neuroscience, aesthetics and eye care. AbbVie uses its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. AbbVie was incorporated in Delaware on April 10, 2012. On January 1, 2013, AbbVie became an independent, publicly-traded company as a result of the distribution by Abbott Laboratories (Abbott) of 100% of the outstanding common stock of AbbVie to Abbott's shareholders. **Impact of the Coronavirus Disease 2019 (COVID-19)** The novel coronavirus (COVID-19) pandemic continues to spread throughout the United States and around the world. As COVID-19 continues to have an impact worldwide, AbbVie is focused on the health and safety of its employees, health care professionals and patients and communities. In the continued operation of its business, AbbVie has followed health and safety guidance from relevant health authorities, managed manufacturing and supply chain resources and monitored closely its clinical trial sites. See Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations—Impact of the Coronavirus Disease 2019 (COVID-19)." **Segments** AbbVie operates as a single global business segment dedicated to the research and development, manufacturing, commercialization and sale of innovative medicines and therapies. This operating structure enables the Chief Executive Officer, as chief operating decision maker (CODM), to allocate resources and assess business performance on a global basis in order to achieve established long-term strategic goals. Consistent with this structure, a global research and development and supply chain organization is responsible for the discovery, development, manufacturing and supply of products. Commercial efforts that coordinate the marketing, sales and distribution of these products are organized by geographic region or therapeutic area. All of these activities are supported by a global corporate administrative staff. The determination of a single business segment is consistent with the consolidated financial information regularly reviewed by the CODM for purposes of assessing performance, allocating resources and planning and forecasting future periods. See Note 16, "Segment and Geographic Area Information" to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data" and the sales information related to AbbVie's key products and geographies included under Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations."

2021 Form 10-K

(1) As used throughout the text of this report on Form 10-K, the terms "AbbVie" or "the company" refer to AbbVie Inc., a Delaware corporation, or AbbVie Inc. and its consolidated subsidiaries, as the context requires.

Products AbbVie's portfolio of products includes a broad line of therapies that address some of the world's most complex and serious diseases. ***Immunology products.*** AbbVie maintains an extensive immunology portfolio across rheumatology, dermatology and gastroenterology. AbbVie's immunology products address unmet needs for patients with autoimmune diseases. These products are: *Humira.* Humira (adalimumab) is a biologic therapy administered as a subcutaneous injection. It is approved to treat the following autoimmune diseases in the United States, Canada and Mexico (collectively, North America) and in the European Union:

Condition	Principal Markets
Rheumatoid arthritis (moderate to severe)	North America, European Union
Psoriatic arthritis	North America, European Union
Ankylosing spondylitis	North America, European Union
Adult Crohn's disease (moderate to severe)	North America, European Union
Plaque psoriasis (moderate to severe chronic)	North America, European Union
Juvenile idiopathic arthritis (moderate to severe polyarticular)	North America, European Union
Ulcerative colitis (moderate to severe)	North America, European Union
Axial spondyloarthropathy	European Union
Pediatric Crohn's disease (moderate to severe)	North America, European Union
Hidradenitis suppurativa (moderate to severe)	North America, European Union
Pediatric enthesitis-related arthritis	European Union
Non-infectious intermediate, posterior and panuveitis	North America, European Union
Pediatric ulcerative colitis (moderate to severe)	U.S., Canada, European Union
Pediatric uveitis	North America, European Union

Humira is also approved in Japan for the treatment of intestinal Behçet's disease and pyoderma gangrenosum. Humira is sold in numerous other markets worldwide, including Japan, China, Brazil and Australia, and accounted for approximately 37% of AbbVie's total net revenues in 2021. *Skyrizi.* Skyrizi (risankizumab) is an interleukin-23 (IL-23) inhibitor that selectively blocks IL-23 by binding to its p19 subunit. It is a biologic therapy administered as a quarterly subcutaneous injection following two induction doses. Skyrizi is approved in the United States, Canada, Mexico and the European Union and is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. In the United States and the European Union, Skyrizi is additionally approved for the treatment of active psoriatic arthritis in adult patients who have an inadequate response or intolerance to disease-modifying antirheumatic drugs (DMARDs). In Japan, Skyrizi is approved for the treatment of plaque psoriasis, generalized pustular psoriasis, erythrodermic psoriasis and psoriatic arthritis in adult patients who have an inadequate response to conventional therapies. *Rinvoq.* Rinvoq (upadacitinib) is an oral, once-daily selective and reversible JAK inhibitor that is approved to treat the following inflammatory diseases in North America, Japan and the European Union:

Condition	Principal Markets
Rheumatoid arthritis (moderate to severe)	North America, European Union, Japan
Psoriatic arthritis	U.S., Canada, European Union, Japan
Ankylosing spondylitis	European Union
Atopic dermatitis (moderate to severe)	U.S., Canada, European Union, Japan

In the United States, Rinvoq is indicated for both the treatment of moderate to severe active rheumatoid arthritis, and for active psoriatic arthritis, in adult patients who have an inadequate response or intolerance to one or more TNF blockers. It is also indicated for the treatment of moderate to severe atopic dermatitis in adults and children 12 years of age and older whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies are inadvisable.

Oncology products. AbbVie's oncology products target some of the most complex and difficult-to-treat cancers. These products are: *Imbruvica.* Imbruvica (ibrutinib) is an oral, once-daily therapy that inhibits a protein called Bruton's tyrosine kinase. Imbruvica was one of the first medicines to receive a United States Food and Drug Administration (FDA) approval after being granted a Breakthrough Therapy Designation and is one of the few therapies to receive four separate designations. Imbruvica currently is approved for the treatment of adult patients with blood cancers such as chronic lymphocytic leukemia (CLL), as well as certain forms of non-Hodgkin lymphoma. *Venclexta/Venclyxto.* Venclexta (venetoclax) is a B-cell lymphoma 2 (BCL-2) inhibitor used to treat hematological malignancies. Venclexta is approved by the FDA for adults with CLL or SLL. In addition, Venclexta is approved in combination with azacitidine, or decitabine, or low-dose cytarabine to treat adults with newly-diagnosed acute myeloid leukemia who are 75 years of age or older or have other medical conditions that prevent the use of standard chemotherapy.

Aesthetics products. AbbVie's Aesthetics portfolio consists of facial injectables, plastics and regenerative medicine, body contouring and skincare products, which hold market-leading positions in the U.S. and in key markets around the world. These products are: *Botox Cosmetic.* Botox Cosmetic is an acetylcholine release inhibitor and a neuromuscular blocking agent indicated for treatment in three areas: temporary improvement in the appearance of moderate to severe glabellar lines (frown lines between the eyebrows), moderate to severe crow's feet and moderate to severe forehead lines in adults. Having received its initial FDA approval in 2002, Botox Cosmetic is now approved for use in all major markets around the world and has become one of the world's most recognized and iconic brands. *The Juvederm Collection of Fillers.* The Juvederm Collection of Fillers is a portfolio of hyaluronic acid-based dermal fillers with a variety of approved indications in the U.S. and in other major markets around the world to augment or treat volume loss in the cheeks, chin, lips and lower face. *Other aesthetics.* Other aesthetics products include, but are not limited to, Coolsculpting body contouring technology, Alloderm regenerative dermal tissue, Natrelle breast implants, the SkinMedica skincare line and DiamondGlow dermabrasion technology. ***Neuroscience products.*** AbbVie's neuroscience products address some of the most difficult-to-treat neurologic diseases. These products are: *Botox Therapeutic.* Botox Therapeutic (onabotulinumtoxinA injection) is a neuromuscular blocking agent that is injected into muscle tissue in treatment for the following indications in the United States: • Prophylaxis of headaches in adult patients with chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer). • Overactive bladder with symptoms of urge urinary incontinence, urgency and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication. • Urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis) in adults who have an inadequate response to or are intolerant of an anticholinergic medication. • Spasticity in patients 2 years of age and older. • Cervical dystonia in adults to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. • Strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and older. • Severe primary axillary hyperhidrosis that is inadequately managed with topical agents. Licenses around the world vary. • Focal spasticity associated with dynamic equinus foot deformity due to spasticity in ambulant pediatric cerebral palsy patients 2 years of age or older.

- Focal spasticity of the wrist and hand in adult post stroke patients.
- Focal spasticity of the ankle and foot in adult post stroke patients.

Vraylar. Vraylar (cariprazine) is a dopamine D3-preferring D3/D2 receptor partial agonist and a 5-HT1A receptor partial agonist. Its D3 binding profile may be linked to observed improvements in the negative symptoms of schizophrenia and to antidepressant effects in bipolar I disorder (bipolar depression). Vraylar is indicated for acute and maintenance treatment of schizophrenia in adults, acute treatment of manic or mixed episodes associated with bipolar disorder in adults and acute treatment of depressive episodes associated with bipolar I disorder in adults. *Duopa and Duodopa* (carbidopa and levodopa). AbbVie's levodopa-carbidopa intestinal gel for the treatment of advanced Parkinson's disease is marketed as Duopa in the United States and as Duodopa outside of the United States. *Ubrelvy.* Ubrelvy (ubrogepant) is indicated for the acute treatment of migraine with or without aura in adults and is only commercialized in the United States. *Other neuroscience.* Other neuroscience products include Qulipta (atogepant), which is indicated for preventive treatment of episodic migraine in adults. ***Eye care products.*** AbbVie's eye care products address unmet needs and new approaches to help preserve and protect patients' vision. These products are: *Lumigan/Ganfort.* Lumigan (bimatoprost ophthalmic solution) 0.01% is a once daily, topical prostaglandin analog indicated for the reduction of elevated intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT). Ganfort is a once daily topical fixed combination of bimatoprost 0.03% and timolol 0.5% for the reduction of IOP in adult patients with OAG or OHT. Lumigan is sold in the United States and numerous markets around the world, while Ganfort is approved in the European Union and some markets in South America, the Middle East and Asia. *Alphagan/Combigan.* Alphagan (brimonidine tartrate ophthalmic solution) is an alpha-adrenergic receptor agonist indicated for the reduction of elevated IOP in patients with open-angle glaucoma or ocular hypertension. Combigan (brimonidine tartrate/timolol maleate ophthalmic solution) is approved for reducing elevated IOP in patients with glaucoma who require additional or adjunctive IOP-lowering therapy. Both Alphagan and Combigan are available for sale in the United States and numerous markets around the world. *Restasis.* Restasis is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Restasis is approved in the United States and a number of other markets in South America, the Middle East and Asia. *Other eye care.* Other eye care products include Xen, Durysta, Ozurdex, Refresh/Optive and Vuity. ***Women's health products.*** AbbVie's women's health products are: *Lo Loestrin.* Lo Loestrin Fe is an oral contraceptive. It is indicated for prevention of pregnancy with the lowest dose of estrogen with only 10mcg and is dispensed in a unique 24/2/2 regimen with a two-day hormone-free interval. It is marketed in the U.S. as Lo Loestrin Fe (norethindrone acetate and ethinyl estradiol tablets, ethinyl estradiol tablets and ferrous fumarate tablets) and in select markets outside the U.S. as Lolo. *Orilissa/Oriahnn.* Orilissa (elagolix) is the first and only orally-administered, nonpeptide small molecule gonadotropin-releasing hormone (GnRH) antagonist specifically developed for women with moderate to severe endometriosis pain. It represents the first FDA-approved oral treatment for the management of moderate to severe pain associated with endometriosis in over a decade. Orilissa inhibits endogenous GnRH signaling by binding competitively to GnRH receptors in the pituitary gland. Administration results in dose-dependent suppression of luteinizing hormone and follicle-stimulating hormone, leading to decreased blood concentrations of ovarian sex hormones, estradiol and progesterone. Outside the United States, Orilissa is also launched in Canada. Oriahnn (elagolix, estradiol and norethindrone acetate capsules; elagolix capsules) is a combination prescription medicine used to control heavy menstrual bleeding related to uterine fibroids in women before menopause. *Other women's health.* Other women's health includes Liletta, a sterile, levonorgestrel-releasing intrauterine system indicated for prevention of pregnancy for up to six years. ***Other key products.*** AbbVie's other key products include, among other things, treatments for patients with hepatitis C virus (HCV), metabolic and hormone products that target a number of conditions, including exocrine pancreatic insufficiency and hypothyroidism, as well as endocrinology products for the palliative treatment of advanced prostate

cancer, treatment of endometriosis and central precocious puberty and for the preoperative treatment of patients with anemia caused by uterine fibroids. These products are: *Mavyret/Maviret.* Mavyret (glecaprevir/pibrentasvir) is approved in the United States and European Union (Maviret) for the treatment of adult and pediatric patients (12 years and older or weighing at least 45 kilograms) with chronic HCV genotype 1-6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A). It is also indicated for the treatment of adult and pediatric patients (12 years and older or weighing at least 45 kilograms) with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both. It is an 8-week, pan-genotypic treatment for patients without cirrhosis and following the EXPEDITION-8 study, also in patients with compensated cirrhosis who are new to treatment. *Creon.* Creon (pancrelipase) is a pancreatic enzyme therapy for exocrine pancreatic insufficiency, a condition that occurs in patients with cystic fibrosis, chronic pancreatitis and several other conditions. *Lupron.* Lupron (leuprolide acetate), which is also marketed as Lucrin and Lupron Depot, is a product for the palliative treatment of advanced prostate cancer, treatment of endometriosis and central precocious puberty and for the preoperative treatment of patients with anemia caused by uterine fibroids. Lupron is approved for daily subcutaneous injection and one-month, three-month, four-month and six-month intramuscular injection. *Linzess/Constella.* Linzess (linaclotide) is a once-daily guanylate cyclase-C agonist used in adults to treat irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). The product is marketed as Linzess in the United States and as Constella outside of the United States. *Synthroid.* Synthroid (levothyroxine sodium tablets, USP) is used in the treatment of hypothyroidism. AbbVie has the rights to sell Creon and Synthroid only in the United States. **Marketing, Sales and Distribution Capabilities** AbbVie utilizes a combination of dedicated commercial resources, regional commercial resources and distributorships to market, sell and distribute its products worldwide. AbbVie directs its primary marketing efforts toward securing the prescription, or recommendation, of its brand of products by physicians, key opinion leaders and other health care providers. Managed care providers (for example, health maintenance organizations and pharmacy benefit managers), hospitals and state and federal government agencies (for example, the United States Department of Veterans Affairs and the United States Department of Defense) are also important customers. AbbVie also markets directly to consumers themselves, although in the United States many of the company's products must be sold pursuant to a prescription. Outside of the United States, AbbVie focuses its promotional and market access efforts on key opinion leaders, payers, physicians and health systems. AbbVie also provides patient support programs closely related to its products. Throughout the COVID-19 pandemic AbbVie has maintained its promotional activities with key stakeholders by leveraging digital engagement where permitted and in compliance with the locally applicable government guidance. AbbVie's products are generally sold worldwide directly to wholesalers, distributors, government agencies, health care facilities, specialty pharmacies and independent retailers from AbbVie-owned distribution centers and public warehouses. Certain products (including aesthetic products and devices) are also sold directly to physicians and other licensed healthcare providers. Although AbbVie's business does not have significant seasonality, AbbVie's product revenues may be affected by end customer and retail buying patterns, fluctuations in wholesaler inventory levels and other factors. In the United States, AbbVie distributes pharmaceutical products principally through independent wholesale distributors, with some sales directly to retailers, pharmacies, patients or other customers. In 2021, three wholesale distributors (McKesson Corporation, Cardinal Health, Inc. and AmerisourceBergen Corporation) accounted for substantially all of AbbVie's pharmaceutical product sales in the United States. No individual wholesaler accounted for greater than 37% of AbbVie's 2021 gross revenues in the United States. Outside the United States, AbbVie sells products primarily to customers or through distributors, depending on the market served. Certain products are co-marketed or co-promoted with other companies. AbbVie has no single customer that, if the customer were lost, would have a material adverse effect on the company's business. No material portion of AbbVie's business is subject to renegotiation of profits or termination of contracts at the election of the government. Orders are generally filled on a current basis and order backlog is not material to AbbVie's business. **Competition** The markets for AbbVie's products are highly competitive. AbbVie competes with other research-based pharmaceuticals and biotechnology companies that discover, manufacture, market and sell proprietary pharmaceutical products, therapies

and biologics. For example, Humira competes with anti-TNF products, JAK inhibitors and other competitive products intended to treat a number of disease states and Mavyret/Maviret competes with other available HCV treatment options. In addition, in the past few years, a number of other companies have started to develop, have successfully developed and/or are currently marketing products that are being positioned as competitors to Botox. The search for technological innovations in pharmaceutical products is a significant aspect of competition. The introduction of new products by competitors and changes in medical practices and procedures can result in product obsolescence. Price is also a competitive factor. In addition, the substitution of generic pharmaceutical products for branded conventional (small-molecule) pharmaceutical products creates competitive pressures on AbbVie's products that do not have patent protection. New products or treatments brought to market by AbbVie's competitors could cause revenues for AbbVie's products to decrease due to price reductions and sales volume decreases. ***Biosimilars.*** Competition for AbbVie's biologic products is affected by the approval of follow-on biologics, also known as "biosimilars." Biologics have added major therapeutic options for the treatment of many diseases, including some for which therapies were unavailable or inadequate. The cost of developing and producing biologic therapies is typically dramatically higher than for small molecule medications, and many biologic medications are used for ongoing treatment of chronic diseases, such as rheumatoid arthritis or inflammatory bowel disease, or for the treatment of previously untreatable cancer. Significant investments in biologics infrastructure and manufacturing are necessary to produce biologic products. Humira is now facing direct biosimilar competition in Europe and other countries, and AbbVie will continue to face competitive pressure from these biologics and from orally administered products. In the United States, the FDA regulates biologics under the Federal Food, Drug, and Cosmetic Act (the FFDCA), the Public Health Service Act (PHSA) and the regulations implementing these statutes. The enactment of federal health care reform legislation in March 2010 provided a pathway for approval of biosimilars under the PHSA, but the approval process for, and science behind, biosimilars is complex. Approval by the FDA is dependent upon many factors, including a showing that the biosimilar is "highly similar" to the original product and has no clinically meaningful differences from the original product in terms of safety, purity and potency. The types of data that could ordinarily be required in an application to show similarity may include analytical data, bioequivalence studies and studies to demonstrate chemical similarity, animal studies (including toxicity studies) and clinical studies. Furthermore, the law provides that only a biosimilar product that is determined to be "interchangeable" will be considered by the FDA as substitutable for the original biologic product without the intervention of the health care provider who prescribed the original biologic product. To prove that a biosimilar product is interchangeable, the applicant must demonstrate that the product can be expected to produce the same clinical results as the original biologic product in any given patient, and if the product is administered more than once in a patient, that safety risks and potential for diminished efficacy of alternating or switching between the use of the interchangeable biosimilar biologic product and the original biologic product is no greater than the risk of using the original biologic product without switching. The law continues to be interpreted and implemented by the FDA. As a result, its full ultimate impact, implementation and meaning remains subject to uncertainty. **Intellectual Property Protection and Regulatory Exclusivity** Generally, upon approval, products may be entitled to certain kinds of exclusivity under applicable intellectual property and regulatory regimes. AbbVie's intellectual property is materially valuable to the company, and AbbVie seeks patent protection, where available, in all significant markets and/or countries for each product in development. In the United States, the expiration date for patents is 20 years after the filing date. Given that patents relating to pharmaceutical products are often obtained early in the development process and given the amount of time needed to complete clinical trials and other development activities required for regulatory approval, the length of time between product launch and patent expiration is significantly less than 20 years. The Drug Price Competition and Patent Term Restoration Act of 1984 (commonly known as the Hatch-Waxman Act) permits a patent holder to seek a patent extension, commonly called a "patent term restoration," for patents on products (or processes for making the product) regulated by the FFDCA. The length of the patent extension is roughly based on 50 percent of the period of time from the filing of an Investigational New Drug Application (NDA) for a compound to the submission of the NDA for such compound, plus 100 percent of the time period from NDA submission to regulatory approval. The extension, however, cannot exceed five years and the patent term remaining after regulatory approval cannot exceed 14 years. Biological products licensed under the PHSA are similarly eligible for terms of patent restoration. Pharmaceutical products may be entitled to other forms of legal or regulatory exclusivity upon approval. The scope, length and requirements for each of these exclusivities vary both in the United States and in other jurisdictions. In the United States, if the FDA approves a conventional drug product that contains an active ingredient not previously approved, the product is typically entitled to five years of non-patent regulatory exclusivity. Specific conditions of use approved for

individual products may also be entitled to three years of exclusivity if approval was based on the FDA's reliance on new clinical studies essential to approval submitted by the NDA applicant. If the NDA applicant studies the product for use by children, the FDA may grant pediatric exclusivity, which extends by 180 days all existing exclusivities (patent and regulatory) related to the product. For products that are either used to treat conditions that afflict a relatively small population or for which there is not a reasonable expectation that the research and development costs will be recovered, the FDA may designate the pharmaceutical as an orphan drug and grant it seven years of exclusivity. Other types of regulatory exclusivity may also be available, such as Generating New Antibiotic Incentives Now (GAIN) exclusivity, which can provide new antibiotic or new antifungal drugs an additional five years of exclusivity to be added to certain exclusivities already provided for by law. Applicable laws and regulations dictate the scope of any exclusivity to which a product or particular characteristics of a product is entitled upon approval in any particular country. In certain instances, regulatory exclusivity may offer protection where patent protection is no longer available or for a period of time in excess of patent protection. It is not possible to estimate for each product in development the total period and scope of exclusivity to which it may become entitled until regulatory approval is obtained or sometimes even later. However, given the length of time required to complete clinical development of a pharmaceutical product, the periods of exclusivity that might be achieved in any individual case would not generally be expected to exceed a minimum of three years and a maximum of 14 years. These estimates do not consider other factors, such as the difficulty of recreating the manufacturing process for a particular product or other proprietary knowledge that may delay the introduction of a generic or other follow-on product after the expiration of applicable patent and other regulatory exclusivity periods. Biologics may be entitled to exclusivity under the Biologics Price Competition and Innovation Act, which was passed on March 23, 2010 as Title VII to the Patient Protection and Affordable Care Act. The law provides a pathway for approval of biosimilars following the expiration of 12 years of regulatory exclusivity for the innovator biologic and a potential additional 180 day-extension term for conducting pediatric studies. Biologics are also eligible for orphan drug exclusivity, as discussed above. The law also includes an extensive process for the innovator biologic and biosimilar manufacturer to litigate patent infringement, validity and enforceability. The European Union has also created a pathway for approval of biosimilars and has published guidelines for approval of certain biosimilar products. The more complex nature of biologics and biosimilar products has led to close regulatory scrutiny over follow-on biosimilar products, which can reduce the effect of biosimilars on sales of the innovator biologic as compared to the sales erosion caused by generic versions of small molecule pharmaceutical products. AbbVie owns or has licensed rights to a substantial number of patents and patent applications. AbbVie licenses or owns a patent portfolio of thousands of patent families, each of which includes United States patent applications and/or issued patents and may also contain the non-United States counterparts to these patents and applications. These patents and applications, including various patents that expire during the period 2022 to the early 2040s, in aggregate are believed to be of material importance in the operation of AbbVie's business. However, AbbVie believes that no single patent, license, trademark (or related group of patents, licenses, or trademarks), except for those related to adalimumab (which is sold under the trademark Humira), are material in relation to the company's business as a whole. The United States composition of matter (that is, compound) patent covering adalimumab expired in December 2016, and the equivalent European Union patent expired in October 2018 in the majority of European Union countries. In the United States, non-composition of matter patents covering adalimumab expire no earlier than 2022. AbbVie has entered into settlement and license agreements with several adalimumab biosimilar manufactures. Under the agreements, the licenses in the United States will begin in 2023 and the licenses in Europe began in 2018. In addition, the following patents, licenses and trademarks are significant: those related to ibrutinib (which is sold under the trademark Imbruvica) and those related to risankizumab (which is sold under the trademark Skyrizi). The United States composition of matter patent covering ibrutinib is expected to expire in 2027, however no generic entry for any ibrutinib product is expected prior to March 30, 2032, assuming pediatric exclusivity is granted. The United States composition of matter patent covering risankizumab is expected to expire in 2033. AbbVie may rely, in some circumstances, on trade secrets to protect its technology. AbbVie seeks to protect its technology and product candidates, in part, by confidentiality agreements with its employees, consultants, advisors, contractors and collaborators. These agreements may be breached and AbbVie may not have adequate remedies for any breach. In addition, AbbVie's trade secrets may otherwise become known or be independently discovered by competitors. To the extent that AbbVie's employees, consultants, advisors, contractors and collaborators use intellectual property owned by others in their work for the company, disputes may arise as to the rights in related or resulting know-how and inventions.

Licensing, Acquisitions and Other Arrangements In addition to its independent efforts to develop and market products, AbbVie enters into arrangements such as acquisitions, option-to-acquire agreements, licensing arrangements, option-to-license arrangements, strategic alliances, co-promotion arrangements, co-development and co-marketing agreements and joint ventures. The acquisitions and option-to-acquire agreements typically include, among other terms and conditions, non-refundable purchase price payments or option fees, option exercise payments, milestones or earn-outs and other customary terms and obligations. The licensing and other arrangements typically include, among other terms and conditions, non-refundable upfront license fees, option fees and option exercise payments, milestone payments and royalty and/or profit sharing obligations. See Note 5, "Licensing, Acquisitions and Other Arrangements—Other Licensing & Acquisitions Activity," to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data." **Third Party Agreements** AbbVie has agreements with third parties for process development, product distribution, analytical services and manufacturing of certain products. AbbVie procures certain products and services from a limited number of suppliers and, in some cases, a single supply source. In addition, AbbVie has agreements with third parties for active pharmaceutical ingredient and product manufacturing, formulation and development services, fill, finish and packaging services, transportation and distribution and logistics services for certain products. AbbVie does not believe that these manufacturing related agreements are material because AbbVie's business is not substantially dependent on any individual agreement. In most cases, AbbVie maintains alternate supply relationships that it can utilize without undue disruption of its manufacturing processes if a third party fails to perform its contractual obligations. AbbVie seeks to maintain sufficient inventory of product to minimize the impact of any supply disruption. AbbVie is also party to certain collaborations and other arrangements, as discussed in Note 5, "Licensing, Acquisitions and Other Arrangements—Other Licensing & Acquisitions Activity," to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data." **Sources and Availability of Raw Materials** AbbVie purchases, in the ordinary course of business, raw materials and supplies essential to its operations from numerous suppliers around the world. In addition, certain medical devices and components necessary for the manufacture of AbbVie products are provided by unaffiliated third party suppliers. Despite the disruption to the global supply chain caused by COVID-19, AbbVie has continued to supply patients with no material supply impact, except for the previously-disclosed near-term supply issues impacting Lupron. Given the general increased global volatility due to the pandemic, AbbVie is monitoring and taking actions to mitigate potential supply shortages which may impact the fulfillment of product demand. **Research and Development Activities** AbbVie makes a significant investment in research and development and has numerous compounds (and complementary devices) in clinical development, including potential treatments for complex, life-threatening diseases. AbbVie's ability to discover and develop new compounds is enhanced by the company's use of integrated discovery and development project teams, which include chemists, biologists, physicians and pharmacologists who work on the same compounds as a team. AbbVie also partners with third parties, such as biotechnology companies, other pharmaceutical companies and academic institutions to identify and prioritize promising new treatments that complement and enhance AbbVie's existing portfolio. AbbVie also supplements its research and development efforts with acquisitions. The research and development process generally begins with discovery research which focuses on the identification of a molecule that has a desired effect against a given disease. If preclinical testing of an identified compound proves successful, the compound moves into clinical development which generally includes the following phases:

- Phase 1— involves the first human tests in a small number of healthy volunteers or patients to assess safety, tolerability and doses for later phases.
- Phase 2— tests different doses of the drug in a disease state in order to assess efficacy.
- Phase 3— tests a drug that demonstrates favorable results in the earlier phases in a significantly larger patient population to further demonstrate efficacy and safety in order to meet requirements to enable global approval.

Preclinical data and clinical trials from all of the development phases provide the data required to prepare and submit an NDA, a Biological License Application (BLA) or other submission for regulatory approval to the FDA or similar government agencies outside the United States. The specific requirements (e.g., scope of clinical trials) for obtaining regulatory approval vary across different countries and geographic regions.

The research and development process from discovery through a new drug launch typically takes 8 to 12 years and can be even longer. The research and development of new pharmaceutical products has a significant amount of inherent uncertainty. There is no guarantee when, or if, a molecule will receive the regulatory approval required to launch a new drug or indication. In addition to the development of new products, delivery devices, and new formulations, research and development projects also may include Phase 4 trials, sometimes called post-marketing studies. For such projects, clinical trials are designed and conducted to collect additional data regarding, among other parameters, the benefits and risks of an approved drug. **Regulation—Discovery and Clinical Development *United States.*** Securing approval to market a new pharmaceutical product in the United States requires substantial effort and financial resources and takes several years to complete. The applicant must complete preclinical tests and submit protocols to the FDA before commencing clinical trials. Clinical trials are intended to establish the safety and efficacy of the pharmaceutical product and typically are conducted in sequential phases, although the phases may overlap or be combined. If the required clinical testing is successful, the results are submitted to the FDA in the form of an NDA or BLA requesting approval to market the product for one or more indications. The FDA reviews an NDA or BLA to determine whether a product is safe and effective for its intended use and whether its manufacturing is compliant with current Good Manufacturing Practices (cGMP). Compliance with regulatory requirements is assured through periodic, announced or unannounced inspections by the FDA and other regulatory authorities, and these inspections associated with clinical development may include the sponsor, investigator sites, laboratories, hospitals and manufacturing facilities of AbbVie's subcontractors or other third-party manufacturers. Failure to comply with applicable regulatory requirements can result in enforcement action by the FDA, including rejection of an NDA or BLA. Even if an NDA or a BLA receives approval, the applicant must comply with post-approval requirements. For example, holders of an approval must report adverse reactions, provide updated safety and efficacy information and comply with requirements concerning advertising and promotional materials and activities. Also, quality control and manufacturing procedures must continue to conform to cGMP after approval, and certain changes to the manufacturing procedures and finished product must be submitted and approved by the FDA prior to implementation. The FDA periodically inspects manufacturing facilities to assess compliance with cGMP, which imposes extensive procedural and record keeping requirements. In addition, as a condition of approval, the FDA may require post-marketing testing and surveillance to further assess and monitor the product's safety or efficacy after commercialization, which may require additional clinical trials, patient registries, observational data or additional work on chemistry, manufacturing and controls. Any post-approval regulatory obligations, and the cost of complying with such obligations, could expand in the future. Further, the FDA continues to regulate product labeling, and prohibits the promotion of products for unapproved or "off-label" uses along with other labeling restrictions. ***Outside the United States.*** AbbVie is subject to similar regulatory requirements outside the United States for approval and marketing of pharmaceutical products. AbbVie must obtain approval of a clinical trial application or product from applicable supervising regulatory authorities before it can commence clinical trials or marketing of the product in target markets. The approval requirements and process for each country can vary, and the time required to obtain approval may be longer or shorter than that required for FDA approval in the United States. For example, AbbVie may submit marketing authorizations in the European Union under either a centralized or decentralized procedure. The centralized procedure is mandatory for the approval of biotechnology products and many pharmaceutical products and provides for a single marketing authorization that is valid for all European Union member states. Under the centralized procedure, a single marketing authorization application is submitted to the European Medicines Agency. After the agency evaluates the application, it makes a recommendation to the European Commission, which then makes the final determination on whether to approve the application. The decentralized procedure provides for mutual recognition of individual national approval decisions and is available for products that are not subject to the centralized procedure. In Japan, applications for approval of a new product are made through the Pharmaceutical and Medical Devices Agency (PMDA). Japan-specific trials and/or bridging studies to demonstrate that the non-Japanese clinical data applies to Japanese patients may be required. After completing a comprehensive review, the PMDA reports to the Ministry of Health, Labour and Welfare, which then approves or denies the application. Similarly, applications for a new product in China are submitted to the Center for Drug Evaluation (CDE) of the National Medical Products Administration for technical review and approval of a product for marketing in China. Clinical data in Chinese subjects are usually required to support approval in China, requiring the inclusion of China in global pivotal studies, or a separate China/Asian clinical trial.

The regulatory process in many emerging markets continues to evolve. Many emerging markets, including those in Asia, generally require regulatory approval to have been obtained in a large developed market (such as the United States or Europe) before the country will begin or complete its regulatory review process. Similar to the requirements in Japan and China, certain countries (notably South Korea, Taiwan, India and Russia) also generally require that local clinical studies be conducted in order to support regulatory approval in the country. The requirements governing the conduct of clinical trials and product licensing also vary. In addition, post-approval regulatory obligations such as adverse event reporting and cGMP compliance generally apply and may vary by country. For example, after a marketing authorization has been granted in the European Union, periodic safety reports must be submitted and other pharmacovigilance measures may be required (such as Risk Management Plans). **Regulation—Commercialization, Distribution and Manufacturing** The manufacturing, marketing, sale, promotion and distribution of AbbVie's products are subject to comprehensive government regulation. Government regulation by various national, regional, federal, state and local agencies, both in the United States and other countries, addresses (among other matters) inspection of, and controls over, research and laboratory procedures, clinical investigations, product approvals and manufacturing, labeling, packaging, marketing and promotion, pricing and reimbursement, sampling, distribution, quality control, post-marketing surveillance, record keeping, storage and disposal practices. AbbVie's operations are also affected by trade regulations in many countries that limit the import of raw materials and finished products and by laws and regulations that seek to prevent corruption and bribery in the marketplace (including the United States Foreign Corrupt Practices Act and the United Kingdom Bribery Act, which provide guidance on corporate interactions with government officials) and require safeguards for the protection of personal data. In addition, AbbVie is subject to laws and regulations pertaining to health care fraud and abuse, including state and federal anti-kickback and false claims laws in the United States. Prescription drug manufacturers such as AbbVie are also subject to taxes, as well as application, product, user and other fees. Compliance with these laws and regulations is costly and materially affects AbbVie's business. Among other effects, health care regulations substantially increase the time, difficulty and costs incurred in obtaining and maintaining approval to market newly developed and existing products. AbbVie expects compliance with these regulations to continue to require significant technical expertise and capital investment to ensure compliance. Failure to comply can delay the release of a new product or result in regulatory and enforcement actions, the seizure or recall of a product, the suspension or revocation of the authority necessary for a product's production and sale and other civil or criminal sanctions, including fines and penalties. In addition to regulatory initiatives, AbbVie's business can be affected by ongoing studies of the utilization, safety, efficacy and outcomes of health care products and their components that are regularly conducted by industry participants, government agencies and others. These studies can lead to updates to the data regarding utilization, safety and efficacy of previously marketed products. In some cases, these studies have resulted, and may in the future result, in the discontinuance of, or limitations on, marketing of such products domestically or worldwide, and may give rise to claims for damages from persons who believe they have been injured as a result of their use. Access to human health care products continues to be a subject of oversight, investigation and action by governmental agencies, legislative bodies and private organizations in the United States and other countries. A major focus is cost containment. Efforts to reduce health care costs are also being made in the private sector, notably by health care payers and providers, which have instituted various cost reduction and containment measures. AbbVie expects insurers and providers to continue attempts to reduce the cost of health care products. Outside the United States, many countries control the price of health care products directly or indirectly, through reimbursement, payment, pricing, coverage limitations, or compulsory licensing. Political and budgetary pressures in the United States and in other countries may also heighten the scope and severity of pricing pressures on AbbVie's products for the foreseeable future. ***United States.*** Specifically, U.S. federal laws require pharmaceutical manufacturers to pay certain statutorily-prescribed rebates to state Medicaid programs on prescription drugs reimbursed under state Medicaid plans, and the efforts by states to seek additional rebates may affect AbbVie's business. Similarly, the Veterans Health Care Act of 1992, as a prerequisite to participation in Medicaid and other federal health care programs, requires that manufacturers extend additional discounts on pharmaceutical products to various federal agencies, including the United States Department of Veterans Affairs, Department of Defense and Public Health Service entities and institutions. In addition, recent legislative changes would require similarly discounted prices to be offered to TRICARE program beneficiaries. The Veterans Health Care Act of 1992 also established the 340B drug discount program, which requires pharmaceutical manufacturers to provide products at reduced prices to various designated health care entities and facilities. In the United States, most states also have generic substitution legislation requiring or permitting a dispensing pharmacist to substitute a different manufacturer's generic version of a pharmaceutical product for the one prescribed. In

addition, the federal government follows a diagnosis-related group (DRG) payment system for certain institutional services provided under Medicare or Medicaid and has implemented a prospective payment system (PPS) for services delivered in hospital outpatient, nursing home and home health settings. DRG and PPS entitle a health care facility to a fixed reimbursement based on the diagnosis and/or procedure rather than actual costs incurred in patient treatment, thereby increasing the incentive for the facility to limit or control expenditures for many health care products. Medicare reimburses Part B drugs based on average sales price plus a certain percentage to account for physician administration costs, which have been reduced in the hospital outpatient setting. Medicare enters into contracts with private plans to negotiate prices for most patient-administered medicine delivered under Part D. Under the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (together, the Affordable Care Act), AbbVie pays a fee related to its pharmaceuticals sales to government programs. In addition, AbbVie provides a discount of 70% for branded prescription drugs sold to patients who fall into the Medicare Part D coverage gap, or "donut hole." The Affordable Care Act also includes provisions known as the Physician Payments Sunshine Act, which require manufacturers of drugs and biologics covered under Medicare and Medicaid to record any transfers of value to physicians and teaching hospitals and to report this data to the Centers for Medicare and Medicaid Services for subsequent public disclosure. Similar reporting requirements have also been enacted on the state level in the United States, and an increasing number of countries worldwide either have adopted or are considering similar laws requiring disclosure of interactions with health care professionals. Failure to report appropriate data may result in civil or criminal fines and/or penalties. AbbVie expects debate to continue during 2022 at all government levels worldwide over the marketing, availability, method of delivery and payment for health care products and services. AbbVie believes that future legislation and regulation in the markets it serves could affect access to health care products and services, increase rebates, reduce prices or the rate of price increases for health care products and services, change health care delivery systems, create new fees and obligations for the pharmaceuticals industry, or require additional reporting and disclosure. It is difficult to predict the extent to which AbbVie or the health care industry in general might be affected by the matters discussed above. ***European Union.*** The European Union has adopted directives and other legislation governing labeling, advertising, distribution, supply, pharmacovigilance and marketing of pharmaceutical products. Such legislation provides mandatory standards throughout the European Union and permits member states to supplement these standards with additional regulations. European governments also regulate pharmaceutical product prices through their control of national health care systems that fund a large part of the cost of such products to consumers. As a result, patients are unlikely to use a pharmaceutical product that is not reimbursed by the government. In many European countries, the government either regulates the pricing of a new product at launch or subsequent to launch through direct price controls or reference pricing. In recent years, many countries have also imposed new or additional cost containment measures on pharmaceutical products. Differences between national pricing regimes create price differentials within the European Union that can lead to significant parallel trade in pharmaceutical products. Most governments also promote generic substitution by mandating or permitting a pharmacist to substitute a different manufacturer's generic version of a pharmaceutical product for the one prescribed and by permitting or mandating that health care professionals prescribe generic versions in certain circumstances. Many governments are also following a similar path for biosimilar therapies. In addition, governments use reimbursement lists to limit the pharmaceutical products that are eligible for reimbursement by national health care systems. ***Japan.*** In Japan, the National Health Insurance system maintains a Drug Price List specifying which pharmaceutical products are eligible for reimbursement, and the Ministry of Health, Labour and Welfare sets the prices of the products on this list. The government generally introduces price cut rounds every other year and also mandates price decreases for specific products. New products judged innovative or useful, that are indicated for pediatric use, or that target orphan or small population diseases, however, may be eligible for a pricing premium. The government has also promoted the use of generics, where available. ***Emerging Markets.*** Many emerging markets take steps to reduce pharmaceutical product prices, in some cases through direct price controls and in others through the promotion of generic/biosimilar alternatives to branded pharmaceuticals. Since AbbVie markets its products worldwide, certain products of a local nature and variations of product lines must also meet other local regulatory requirements. Certain additional risks are inherent in conducting business outside the United States, including price and currency exchange controls, changes in currency exchange rates, limitations on participation in local enterprises, expropriation, nationalization and other governmental action.

Regulation – Medical Devices Medical devices are subject to regulation by the FDA, state agencies and foreign government health authorities. FDA regulations, as well as various U.S. federal and state laws, govern the development, clinical testing, manufacturing, labeling, record keeping and marketing of medical device products agencies in the United States. AbbVie's medical device product candidates, including AbbVie's breast implants, must undergo rigorous clinical testing and an extensive government regulatory clearance or approval process prior to sale in the United States and other countries. The lengthy process of clinical development and submissions for clearance or approval, and the continuing need for compliance with applicable laws and regulations, require the expenditure of substantial resources. Regulatory clearance or approval, when and if obtained, may be limited in scope, and may significantly limit the indicated uses for which a product may be marketed. Cleared or approved products and their manufacturers are subject to ongoing review, and discovery of previously unknown problems with products may result in restrictions on their manufacture, sale and/or use or require their withdrawal from the market. ***United States***. AbbVie's medical device products are subject to extensive regulation by the FDA in the United States. Unless an exemption applies, each medical device AbbVie markets in the United States must have a 510(k) clearance or a Premarket Approval Application (PMA) in accordance with the FFDCA and its implementing regulations. The FDA classifies medical devices into one of three classes, depending on the degree of risk associated with each medical device and the extent of controls that are needed to ensure safety and effectiveness. Devices deemed to pose a lower risk are placed in either Class I or Class II, and devices deemed by the FDA to pose the greatest risk, such as life-sustaining, life-supporting or implantable devices, or a device deemed to be not substantially equivalent to a previously cleared 510(k) device, are placed in Class III. In general, a Class III device cannot be marketed in the United States unless the FDA approves the device after submission of a PMA, and any changes to the device subsequent to initial FDA approval must also be reviewed and approved by the FDA. The majority of AbbVie's medical device products, including AbbVie's breast implants, are regulated as Class III medical devices. A Class III device may have significant additional obligations imposed in its conditions of approval, and the time in which it takes to obtain approval can be long. Compliance with regulatory requirements is assured through periodic, unannounced facility inspections by the FDA and other regulatory authorities, and these inspections may include the manufacturing facilities of AbbVie's subcontractors or other third-party manufacturers. Failure to comply with applicable regulatory requirements can result in enforcement action by the FDA, which may include any of the following sanctions: warning letters or untitled letters; fines, injunctions and civil penalties; recall or seizure of AbbVie' products; operating restrictions, partial suspension or total shutdown of production; refusing AbbVie' request for S10(k) clearance or PMA approval of new products; withdrawing S10(k) clearance or PMA approvals that are already granted; and criminal prosecution. A clinical trial is almost always required to support a PMA application and is sometimes required for a 510(k) premarket notification. Clinical trials generally require submission of an application for an investigational device exemption (IDE), which must be supported by appropriate data, such as animal and laboratory testing results, showing that it is safe to test the device in humans and that the testing protocol is scientifically sound. A study sponsor must obtain approval for its IDE from the FDA, and it must also obtain approval of its study from the Institutional Review Board overseeing the trial. The results of clinical testing may not be sufficient to obtain approval of the investigational device. Once a device is approved, the manufacture and distribution of the device remains subject to continuing regulation by the FDA, including Quality System Regulation requirements, which involve design, testing, control, documentation and other quality assurance procedures during the manufacturing process. Medical device manufacturers and their subcontractors are required to register their establishments and list their manufactured devices with the FDA and are subject to periodic unannounced inspections by the FDA and certain state agencies for compliance with regulatory requirements. Manufacturers must also report to the FDA if their devices may have caused or contributed to a death or serious injury or malfunctioned in a way that could likely cause or contribute to a death or serious injury, or if the manufacturer conducts a field correction or product recall or removal to reduce a risk to health posed by a device or to remedy a violation of the FFDCA that may present a health risk. Further, the FDA continues to regulate device labeling, and prohibits the promotion of products for unapproved or "off-label" uses along with other labeling restrictions. ***European Union.*** Medical device products that are marketed in the European Union must comply with the requirements of the Medical Device Regulation (the MDR), which came into effect in May 2021. The MDR provides for regulatory oversight with respect to the design, manufacture, clinical trials, labeling and adverse event reporting for medical devices to ensure that medical devices marketed in the European Union are safe and effective for their intended uses. Medical devices that comply with the MDR are entitled to bear a Conformité Européenne marking evidencing such compliance and may be marketed in the European Union. Failure to comply with these domestic and international regulatory requirements could affect AbbVie's ability to market and sell AbbVie's products in these countries.

Environmental Matters AbbVie believes that its operations comply in all material respects with applicable laws and regulations concerning environmental protection. Regulations under federal and state environmental laws impose stringent limitations on emissions and discharges to the environment from various manufacturing operations. AbbVie's capital expenditures for pollution control in 2021 were approximately $17 million and operating expenditures were approximately $33 million. In 2022, capital expenditures for pollution control are estimated to be approximately $14 million and operating expenditures are estimated to be approximately $34 million. Abbott was identified as one of many potentially responsible parties in investigations and/or remediations at several locations in the United States, including Puerto Rico, under the Comprehensive Environmental Response, Compensation and Liability Act, commonly known as Superfund. Some of these locations were transferred to AbbVie in connection with the separation and distribution, and AbbVie has become a party to these investigations and remediations. Abbott was also engaged in remediation at several other sites, some of which have been transferred to AbbVie in connection with the separation and distribution, in cooperation with the Environmental Protection Agency or similar agencies. While it is not feasible to predict with certainty the final costs related to those investigations and remediation activities, AbbVie believes that such costs, together with other expenditures to maintain compliance with applicable laws and regulations concerning environmental protection, should not have a material adverse effect on the company's financial position, cash flows, or results of operations. **Employees** AbbVie employed approximately 50,000 employees in over 70 countries as of January 31, 2022. Outside the United States, some of AbbVie's employees are represented by unions or works councils. AbbVie believes that it has good relations with its employees. **Human Capital Management** Attracting, retaining and providing meaningful growth and development opportunities to AbbVie's employees is critical to the company's success in making a remarkable impact on people's lives around the world. AbbVie leverages numerous resources to identify and enhance strategic and leadership capability, foster employee engagement and create a culture where diverse talent is productive and engaged. AbbVie invests in its employees through competitive compensation, benefits and employee support programs and offers best-in-class development and leadership opportunities. AbbVie has developed a deep talent base through ongoing investment in functional and leadership training and by sourcing world-class external talent, ensuring a sustainable talent pipeline. AbbVie continuously cultivates and enhances its working culture and embraces equality, diversity and inclusion as fundamental to the company's mission. ***Attracting and Developing Talent.*** Attracting and developing high-performing talent is essential to AbbVie's continued success. AbbVie implements detailed talent attraction strategies, with an emphasis on STEM skill sets, a diverse talent base and other critical skillsets, including drug discovery, clinical development, market access and business development. AbbVie also invests in competitive compensation and benefits programs. In addition to offering a comprehensive suite of benefits ranging from medical and dental coverage to retirement, disability and life insurance programs, AbbVie also provides health promotion programs, mental health awareness campaigns and employee assistance programs in several countries, financial wellness support, on-site health screenings and immunizations in several countries and on-site fitness and rehabilitation centers. In addition, the AbbVie Employee Assistance Fund (a part of the AbbVie Foundation) supports two programs for global employees: the AbbVie Possibilities Scholarship for children of employees, which is an annual merit-based scholarship for use at accredited colleges, universities or vocational-technical schools; and the Employee Relief Program, which is financial assistance to support short term needs of employees when faced with large-scale disasters (e.g. a hurricane), individual disasters (e.g. a home fire) or financial hardship (e.g. the death of a spouse). Finally, AbbVie empowers managers and their teams with tools, tips and guidelines on effectively managing workloads, managing teams from a distance and supporting flexible work practices. New AbbVie employees are given a tailored onboarding experience for faster integration and to support performance. AbbVie's mentorship program allows employees to self-nominate as mentors or mentees and facilitates meaningful relationships supporting employees' career and development goals. AbbVie also provides structured, broad-based development opportunities, focusing on high-performance skills and leadership training. AbbVie's talent philosophy holds leaders accountable for building a high-performing organization, and the company provides development opportunities to all levels of leadership. AbbVie's Learn, Develop, Perform program offers year-long, self-directed leadership education, supplemented with tools and resources, and leverages leaders as role models and teachers. In addition, the foundation to AbbVie's leadership pipeline is the company's Professional Development

Programs, which attract graduates, postgraduates and post-doctoral talent to participate in formal development programs lasting up to three years, with the objective of strengthening functional and leadership capabilities. ***Culture.*** AbbVie's shared values of transforming lives, acting with integrity, driving innovation, embracing diversity and inclusion and serving the community form the core of the company's culture. AbbVie articulates the behaviors associated with these values in the Ways We Work, a core set of working behaviors that emphasize how the company achieves results is equally as important as achieving them. The Ways We Work are designed to ensure that every AbbVie employee is aware of the company's cultural expectations. AbbVie integrates the Ways We Work into all talent processes, forming the basis for assessing performance, prioritizing development and ultimately rewarding employees. AbbVie believes its culture creates strong engagement, which is measured regularly through a confidential, third party all-employee survey, and this engagement supports AbbVie's mission of making a remarkable impact on people's lives. ***Equity, Equality, Diversity & Inclusion (EED&I).*** A cornerstone of AbbVie's human capital management approach is to prioritize fostering an inclusive and diverse workforce. In 2019, AbbVie adopted a five-year Equality, Diversity & Inclusion roadmap that defines key global focus areas, objectives and associated initiatives, and includes implementation plans organized by business function and geography. AbbVie's senior leaders have adopted formal goals aligned with executing this strategy. In recent years, AbbVie's board of directors has prioritized oversight of AbbVie's response to the U.S. racial justice movement, including overseeing internal programs designed to ensure that AbbVie is attracting, retaining and developing diverse talent. Through December 2021, women represented 51 percent of management positions globally and in the United States, 35 percent of AbbVie's workforce was comprised of members of historically underrepresented populations, an increase from 2020. Further, AbbVie is committed to pay equity and conducts pay equity analyses annually. A critical component of AbbVie's strategy is to instill an inclusive mindset in all AbbVie leaders and employees, so the company can realize the full value of a diverse workforce from recruitment through retirement. AbbVie recently launched a new resource for people who manage others to reinforce the importance of EED&I to the business, educate leaders on inclusive recruiting practices and modeling inclusive behavior, and encourage participation in the company's inclusive culture learning opportunities. AbbVie's Employee Resource Groups also help the company nurture an inclusive culture by building community, hosting awareness events and providing leadership and career opportunities. In 2021, AbbVie reiterated its commitment to racial equality and social justice by, among other things, expanding its employee matching program to $3-to-$1 for donations to civil rights nonprofits fostering racial equity and by reaffirming its commitment to clinical trial diversity. Additional information about AbbVie's efforts on racial equality and social justice is provided on the company's website at: https://abbvie.com/our-company/equality-inclusion-diversity/our-commitment-to-racial-justice.html. ***COVID-19 Health and Safety.*** AbbVie has effectively prioritized the health and safety of its employees during the COVID-19 pandemic, while continuing to drive strong business performance. AbbVie implemented, among other things, temporary office and facility closures and establishment of new safety and cleaning protocols and procedures; regular communication regarding the effect of the pandemic on AbbVie's business and employees; establishment of physical distancing procedures, modification of workspaces and provision of personal protective equipment and cleaning supplies for employees; provision of on-site vaccinations and temperature screenings; a variety of testing and vaccination resources including on-site vaccinations and on-site and at-home testing and COVID case management programs; and remote working accommodations and related services to support employees' needs for flexibility. In addition, COVID-19 is a covered event under the AbbVie Employee Assistance Fund's Employee Relief Program, entitling eligible AbbVie employees and their families to financial assistance to pay for mortgage/rent, utilities, food, childcare and medical expenses not covered by insurance. AbbVie also provided paid leave and other support and accommodations to the company's employees with relevant medical, pharmaceutical, research and development, science, public health and public safety skills, knowledge, training and experience who desired or were requested or mandated to serve as volunteers during the pandemic. Lastly, AbbVie's commitment to employees has been evidenced by no workforce reductions and no salary reductions associated with COVID-19.

Internet Information Copies of AbbVie's Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934 are available free of charge through AbbVie's investor relations website (*investors.abbvie.com*) as soon as reasonably practicable after AbbVie electronically files the material with, or furnishes it to, the Securities and Exchange Commission (SEC). AbbVie's corporate governance guidelines, outline of directorship qualifications, code of business conduct and the charters of AbbVie's audit committee, compensation committee, nominations and governance committee and public policy committee are all available on AbbVie's investor relations website (*investors.abbvie.com*).

ITEM 1A. RISK FACTORS

You should carefully consider the following risks and other information in this Form 10-K in evaluating AbbVie and AbbVie's common stock. Any of the following risks could materially and adversely affect AbbVie's results of operations, financial condition or cash flows. The risk factors generally have been separated into two groups: risks related to AbbVie's business and risks related to AbbVie's common stock. Based on the information currently known to it, AbbVie believes that the following information identifies the most significant risk factors affecting it in each of these categories of risks. However, the risks and uncertainties AbbVie faces are not limited to those set forth in the risk factors described below and may not be in order of importance or probability of occurrence. Additional risks and uncertainties not presently known to AbbVie or that AbbVie currently believes to be immaterial may also adversely affect its business. In addition, past financial performance may not be a reliable indicator of future performance and historical trends should not be used to anticipate results or trends in future periods. If any of the following risks and uncertainties develops into actual events, these events could have a material adverse effect on AbbVie's business, results of operations, financial condition or cash flows. In such case, the trading price of AbbVie's common stock could decline. **Risks Related to AbbVie's Business** ***Public health outbreaks, epidemics or pandemics, such as the coronavirus (COVID-19), have had, and could in the future have, an adverse impact on AbbVie's operations and financial condition.*** Public health outbreaks, epidemics or pandemics have had, and could in the future have, an adverse impact on AbbVie's operations and financial condition. The continuing pandemic caused by the novel strain of coronavirus (COVID-19) has caused many countries, including the United States, to declare national emergencies and implement preventive measures such as travel bans and shelter in place or total lock-down orders, some of which have eased. The continuation or re-implementation of these bans and orders remains uncertain. The COVID-19 pandemic has caused AbbVie to modify its business practices (including instituting remote work for many of AbbVie's employees), and AbbVie may take further actions as may be required by government authorities or as AbbVie determines are in the best interests of AbbVie's employees, patients, customers and business partners. While the impact of COVID-19 on AbbVie's operations, including, among others, its manufacturing and supply chain, sales and marketing, commercial and clinical trial operations, to date has not been material, AbbVie has experienced lower new patient starts in certain products and markets. The impact of COVID-19 on AbbVie over the long-term is uncertain and cannot be predicted with confidence. The extent of the adverse impact of COVID-19 on AbbVie's operations will depend on the extent and severity of the continued spread of COVID-19 globally, the timing and nature of actions taken to respond to COVID-19 and the resulting economic consequences. Ultimately, efforts to mitigate the impact of COVID-19 may not completely prevent AbbVie's business from being adversely affected and future impacts remain uncertain. ***The expiration or loss of patent protection and licenses may adversely affect AbbVie's future revenues and operating earnings.*** AbbVie relies on patent, trademark and other intellectual property protection in the discovery, development, manufacturing and sale of its products. In particular, patent protection is, in the aggregate, important in AbbVie's marketing of pharmaceutical products in the United States and most major markets outside of the United States. Patents covering AbbVie products normally provide market exclusivity, which is important for the profitability of many of AbbVie's products. As patents for certain of its products expire, AbbVie will or could face competition from lower priced generic or biosimilar products. The expiration or loss of patent protection for a product typically is followed promptly by substitutes that may significantly reduce sales for that product in a short amount of time. If AbbVie's competitive position is compromised because of generics, biosimilars or otherwise, it could have a material adverse effect on AbbVie's business and results of operations. In addition, proposals emerge from time to time for legislation to further encourage the early and rapid approval of generic drugs or biosimilars. Any such proposals that are enacted into law could increase the impact of generic competition. AbbVie's principal patents and trademarks are described in greater detail in Item 1, "Business—Intellectual Property Protection and Regulatory Exclusivity" and Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations—Results of Operations," and litigation regarding these patents is described in Item 3, "Legal Proceedings." The United States composition of matter patent for Humira, which is AbbVie's largest product and had worldwide net revenues of approximately $20.7 billion in 2021, expired in December 2016, and the equivalent European Union patent expired in the majority of European Union countries in October 2018.

AbbVie's major products could lose patent protection earlier than expected, which could adversely affect AbbVie's future revenues and operating earnings. Third parties or government authorities may challenge or seek to invalidate or circumvent AbbVie's patents and patent applications. For example, manufacturers of generic pharmaceutical products file, and may continue to file, Abbreviated New Drug Applications with the FDA seeking to market generic forms of AbbVie's products prior to the expiration of relevant patents owned or licensed by AbbVie by asserting that the patents are invalid, unenforceable and/or not infringed. In addition, petitioners have filed, and may continue to file, challenges to the validity of AbbVie patents under the 2011 Leahy-Smith America Invents Act, which created *inter partes* review and post grant review procedures for challenging patent validity in administrative proceedings at the United States Patent and Trademark Office. Although most of the challenges to AbbVie's intellectual property have come from other businesses, governments may also challenge intellectual property rights. For example, court decisions and potential legislation relating to patents, such as legislation regarding biosimilars, and other regulatory initiatives may result in further erosion of intellectual property protection. In addition, certain governments outside the United States have indicated that compulsory licenses to patents may be sought to further their domestic policies or on the basis of national emergencies, such as HIV/AIDS. If triggered, compulsory licenses could diminish or eliminate sales and profits from those jurisdictions and negatively affect AbbVie's results of operations. AbbVie normally responds to challenges by vigorously defending its patents, including by filing patent infringement lawsuits. Patent litigation, administrative proceedings and other challenges to AbbVie's patents are costly and unpredictable and may deprive AbbVie of market exclusivity for a patented product. To the extent AbbVie's intellectual property is successfully challenged, circumvented or weakened, or to the extent such intellectual property does not allow AbbVie to compete effectively, AbbVie's business will suffer. To the extent that countries do not enforce AbbVie's intellectual property rights or require compulsory licensing of AbbVie's intellectual property, AbbVie's future revenues and operating earnings will be reduced. ***A third party's intellectual property may prevent AbbVie from selling its products or have a material adverse effect on AbbVie's future profitability and financial condition.*** Third parties may claim that an AbbVie product infringes upon their intellectual property. Resolving an intellectual property infringement claim can be costly and time consuming and may require AbbVie to enter into license agreements. AbbVie cannot guarantee that it would be able to obtain license agreements on commercially reasonable terms. A successful claim of patent or other intellectual property infringement could subject AbbVie to significant damages or an injunction preventing the manufacture, sale, or use of the affected AbbVie product or products. Any of these events could have a material adverse effect on AbbVie's profitability and financial condition. ***Any significant event that adversely affects Humira revenues could have a material and negative impact on AbbVie's results of operations and cash flows.*** Humira accounted for approximately 37% of AbbVie's total net revenues in 2021. Any significant event that adversely affects Humira's revenues could have a material adverse impact on AbbVie's results of operations and cash flows. These events could include loss of patent protection for Humira (as described further in "*—The expiration or loss of patent protection and licenses may adversely affect AbbVie's future revenues and operating earnings*" above), the commercialization of biosimilars of Humira, the discovery of previously unknown side effects or impaired efficacy, increased competition from the introduction of new, more effective or less expensive treatments and discontinuation or removal from the market of Humira for any reason. ***AbbVie's research and development efforts may not succeed in developing and marketing commercially successful products and technologies, which may cause its revenues and profitability to decline.*** To remain competitive, AbbVie must continue to launch new products and new indications and/or brand extensions for existing products, and such launches must generate revenue sufficient both to cover its substantial research and development costs and to replace revenues of profitable products that are lost to or displaced by competing products or therapies. Failure to do so would have a material adverse effect on AbbVie's revenue and profitability. Accordingly, AbbVie commits substantial effort, funds, and other resources to research and development and must make ongoing substantial expenditures without any assurance that its efforts will be commercially successful. A high rate of failure in the biopharmaceutical industry is inherent in the research and development of new products, and failure can occur at any point in the research and development process, including after significant funds have been invested. Products that appear promising in development may fail to reach the market for numerous reasons, including failure to demonstrate effectiveness, safety concerns, superior safety or efficacy of competing therapies, failure to achieve positive clinical or pre-clinical outcomes beyond the current standards of care,

inability to obtain necessary regulatory approvals or delays in the approval of new products and new indications, limited scope of approved uses, excessive costs to manufacture, the failure to obtain or maintain intellectual property rights, or infringement of the intellectual property rights of others. Decisions about research studies made early in the development process of a pharmaceutical product candidate can affect the marketing strategy once such candidate receives approval. More detailed studies may demonstrate additional benefits that can help in the marketing, but they also consume time and resources and may delay submitting the pharmaceutical product candidate for approval. AbbVie cannot guarantee that a proper balance of speed and testing will be made with respect to each pharmaceutical product candidate or that decisions in this area would not adversely affect AbbVie's future results of operations. Even if AbbVie successfully develops and markets new products or enhancements to its existing products, they may be quickly rendered obsolete by changing clinical preferences, changing industry standards, or competitors' innovations. AbbVie's innovations may not be accepted quickly in the marketplace because of existing clinical practices or uncertainty over third-party reimbursement. AbbVie cannot state with certainty when or whether any of its products under development will be launched, whether it will be able to develop, license, or otherwise acquire compounds or products, or whether any products will be commercially successful. Failure to launch successful new products or new indications for existing products may cause AbbVie's products to become obsolete, causing AbbVie's revenues and operating results to suffer. ***A portion of AbbVie's near-term pharmaceutical pipeline relies on collaborations with third parties, which may adversely affect the development and sale of its products.*** AbbVie depends on alliances and joint ventures with pharmaceutical and biotechnology companies for a portion of the products in its near-term pharmaceutical pipeline. Failures by these parties to meet their contractual, regulatory, or other obligations to AbbVie, or any disruption in the relationships between AbbVie and these third parties, could have an adverse effect on AbbVie's pharmaceutical pipeline and business. In addition, AbbVie's collaborative relationships for research and development extend for many years and may give rise to disputes regarding the relative rights, obligations and revenues of AbbVie and its collaboration partners, including the ownership of intellectual property and associated rights and obligations. This could result in the loss of intellectual property rights or protection, delay the development and sale of potential pharmaceutical products and lead to lengthy and expensive litigation, administrative proceedings or arbitration. ***Biologics carry unique risks and uncertainties, which could have a negative impact on future results of operations.*** The successful discovery, development, manufacturing and sale of biologics is a long, expensive and uncertain process. There are unique risks and uncertainties with biologics. For example, access to and supply of necessary biological materials, such as cell lines, may be limited and governmental regulations restrict access to and regulate the transport and use of such materials. In addition, the development, manufacturing and sale of biologics is subject to regulations that are often more complex and extensive than the regulations applicable to other pharmaceutical products. Manufacturing biologics, especially in large quantities, is often complex and may require the use of innovative technologies. Such manufacturing also requires facilities specifically designed and validated for this purpose and sophisticated quality assurance and quality control procedures. Biologics are also frequently costly to manufacture because production inputs are derived from living animal or plant material, and some biologics cannot be made synthetically. Failure to successfully discover, develop, manufacture and sell biologics—including Humira—could adversely impact AbbVie's business and results of operations. ***AbbVie's biologic products are subject to competition from biosimilars.*** The Biologics Price Competition and Innovation Act creates a framework for the approval of biosimilars in the United States and could allow competitors to reference data from biologic products already approved. In Europe, the European Commission has granted marketing authorizations for several biosimilars pursuant to a set of general and product class-specific guidelines for biosimilar approvals issued over the past few years. In addition, companies are developing biosimilars in other countries that could and do compete with AbbVie's biologic products, including Humira. As competitors obtain marketing approval for biosimilars referencing AbbVie's biologic products, AbbVie's products may become subject to competition from such biosimilars, with the attendant competitive pressure and consequences. Expiration or successful challenge of AbbVie's applicable patent rights could also trigger competition from other products, assuming any relevant exclusivity period has expired. As a result, AbbVie could face more litigation and administrative proceedings with respect to the validity and/or scope of patents relating to its biologic products. ***New products and technological advances by AbbVie's competitors may negatively affect AbbVie's results of operations.*** AbbVie competes with other research-based pharmaceutical and biotechnology companies that discover, manufacture, market and sell proprietary pharmaceutical products and biologics. For example, Humira competes with anti-TNF products

and other competitive products intended to treat a number of disease states and Mavyret/Maviret competes with other available hepatitis C treatment options. In addition, in the past few years, a number of other companies have started to develop, have successfully developed and/or are currently marketing products that are being positioned as competitors to Botox. All of these competitors may introduce new products or develop technological advances that compete with AbbVie's products in therapeutic areas such as immunology, hematologic oncology, aesthetics, neuroscience, eye care and women's health. AbbVie cannot predict with certainty the timing or impact of the introduction by competitors of new products or technological advances. Such competing products may be safer, more effective, more effectively marketed or sold, or have lower prices or superior performance features than AbbVie's products, and this could negatively impact AbbVie's business and results of operations. ***The manufacture of many of AbbVie's products is a highly exacting and complex process, and if AbbVie or one of its suppliers encounters problems manufacturing AbbVie's products, AbbVie's business could suffer.*** The manufacture of many of AbbVie's products is a highly exacting and complex process, due in part to strict regulatory requirements. Problems may arise during manufacturing for a variety of reasons, including equipment malfunction, failure to follow specific protocols and procedures, problems with raw materials, delays related to the construction of new facilities or the expansion of existing facilities, including those intended to support future demand for AbbVie's products, changes in manufacturing production sites and limits to manufacturing capacity due to regulatory requirements, changes in the types of products produced, physical limitations that could inhibit continuous supply, man-made or natural disasters and environmental factors. If problems arise during the production of a batch of product, that batch of product may have to be discarded and AbbVie may experience product shortages or incur added expenses. This could, among other things, lead to increased costs, lost revenue, damage to customer relations, time and expense spent investigating the cause and, depending on the cause, similar losses with respect to other batches or products. If problems are not discovered before the product is released to the market, recall and product liability costs may also be incurred. ***AbbVie uses a number of products in its pharmaceutical and biologic manufacturing processes that are sourced from single suppliers, and an interruption in the supply of those products could adversely affect AbbVie's business and results of operations.*** AbbVie uses a number of products in its pharmaceutical and biologic manufacturing processes that are sourced from single suppliers. The failure of these single-source suppliers to fulfill their contractual obligations in a timely manner or as a result of regulatory noncompliance or physical disruption at a manufacturing site may impair AbbVie's ability to deliver its products to customers on a timely and competitive basis, which could adversely affect AbbVie's business and results of operations. Finding an alternative supplier could take a significant amount of time and involve significant expense due to the nature of the products and the need to obtain regulatory approvals. AbbVie cannot guarantee that it will be able to reach agreement with alternative providers or that regulatory authorities would approve AbbVie's use of such alternatives. AbbVie does, however, carry business interruption insurance, which provides a degree of protection in the case of a failure by a single-source supplier. ***Certain aspects of AbbVie's operations are highly dependent upon third party service providers.*** AbbVie relies on suppliers, vendors and other third party service providers to research, develop, manufacture, commercialize, promote and sell its products. Reliance on third party manufacturers reduces AbbVie's oversight and control of the manufacturing process. Some of these third party providers are subject to legal and regulatory requirements, privacy and security risks and market risks of their own. The failure of a critical third party service provider to meet its obligations could have a material adverse impact on AbbVie's operations and results. If any third party service providers have violated or are alleged to have violated any laws or regulations during the performance of their obligations to AbbVie, it is possible that AbbVie could suffer financial and reputational harm or other negative outcomes, including possible legal consequences. ***Significant safety or efficacy issues could arise for AbbVie's products, which could have a material adverse effect on AbbVie's revenues and financial condition.*** Pharmaceutical products receive regulatory approval based on data obtained in controlled clinical trials of limited duration. Following regulatory approval, these products will be used over longer periods of time in many patients. Investigators may also conduct additional, and perhaps more extensive, studies. If new safety or efficacy issues are reported or if new scientific information becomes available (including results of post-marketing Phase 4 trials), or if governments change standards regarding safety, efficacy or labeling, AbbVie may be required to amend the conditions of use for a product. For example, AbbVie may voluntarily provide or be required to provide updated information on a product's label or narrow its approved indication, either of which could reduce the product's market acceptance. If safety or efficacy issues with an AbbVie product arise, sales of the product could be halted by AbbVie or by regulatory authorities and regulatory action could be

taken by such regulatory authorities. Safety or efficacy issues affecting suppliers' or competitors' products also may reduce the market acceptance of AbbVie's products. New data about AbbVie's products, or products similar to its products, could negatively impact demand for AbbVie's products due to real or perceived safety issues or uncertainty regarding efficacy and, in some cases, could result in product withdrawal. Furthermore, new data and information, including information about product misuse, may lead government agencies, professional societies, practice management groups or organizations involved with various diseases to publish guidelines or recommendations related to the use of AbbVie's products or the use of related therapies or place restrictions on sales. Such guidelines or recommendations may lead to lower sales of AbbVie's products. ***AbbVie is subject to product liability claims and other lawsuits that may adversely affect its business and results of operations.*** In the ordinary course of business, AbbVie is the subject of product liability claims and lawsuits alleging that AbbVie's products or the products of other companies that it promotes have resulted or could result in an unsafe condition for or injury to patients. For example, lawsuits are pending against Allergan, AbbVie's recently acquired subsidiary, and certain of its current and former officers alleging they made misrepresentations and omissions regarding Allergan's textured breast implants. Product liability claims and lawsuits and safety alerts or product recalls, regardless of their ultimate outcome, may have a material adverse effect on AbbVie's business, results of operations and reputation and on its ability to attract and retain customers. Consequences may also include additional costs, a decrease in market share for the product in question, lower income and exposure to other claims. Product liability losses are self-insured. AbbVie is also the subject of other claims, legal proceedings and investigations in the ordinary course of business, which relate to the intellectual property, commercial, securities and other matters. Adverse outcomes in such claims, legal proceedings and investigations may also adversely affect AbbVie's business and results of operations. Additionally, Allergan has been named as a defendant in approximately 3,130 matters relating to the promotion and sale of prescription opioid pain relievers and additional suits may be filed. See Note 15, "Legal Proceedings and Contingencies" to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data." AbbVie cannot predict the outcome of these proceedings. ***AbbVie is subject to cost-containment efforts and pricing pressures that could cause a reduction in future revenues and operating earnings, and changes in the terms of rebate and chargeback programs, which are common in the pharmaceuticals industry, could have a material adverse effect on AbbVie's operations.*** Cost-containment efforts by governments and private organizations are described in greater detail in Item 1, "Business—Regulation—Commercialization, Distribution and Manufacturing." To the extent these cost containment efforts are not offset by greater demand, increased patient access to health care, or other factors, AbbVie's future revenues and operating earnings will be reduced. In the United States, the European Union and other countries, AbbVie's business has experienced downward pressure on product pricing, and this pressure could increase in the future. AbbVie is subject to increasing public and legislative pressure with respect to pharmaceutical pricing. In the United States, practices of managed care groups, and institutional and governmental purchasers, and United States federal laws and regulations related to Medicare and Medicaid, including the Medicare Prescription Drug Improvement and Modernization Act of 2003 and the Patient Protection and Affordable Care Act, contribute to pricing pressures. The potential for continuing changes to the health care system in the United States and the increased purchasing power of entities that negotiate on behalf of Medicare, Medicaid and private sector beneficiaries could result in additional pricing pressures. In numerous major markets worldwide, the government plays a significant role in funding health care services and determining the pricing and reimbursement of pharmaceutical products. Consequently, in those markets, AbbVie is subject to government decision-making and budgetary actions with respect to its products. In particular, many European countries have ongoing government-mandated price reductions for many pharmaceutical products, and AbbVie anticipates continuing pricing pressures in Europe. Differences between countries in pricing regulations could lead to third-party cross-border trading in AbbVie's products that results in a reduction in future revenues and operating earnings. Rebates related to government programs, such as fee-for-service Medicaid or Medicaid managed care programs, arise from laws and regulations. AbbVie cannot predict if additional government initiatives to contain health care costs or other factors could lead to new or modified regulatory requirements that include higher or incremental rebates or discounts. Other rebate and discount programs arise from contractual agreements with private payers. Various factors, including market factors and the ability of private payers to control patient access to products, may provide payers the leverage to negotiate higher or additional rebates or discounts that could have a material adverse effect on AbbVie's operations.

AbbVie is subject to numerous governmental regulations, and it can be costly to comply with these regulations and to develop compliant products and processes. AbbVie's products are subject to rigorous regulation by numerous international, supranational, federal and state authorities, as described in Item 1, "Business—Regulation—Discovery and Clinical Development," "Business—Regulation—Commercialization, Distribution and Manufacturing," and "Business—Regulation—Medical Devices." The process of obtaining regulatory approvals to market a pharmaceutical product can be costly and time consuming, and approvals might not be granted for future products, or additional indications or uses of existing products, on a timely basis, if at all. Delays in the receipt of, or failure to obtain approvals for, future products, or new indications and uses, could result in delayed realization of product revenues, reduction in revenues and substantial additional costs. In addition, AbbVie cannot guarantee that it will remain compliant with applicable regulatory requirements once approval has been obtained for a product. These requirements include, among other things, regulations regarding manufacturing practices, product labelling and advertising and post-marketing reporting, including adverse event reports and field alerts due to manufacturing quality concerns. AbbVie must incur expense and spend time and effort to ensure compliance with these complex regulations. Possible regulatory actions could result in substantial modifications to AbbVie's business practices and operations; refunds, recalls or seizures of AbbVie's products; a total or partial shutdown of production in one or more of AbbVie's or its suppliers' facilities while AbbVie or its supplier remedies the alleged violation; the inability to obtain future approvals; and withdrawals or suspensions of current products from the market. Any of these events could disrupt AbbVie's business and have a material adverse effect on its business and results of operations. ***Laws and regulations affecting government benefit programs could impose new obligations on AbbVie, require it to change its business practices, and restrict its operations in the future.*** The health care industry is subject to various federal, state and international laws and regulations pertaining to government benefit programs reimbursement, rebates, price reporting and regulation and health care fraud and abuse. In the United States, these laws include anti-kickback and false claims laws, the Medicaid Rebate Statute, the Veterans Health Care Act, the U.S. Physician Payments Sunshine Act, the TRICARE program, the government pricing rules applicable to the Medicaid, Medicare Part B, 340B Drug Pricing Program and individual state laws relating to pricing and sales and marketing practices. Violations of these laws may be punishable by criminal and/or civil sanctions, including, in some instances, substantial fines, imprisonment and exclusion from participation in federal and state health care programs, including Medicare, Medicaid and Veterans Administration health programs. These laws and regulations are broad in scope and they are subject to change and evolving interpretations, which could require AbbVie to incur substantial costs associated with compliance or to alter one or more of its sales or marketing practices. In addition, violations of these laws, or allegations of such violations, could disrupt AbbVie's business and result in a material adverse effect on its business and results of operations. ***The international nature of AbbVie's business subjects it to additional business risks that may cause its revenue and profitability to decline.*** AbbVie's business is subject to risks associated with doing business internationally, including in emerging markets. Net revenues outside of the United States made up approximately 23% of AbbVie's total net revenues in 2021. The risks associated with AbbVie's operations outside the United States include: • fluctuations in currency exchange rates; • changes in medical reimbursement policies and programs; • multiple legal and regulatory requirements that are subject to change and that could restrict AbbVie's ability to manufacture, market and sell its products; • differing local product preferences and product requirements; • trade protection measures and import or export licensing requirements; • international trade disruptions or disputes; • difficulty in establishing, staffing and managing operations; • differing labor regulations; • potentially negative consequences from changes in or interpretations of tax laws;

- political and economic instability, including as a result of the United Kingdom's exit from the European Union and the COVID-19 pandemic;
- sovereign debt issues;
- price and currency exchange controls, limitations on participation in local enterprises, expropriation, nationalization and other governmental action and regulation;
- inflation, recession and fluctuations in interest rates;
- restrictions on transfers of funds;
- potential deterioration in the economic position and credit quality of certain non-U.S. countries; and
- potential penalties or other adverse consequences for violations of anti-corruption, anti-bribery and other similar laws and regulations, including the United States Foreign Corrupt Practices Act and the United Kingdom Bribery Act.

Events contemplated by these risks may, individually or in the aggregate, have a material adverse effect on AbbVie's revenues and profitability. ***If AbbVie does not effectively and profitably commercialize its products, AbbVie's revenues and financial condition could be adversely affected.*** AbbVie must effectively and profitably commercialize its principal products by creating and meeting continued market demand; achieving market acceptance and generating product sales; ensuring that the active pharmaceutical ingredient(s) for a product and the finished product are manufactured in sufficient quantities and in compliance with requirements of the FDA and similar foreign regulatory agencies and with acceptable quality and pricing to meet commercial demand; and ensuring that the entire supply chain efficiently and consistently delivers AbbVie's products to its customers. The commercialization of AbbVie products may not be successful due to, among other things, unexpected challenges from competitors, new safety issues or concerns being reported that may impact or narrow approved indications, the relative price of AbbVie's product as compared to alternative treatment options and changes to a product's label that further restrict its marketing. If the commercialization of AbbVie's principal products is unsuccessful, AbbVie's ability to generate revenue from product sales will be adversely affected. ***AbbVie may acquire other businesses, license rights to technologies or products, form alliances, or dispose of assets, which could cause it to incur significant expenses and could negatively affect profitability.*** AbbVie may pursue acquisitions, technology licensing arrangements, joint ventures and strategic alliances, or dispose of some of its assets, as part of its business strategy. AbbVie may not complete these transactions in a timely manner, on a cost-effective basis, or at all, and may not realize the expected benefits. If AbbVie is successful in making an acquisition, the products and technologies that are acquired may not be successful or may require significantly greater resources and investments than originally anticipated. AbbVie may not be able to integrate acquisitions successfully into its existing business and could incur or assume significant debt and unknown or contingent liabilities. AbbVie could also experience negative effects on its reported results of operations from acquisition or disposition-related charges, amortization of expenses related to intangibles and charges for impairment of long-term assets. These effects could cause a deterioration of AbbVie's credit rating and result in increased borrowing costs and interest expense. Additionally, changes in AbbVie's structure, operations, revenues, costs, or efficiency resulting from major transactions such as acquisitions, divestitures, mergers, alliances, joint ventures, restructurings or other strategic initiatives, may result in greater than expected costs, may take longer than expected to complete or encounter other difficulties, including the need for regulatory approval where appropriate.

AbbVie is dependent on wholesale distributors for distribution of its products in the United States and, accordingly, its results of operations could be adversely affected if they encounter financial difficulties. In 2021, three wholesale distributors (McKesson Corporation, Cardinal Health, Inc. and AmerisourceBergen Corporation) accounted for substantially all of AbbVie's pharmaceutical product sales in the United States. If one of its significant wholesale distributors encounters financial or other difficulties, such distributor may decrease the amount of business that it does with AbbVie, and AbbVie may be unable to collect all the amounts that the distributor owes it on a timely basis or at all, which could negatively impact AbbVie's business and results of operations.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285068201

Application/License No. _____

LifeCell Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 & 4 Millennium Way, Branchburg, NJ 08876 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley St., Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/9/2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of November, 2021.

APPLICANT/PRINCIPAL
LifeCell Corporation

Authorized Representative

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative

Aaron D. Griffin, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Daniel Machado

Witness Ann Mullins

Countersigned by:

Nevada Resident Agent

Aaron D. Griffin, NV Non-Resident Agent #3481142

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aaron D. Griffin

all of the city of Chicago, state of Illinois each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of November, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ~~Abbvie~~ LifeCell Corporation

Physical Address 4 Millenium Way

City Branchburg State NJ Zip 08876

Mailing Address (if different from physical address) _____

City 1 Millenium State NJ Zip 08876

Telephone 908-947-1495 Website Abbvie.com

Licensing Company Email patricia.misinski@abbvie.com

Section 2: Personal Information

First Robert Middle Carlton Last Utzinger

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Wexford Court

City Mendham State NJ Zip 07945

Telephone [redacted] Email [redacted]@aol.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials RCU

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Elizabethtown College		1978-1983	
Address	**City**	**State**	**Zip**
1 Alpha Dive	Elizabethtown	PA	17022
Diploma/Degree obtained, if any			
BS in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Ridge High School		1975-1978	
Address	**City**	**State**	**Zip**
268 South Finley Ave	Basking Ridge	NJ	07920
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
William Annin		1972-1975	
Address	**City**	**State**	**Zip**
70 Quincy Road	Basking Ridge	NJ	09920
Diploma/Degree obtained, if any			
Middle School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015 -present	[redacted]Wexford Court	Mendham	NJ	07945
1988-2015	[redacted]Corwin Street	Ironia	NJ	07845

Applicant's initials JCH

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Abbvie, Allergan, LifeCell			01/13-Present
Business Address	**City**	**State**	**Zip**
220 Evans Way Branchburg, NJ 08876	Branchburg	NJ	08876
Phone	**Title**	**Number of Employed Hours**	
908-947-1495	Sr. Manager Supply Chain	17680+-	

Description of Duties

Manage all supply chain functions including: shipping, stockroom, print shop, finished goods, returns and loading dock activities.

Business Name			From - To (MM/YY – MM/YY)
Express Scripts/Medco Health Solutions			01/04 -01/13
Business Address	**City**	**State**	**Zip**
100 Parsons Pond Road	Franklin Lakes	NJ	07417
Phone	**Title**	**Number of Employed Hours**	
N/A	Sr. Manager Inventory Accounting	18,720 +-	

Description of Duties

Managed, reviewed, audited and reported on $1.5B in drug inventory. Directed the activities of the Mail Order Pharmacy Inventory Control Managers. Audited pharmacies for inventory management SOP compliance.

Business Name			From - To (MM/YY – MM/YY)
Medco Health Solutions			05/03-01/04
Business Address	**City**	**State**	**Zip**
1 Millennium Drive	Willingboro	NJ	08046
Phone	**Title**	**Number of Employed Hours**	
N/A	Tier 3 Router Manager	1,875 +-	

Description of Duties

Balanced automated dispensing pharmacy volume utilizing the Tier 3 Pac Router. Worked cross-functionally with business planning, corporate inventory and logistics to ensure the successful implementation of geographic routing.

Business Name			From - To (MM/YY – MM/YY)
Merck Medco Rx Services/ Medco Health Solutions			07/01-06/02
Business Address	**City**	**State**	**Zip**
399 Jefferson Road	Parsippany	NJ	07054
Phone	**Title**	**Number of Employed Hours**	
N/A	Inventory Control Manager/	3,520+-	

Description of Duties

Utilized IBM mainframe and warehouse management system (WMS) to manage $150 million inventory and 21,000 SKU's.

Business Name			From - To (MM/YY – MM/YY)
Merck Medco Rxs/NRx			06/96-07/02
Business Address	**City**	**State**	**Zip**
399 Jefferson Road	Parsippany	NJ	07054
Phone	**Title**	**Number of Employed Hours**	
N/A	Operations Manager/Production Supervisor	11,440+-	

Description of Duties

Managed 3 departments: Clerical Support, Filing, and Eligibility. Executed daily, weekly and quarterly operating plans.

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic copies or stamps not accepted)

7/25/22
Date

Applicant's initials RCH

I, Robert C Utzinger Jr., **certify that as the designated representative for**

~~Abbvie Bowthbrook, LLC~~ / Lifecell Corporation,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Robert C. Utzinger Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/25/22

Date

Applicant's initials RCU

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert C. Utzinger Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Somerset

I, Robert C. Utzinger Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/25/22

Date

Subscribed and Sworn to before me this 25 day of July, 22

Notary Public Signature

MARY ANNE BOLINK
NOTARY PUBLIC OF NEW JERSEY
COMM. # 2440391
MY COMMISSION EXPIRES 11/12/2023

(Seal)

Applicant's initials RU

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: SpringWorks Therapeutics, Inc.

Physical Address: 100 Washington Blvd, 5th Floor

City: Stamford State: CT Zip: 06902

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 203-883-9490 Website: Springworkstx.com

Name of Designated Representative (DR): Bhavesh Ashar

Licensing Company Email: bhavesh.ashar@springworkstx.com DR Email: bhavesh.ashar@springworkstx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/19/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: SpringWorks Therapeutics, Inc.

Mailing Address: 100 Washington Blvd, 5th Floor

City: Stamford State: CT Zip: 06902

Telephone: 203-883-9490 Email: bhavesh.ashar@springworkstx.com

Contact Person Name: Bhavesh Ashar

Date of SEC Registration: 09/12/2019 | SEC Registration Number: 1773427 | Stock Exchange Symbol: SWTX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - Publicly Traded		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

SpringWorks Therapeutics, Inc.
Facility Name

Bhavesh Ashar
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/19/2022
Date

Board Use Only	Date Received: 11-1-22	Amount: 1000.00 CC

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

SPRINGWORKS THERAPEUTICS INC.
100 WASHINGTON BLVD FL 5
STAMFORD, CT 06902-9302

Email on file to be used for receiving all notices from this office:

joseph.zimmerman@springworkstx.com

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION 915838

Be it known that

SPRINGWORKS THERAPEUTICS INC.
100 WASHINGTON BLVD FL 5
STAMFORD, CT 06902-9302

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: Yes** **Non Rx Legend Drugs: No** **Medical Devices: No** **Cosmetics: No**
Medical Gases and Oxygen: No **Durable Medical Equipment (DME): No** **Number of Chemists: 0**

Registration #: CSM.0002250
Effective Date: 11/08/2022
Expiration Date: 06/30/2023

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner

Attachment A

Nature of Business

SpringWorks Therapeutics Inc. "SpringWorks" is a virtual prescription drug manufacturer that is focused on developing life-changing medicines for patients with severe rare diseases and cancer. SpringWorks will use contract manufacturers to produce its product and a third party logistics provider to ship. No product will be handled at SpringWork's business office. Provided below is the contact information for the contract manufacturers and third party logistics provider.

Contract Manufacturers:

Patheon France S.A.S
40 Boulevard de Champaret
38300 Bourgoin Jallieu, France

Patheon Pharmaceuticals Inc.
2110 East Galbraith Road
Cincinnati, OH 45237, USA

Third Party Logistics Provider:

Integrated Commercialization Services, LLC
420 International Blvd., Suite #500
Brooks, KY 40109

Lam, Maggie P.

Subject: FW: Labeler Code Request Approved

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, December 13, 2021 9:50 AM
To: Renu Vaish <Renu.Vaish@springworkstx.com>
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 13-DEC-2021
Labeler DUNS: 116976800
Labeler Name: SpringWorks Therapeutics, Inc.
Labeler Code Assigned: 82448

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Attachment C

Corporate Officer Information

SpringWorks Therapeutics, Inc.
100 Washington Blvd, 5th Floor
Stamford, CT 06902

Saqib Islam
Chief Executive Officer

Francis I. Perier, Jr.
Chief Financial Officer

Badreddin Edris
Chief Operating Officer

L. Mary Smith
Chief Development Officer

Bhavesh Ashar
Chief Commercial Officer

Daniel Pichl
Chief People Officer

Herschel Weinstein
General Counsel and Secretary

Attachment D

SEC Report and Top Shareholders

Enclosed are the first 15 pages from the latest SEC 10K filing. The entire filing is over 150 pages. To view the entire report, please visit: https://ir.springworkstx.com/node/8351/html

Top Four Corporation Shareholders:

1. FMR, LLC 11.88%
2. Orbimed Advisors LLC 9.66%
3. Bain Capital License Sciences Investors, LLC 7.74%
4. State Street Corporation 6.23%
5. Perceptive Advisors LLC 6.20%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPRINGWORKS THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7335553 8300

SR# 20223051587

Authentication: 203976382

Date: 07-21-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Moussa Gonda,Abdoul Madjide	Abdoul Madjide	Moussa Gonda
Mueller,Abigail	Abigail	Mueller
Langseth,Abraham	Abraham	Langseth
Kamal,Adeela	Adeela	Kamal
Servideo,Alexsandra	Alexsandra	Servideo
Kim,Alice	Alice	Kim
Ball-Bautista,Alison	Alison	Ball-Bautista
Lori,Alison	Alison	Lori
Respet,Alissa	Alissa	Respet
Lim,Allison	Allison	Lim
McGill,Allison	Allison	McGill
Luciano,Amarylis	Amarylis	Luciano
Kranz,Amy	Amy	Kranz
Tremblay,Amy	Amy	Tremblay
Aremia,Amy Jill	Amy Jill	Aremia
Oton,Ana Belen	Ana	Oton
Zide,Andrea	Andrea	Zide
Munoz,Angelica	Angelica	Munoz
Jangili,Anilkumar	Anilkumar	Jangili
Tomaine,Anthony	Anthony	Tomaine
Carpio,Arianne	Arianne	Carpio
Nieves-Aponte,Aurora	Aurora	Nieves-Aponte
Edris,Badreddin	Badreddin	Edris
Adler,Benjamin	Benjamin	Adler
Ramer,Beth	Beth	Ramer
George,Betsy	Betsy	George
Gadupudi,Bhaskar	Bhaskar	Gadupudi
Ashar,Bhavesh	Bhavesh	Ashar
Dudley,Bobbie Lynn	Bobbie	Dudley
Eifert,Bradley	Bradley	Eifert
Tumminello,Bradley	Bradley	Tumminello
Walton,Brandy	Brandy	Walton
Burke,Brian	Brian	Burke
Lawhorn,Brian	Brian	Lawhorn
Ross,Brooke	Brooke	Ross
Calame,Carol	Carol	Calame
Breitbach,Caroline	Caroline	Breitbach
Kaiser,Charlene	Charlene	Kaiser
Oliver,Cherease	Cherease	Oliver
Durocher,Christine	Christine	Durocher
Garrison,Cynthia Ellen	Cynthia	Garrison
Lyons,Dan	Dan	Lyons
Pichl,Daniel Josef	Daniel	Pichl
Rubin,Danielle	Danielle	Rubin
Vigo,Daphne	Daphne	Vigo
Fox,David	David	Fox
Kupperman,David	David	Kupperman

Katz,Deborah	Deborah	Katz
Waltz,Deborah Ann	Deborah	Waltz
Ludizaca,Diana	Diana	Ludizaca
Doshi,Dipam A	Dipam	Doshi
Reigle,Dominique	Dominique	Reigle
Dalley,Douglas	Douglas	Dalley
Boutwell,Dyana	Dyana	Boutwell
Hamarstrom,Elaine	Elaine	Hamarstrom
Josephson,Elidiana	Elidiana	Josephson
Moore,Elizabeth	Elizabeth	Moore
Olsson,Eric	Eric	Olsson
Sbar,Eric	Eric	Sbar
Loizin,Erika Patricia	Erika	Loizin
Employee Name	First Name	Last Name
Perier JR,Francis I	Francis	Perier
Amari,Gioacchino	Gioacchino	Amari
Jerkovic,Goran	Goran	Jerkovic
Pisano,Graceann	Graceann	Pisano
Decker,Gregory J	Gregory	Decker
Orlick,Gregory	Gregory	Orlick
Ejaz,Hamad	Hamad	Ejaz
Kittinger,Hannah	Hannah	Kittinger
Kaiser,Heather	Heather	Kaiser
Krom,Heather	Heather	Krom
Marsden,Heather	Heather	Marsden
Weinstein,Herschel Saul	Herschel	Weinstein
Bradford,Holly	Holly	Bradford
Lahue,Holly	Holly	Lahue
Khan,Issbah	Issbah	Khan
Dim,Jacqueline	Jacqueline	Dim
Blanchette,James	James	Blanchette
Cassidy,James	James	Cassidy
Falls,James	James	Falls
Finchen,James Joseph	James	Finchen
Kotsanos,James	James	Kotsanos
Vattoth,Jasna	Jasna	Vattoth
Singh,Jasneil	Jasneil	Singh
Winstead,Jennie	Jennie	Winstead
Caracciolo Anderson,Jennifer	Jennifer	Caracciolo Anderson
Han,Jennifer	Jennifer	Han
Reale-Mulvihill,Jennifer	Jennifer	Reale-Mulvihill
Dermon,Jerome	Jerome	Dermon
Nunez-Soriano,Jervis	Jervis	Nunez-Soriano
Studness,Jessica	Jessica	Studness
Chen,Jiarong	Jiarong	Chen
Liu,JiPing	JiPing	Liu
Rana,Jitesh	Jitesh	Rana

Lewis,Jocelyn	Jocelyn	Lewis
Khouri,Jody Michelle	Jody	Khouri
Glin,John	John	Glin
Mendenhall,Jon	Jon	Mendenhall
Witt-Doerring,Josef	Josef	Witt-Doerring
Calarco,Joseph	Joseph	Calarco
Collura,Joseph	Joseph	Collura
Vena,Joseph	Joseph	Vena
Zimmerman,Joseph	Joseph	Zimmerman
Dellinger,Josh	Josh	Dellinger
Joshi,Jyoti	Jyoti	Joshi
Rose,Karen	Karen	Rose
Tejeda,Karen	Karen	Tejeda
Downey,Karrie	Karrie	Downey
Delaney,Kathryn	Kathryn	Delaney
Thornton,Kathryn	Kathryn	Thornton
Stabler,Katie Brooke	Katie	Stabler
Klinka,Kelly Ann	Kelly	Klinka
Benza,Kendal Louise	Kendal	Benza
Powell,Kendall	Kendall	Powell
Pulliam,Kenneth	Kenneth	Pulliam
Merih,Kerem	Kerem	Merih
Allicock,Kevin Michael	Kevin	Allicock
Bujnowski,Kimberly	Kimberly	Bujnowski
Turner,Kristen	Kristen	Turner
Patterson,Kristin Musgrave	Kristin	Patterson
Van Horn,Kurt	Kurt	Van Horn
Lewis,Lacey	Lacey	Lewis
Chase,Lauren	Lauren	Chase
Chen,Lei	Lei	Chen
Smith,Lesley Mary	Lesley	Smith
Dunford,Linda	Linda	Dunford
Grant,Lisa	Lisa	Grant
Katsaros-Ryan,Lisa	Lisa	Katsaros-Ryan
Tse,Mabel	Mabel	Tse
Masri,Mai	Mai	Masri
Fredericks,Mallory	Mallory	Fredericks
Sethi,Manish	Manish	Sethi
Shah,Mansi	Mansi	Shah
Cedzik,Margaret	Margaret	Cedzik
Smith,Margaret	Margaret	Smith
Green,Marisa	Marisa	Green
Hatcher,Mark Andrew	Mark	Hatcher
Johnson,Mark	Mark	Johnson
Nickerson,Mary Christine	Mary	Nickerson
Marsh,Megan	Megan	Marsh
Garcia,Melissa	Melissa	Garcia

Gladding,Melissa	Melissa	Gladding
Zablocki,Melissa	Melissa	Zablocki
Aksman,Michael	Michael	Aksman
Burgess,Michael	Michael	Burgess
Ciraolo,Michael	Michael	Ciraolo
LeBlanc,Michael	Michael	LeBlanc
Marini,Michael	Michael	Marini
Nofi,Michael	Michael	Nofi
Rohrer,Michael	Michael	Rohrer
Weber,Michael	Michael	Weber
Zitoli,Michael	Michael	Zitoli
Burgess,Michael	Michael	Burgess
Connolly,Michelle	Michelle	Connolly
Lewis-Stevens,Michelle	Michelle	Lewis-Stevens
Patel,Michelle B	Michelle	Patel
Duncan,Mike	Mike	Duncan
Rodriguez Ramos,Mildred	Mildred	Rodriguez Ramos
Nguyen,Minh Trang Audrey	Minh Trang	Nguyen
Allen,Mitchell	Mitchell	Allen
Scheu,Molly	Molly	Scheu
Serna,Mylene	Mylene	Serna
Graves,Nancy	Nancy	Graves
Alton,Nathan	Nathan	Alton
Leedom,Nicole	Nicole	Leedom
Goel,Nirmal	Nirmal	Goel
Bada,Opemipo	Opemipo	Bada
Muia,Pamela	Pamela	Muia
Papino-Wood,Pamela Hemadevi	Pamela	Papino-Wood
Delahanty,Patrick	Patrick	Delahanty
Miliani de Marval,Paula	Paula	Miliani de Marval
Yadav,Payal	Payal	Yadav
Thomas,Philip	Philip	Thomas
Ruggiero,Piero	Piero	Ruggiero
Wong,Rachael	Rachael	Wong
Cohen,Rachel	Rachel	Cohen
Barbara,Rahna	Rahna	Barbara
Fayyad,Rana	Rana	Fayyad
Vaish,Renu	Renu	Vaish
D'Amelio,Replique	Replique	D'Amelio
Williams JR,Rex Lee	Rex	Williams
Coyle,Richard Michael	Richard	Coyle
Perez,Richard	Richard	Perez
Chang,Robert Minh	Robert	Chang
Folts,Robert	Robert	Folts
Krukowski,Robert	Robert	Krukowski
Nebughr,Robert	Robert	Nebughr
Marathe,Rohit	Rohit	Marathe

Hilson,Samantha	Samantha	Hilson
Dublish,Sandipa	Sandipa	Dublish
Chamberlain,Sandra	Sandra	Chamberlain
Islam,Saqib	Saqib	Islam
Thuenemann,Sara	Sara	Thuenemann
Downs,Shannon	Shannon	Downs
Kelly,Sharmaine	Sharmaine	Kelly
Bathory,Sharon	Sharon	Bathory
Shapiro,Sharyn	Sharyn	Shapiro
Zhou,Shengfan	Shengfan	Zhou
Cheng,Shinta	Shinta	Cheng
Quant,Siu-Len	Siu-Len	Quant
Williamson,Sonya	Sonya	Williamson
Martin,Stephanie	Stephanie	Martin
Gwaltney,Stephen	Stephen	Gwaltney
Cho,Sun	Sun	Cho
Scott,Susan	Susan	Scott
Banks,Tammy	Tammy	Banks
Baysinger,Tammy	Tammy	Baysinger
Singh,Teghpal	Teghpal	Singh
Hoang,Thuy	Thuy	Hoang
Bell,Timothy	Timothy	Bell
Petrides,Timothy	Timothy	Petrides
Baughman,Todd	Todd	Baughman
Olson,Todd	Todd	Olson
Shearer,Todd	Todd	Shearer
Chaput,Troy	Troy	Chaput
Unfried,Troy	Troy	Unfried
Iloeje,Uchenna	Uchenna	Iloeje
Brown,Victoria	Victoria	Brown
Amoruccio,Vincent	Vincent	Amoruccio
Patil,Vinod	Vinod	Patil
Gupta,Vivek	Vivek	Gupta
Wang,Wei Chuan	Wei	Wang
Shao,Wenlin	Wenlin	Shao
Mckenzie,William	William	Mckenzie
Song,Xi	Xi	Song
Wang,Xiaowei	Xiaowei	Wang
Chang,Ying-Hua	Ying-Hua	Chang
McCormack,Zachary	Zachary	McCormack

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2021

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number: 001-39044

SPRINGWORKS THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	83-4066827
(State of Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
100 Washington Blvd Stamford CT	06902
(Address of principal executive offices)	(Zip code)

Registrant's telephone number, including area code: (203) 883-9490

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name Of Each Exchange On Which Registered
Common Stock, $0.0001 Par Value per Share	SWTX	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
Yes x No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
Yes ☐ No x

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes x No ☐

Indicate by check mark whether the registrant has submitted electronically; every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes x No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐	Non-accelerated filer	☐	Smaller reporting company	☐
						Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No x

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant based on the closing price on June 30, 2021 (the last business day of the registrant's most recently completed second fiscal quarter) was $2,902,816,927.

The number of outstanding shares of the Registrant's Common Stock as of February 18, 2022 was 49,343,824.

Documents Incorporated by Reference

The registrant's definitive proxy statement relating to the annual meeting of shareholders will be filed with the Securities and Exchange Commission within 120 days after the close of the registrant's fiscal year ended December 31, 2021 and is incorporated by reference in Part III to the extent described herein.

SpringWorks Therapeutics
Annual Report on Form 10-K
Table of Contents

		Page
PART I		
Item 1.	Business	4
Item 1A.	Risk Factors	55
Item 1B.	Unresolved Staff Comments	105
Item 2.	Properties	105
Item 3.	Legal Proceedings	105
Item 4.	Mine Safety Disclosures	105
PART II		
Item 5.	Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	106
Item 6.	[Reserved]	107
Item 7.	Management's Discussion and Analysis of Financial Condition and Results of Operations	107
Item 7A.	Quantitative and Qualitative Disclosures About Market Risk	122
Item 8.	Financial Statements and Supplementary Data	123
Item 9.	Changes in and Disagreements With Accountants on Accounting and Financial Disclosure	152
Item 9A.	Controls and Procedures	152
Item 9B.	Other Information	155
Item 9C.	Disclosure Regarding Foreign Jurisdictions that Prevent Inspections	155
PART III		
Item 10.	Directors, Executive Officers and Corporate Governance	156
Item 11.	Executive Compensation	156
Item 12.	Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	156
Item 13.	Certain Relationships and Related Transactions, and Director Independence	156
Item 14.	Principal Accounting Fees and Services	156
PART IV		
Item 15.	Exhibits and Financial Statement Schedules	157
Item 16.	Form 10-K Summary	157

FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K, or Annual Report, contains forward-looking statements that involve risks and uncertainties. We make such forward-looking statements pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. All statements other than statements of historical facts contained in this Annual Report are forward-looking statements. In some cases, these forward-looking statements can be identified by the use of words such as "may", "will", "should", "expects", "intends", "plans", "anticipates", "believes", "estimates", "predicts", "potential", "continue" or the negative of these terms or other comparable terminology. These forward looking statements include, but are not limited to, statements about:

- the success, cost and timing of our product development activities and clinical trials, including statements regarding the timing of our ongoing Phase 3 clinical trial of nirogacestat, the timing of our ongoing Phase 2b clinical trial of mirdametinib and the initiation and completion of any other clinical trials and related preparatory work, the expected timing of the availability of results of our clinical trials and the potentially registrational nature of the Phase 3 clinical trial of nirogacestat and the Phase 2b clinical trial of mirdametinib;
- the fact that interim data from a clinical study, such as the interim data of the ReNeu clinical trial, including its interim primary efficacy, safety and tolerability data, may not be predictive of the final results of such study or the results of other ongoing or future studies;
- the potential attributes and benefits of our product candidates;
- our plans to commercialize any of our product candidates that achieve approval either alone or in partnership with others;
- our ability to obtain funding for our operations, including funding necessary to complete further development of our product candidates, and if approved, commercialization;
- the period over which we anticipate our existing cash, cash equivalents and marketable securities, will be sufficient to fund our operating expenses and capital expenditure requirements;
- the potential for our business development efforts to maximize the potential value of our portfolio;
- our ability to identify, in-license or acquire additional product candidates;
- the ability and willingness of our third-party collaborators to continue research and development activities relating to our product candidates, including those that are being developed as combination therapies;
- our ability to obtain and maintain regulatory approval for our product candidates, and any related restrictions, limitations or warnings in the label of an approved product candidate;
- the potential benefit of Orphan Drug Designation, Fast Track Designation and Breakthrough Therapy Designation for nirogacestat, mirdametinib and any other of our product candidates that may receive one or more of these designations;
- our ability to compete with companies currently marketing or engaged in the development of treatments for desmoid tumors, NF1-PN and other oncology and rare disease indications;
- our expectations regarding our ability to obtain and maintain intellectual property protection or market exclusivity for our product candidates and the duration of such protection;
- our ability and the potential to successfully manufacture our product candidates for preclinical studies, clinical trials and, if approved, for commercial use, the capacity of our current contract manufacturing organizations, or CMOs, to support clinical supply and commercial-scale production for product candidates and our potential election to pursue additional CMOs for manufacturing supplies of drug substance and finished drug product in the future;
- the size and growth potential of the markets for our product candidates, and our ability to serve those markets, either alone or in partnership with others;
- the rate and degree of market acceptance of our product candidates, if approved;

- regulatory developments in the United States and foreign countries;
- our ability to contract with third-party suppliers and manufacturers and their ability to perform adequately;
- the success of competing products that are or may become available;
- risks associated with the ongoing COVID-19 pandemic, which may adversely impact our business, preclinical studies and clinical trials;
- our ability to attract and retain key scientific, medical, commercial and management personnel;
- our estimates regarding expenses, future revenue, capital requirements and needs for additional financing;
- our financial performance; and
- developments and projections relating to our competitors or our industry.

Any forward-looking statements in this Annual Report reflect our current views with respect to future events and future financial performance, and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by these forward-looking statements. Factors that may cause actual results to differ materially from current expectations include, among other things, those described under Item 1A, Risk Factors and elsewhere in this Annual Report. Given these uncertainties, you should not place undue reliance on these forward-looking statements. Except as required by law, we assume no obligation to update or revise these forward-looking statements for any reason, even if new information becomes available in the future.

We may from time to time provide estimates, projections and other information concerning our industry, the general business environment, and the markets for certain diseases, including estimates regarding the potential size of those markets and the estimated incidence and prevalence of certain medical conditions. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties, and actual events, circumstances or numbers, including actual disease prevalence rates and market size, may differ materially from the information provided. Unless otherwise expressly stated, we obtained this industry information, business information, market data, prevalence information and other data from reports, research surveys, studies and similar data prepared by market research firms and other third parties, industry, medical and general publications, government data, and similar sources, in each case, from sources we consider to be reliable, and in some cases applying our own assumptions and analysis that may, in the future, prove not to have been accurate.

PART I

Item 1. Business

Overview

We are a clinical-stage biopharmaceutical company applying a precision medicine approach to acquiring, developing and commercializing life-changing medicines for underserved patient populations suffering from devastating rare diseases and cancer. We have a differentiated portfolio of small molecule targeted oncology product candidates and are advancing two potentially registrational clinical trials in rare tumor types, as well as several other programs addressing highly prevalent, genetically defined cancers. Our strategic approach and operational excellence across research, translational science, and clinical development have enabled us to rapidly advance our two lead product candidates into late-stage clinical trials while simultaneously entering into multiple shared-value partnerships with industry leaders to expand our portfolio. From this foundation, we are continuing to build a differentiated fully-integrated biopharmaceutical company intensely focused on understanding patients and their diseases in order to develop transformative targeted medicines.

Nirogacestat

Our most advanced product candidate, nirogacestat, is an oral, small molecule gamma secretase inhibitor, or GSI, in development as a monotherapy for the treatment of desmoid tumors, a rare and often debilitating and disfiguring soft tissue tumor for which there are currently no therapies approved by the U.S. Food and Drug Administration, or FDA. We believe nirogacestat may address the significant limitations associated with existing treatment options and has the potential to become the first therapy approved by the FDA for both newly diagnosed and previously treated desmoid tumors. Since we licensed nirogacestat from Pfizer Inc., or Pfizer, in August 2017, the FDA has granted us Orphan Drug Designation, Fast Track Designation and Breakthrough Therapy Designation for this indication, and the European Commission granted Orphan Drug Designation to nirogacestat for the treatment of soft tissue sarcoma. In May 2019, we announced the initiation of the DeFi trial, a potentially registrational Phase 3 clinical trial of nirogacestat for adult patients with desmoid tumors, and in July 2020, we announced full enrollment of the DeFi trial. We expect to trigger the topline analysis from this trial in the first quarter of 2022 and to report these data during the first half of the year. In addition to the ongoing DeFi trial, a Phase 2 clinical trial was initiated in collaboration with the Children's Oncology Group, or COG, in September 2020, to evaluate nirogacestat for the treatment of pediatric patients with desmoid tumors.

In addition to monotherapy development, we are developing novel combination regimens of nirogacestat alongside B-cell maturation antigen, or BCMA, directed therapies for the potential treatment of multiple myeloma. To date, we have announced collaborations with GlaxoSmithKline, or GSK, Janssen Biotech, Inc., or Janssen, Pfizer, Allogene Therapeutics, Inc., or Allogene, Precision BioSciences, Inc., or Precision Biosciences, Seagen Inc., or Seagen, and AbbVie, Inc., or AbbVie, with five of these seven collaborations representing ongoing clinical trials and two representing trials expected to begin dosing patients in the first half of 2022. In addition to our industry collaborations with leading BCMA-directed therapy developers, we are working with the Fred Hutchinson Cancer Research Center, or Fred Hutch, and Dana-Farber Cancer Institute, or Dana-Farber, to further explore nirogacestat's ability to potentiate BCMA-directed therapies as part of sponsored research agreements.

Mirdametinib

Our second product candidate is mirdametinib, an oral, small molecule MEK inhibitor initially in development for the treatment of neurofibromatosis type 1-associated plexiform neurofibromas, or NF1-PN, a rare tumor of the peripheral nerve sheath that causes significant pain and disfigurement, and that most often manifests in children. We believe that mirdametinib has the potential to offer a best-in-class profile in order to enable the long-term treatment required for this patient population, as compared to other MEK inhibitors. As with nirogacestat, we licensed mirdametinib from Pfizer in August 2017; since then, the FDA has granted mirdametinib both Orphan Drug Designation and Fast Track Designation for NF1-PN, and the European Commission has granted mirdametinib Orphan Drug Designation for NF1. In October 2019, we announced the initiation of the ReNeu trial, a potentially registrational Phase 2b clinical trial of mirdametinib for pediatric and adult patients with NF1-PN. In June 2021, interim clinical data from the first 20 adult patients enrolled in the Phase 2b ReNeu trial were presented at the Children's Tumor Foundation NF Conference. In November 2021, we announced full enrollment of the ReNeu trial.

We are also exploring the use of mirdametinib for the treatment of genetically defined metastatic solid tumors both as a monotherapy and with combination approaches targeting the mitogen activated protein kinase, or MAPK, pathway. In collaboration with BeiGene, Ltd., or BeiGene, we are evaluating the combination of mirdametinib with BeiGene's lifirafenib in RAS mutated and other MAPK aberrant cancers. In collaboration with Memorial Sloan Kettering Cancer Center, we are evaluating mirdametinib in combination with fulvestrant in patients with estrogen receptor-positive metastatic breast cancer that

harbor concurrent mutations in the MAPK pathway and as a monotherapy in patients with solid tumors harboring activating mutations in *MEK1* or *MEK2*. In collaboration with St Jude Children's Research Hospital, we are evaluating mirdametinib for the treatment of pediatric and young adult patients with low-grade gliomas.

In addition to our development efforts with nirogacestat and mirdametinib, we are advancing additional drug candidates for the treatment of genetically defined metastatic solid tumors. The first of these is BGB-3245, a clinical-stage RAF fusion and dimer inhibitor being evaluated for the treatment of patients with a distinct set of BRAF-mutated tumors via MapKure, LLC, or MapKure, an entity jointly owned by us and BeiGene. We are also advancing two preclinical-stage small molecule programs, both of which we in-licensed in 2021. The first is a TEA Domain, or TEAD, inhibitor program that we in-licensed from Katholieke Universiteit Leuven, or KU Leuven, and the Flanders Institute for Biotechnology, or VIB, and the second is a portfolio of epidermal growth factor receptor, or EGFR, inhibitors that we in-licensed from Dana-Farber, and which we are developing under a research collaboration with Stanford and Dana-Farber.

We intend to continue expanding our portfolio beyond our existing pipeline by licensing additional programs with strong biological rationales and validated mechanisms of action. We also plan to continue using shared-value partnerships to maximize the potential of our therapies to serve patients. We have invested in building leading preclinical, clinical, medical and commercial capabilities and have focused on structuring innovative partnerships that seek to align incentives and optimize business outcomes for each party involved. We believe that this approach will continue to allow us to expand our collaborative relationships with innovators, maximize the potential of our existing and future portfolio, and support the building of a scalable and sustainable business focused on the efficient advancement and commercialization of product candidates that hold the potential to transform the lives of oncology patients.

COVID-19 pandemic

In December 2019, a novel strain of coronavirus, severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2, was identified in Wuhan, China. On March 11, 2020, the World Health Organization designated the outbreak of COVID-19, the disease associated with SARS-CoV-2, as a global pandemic. Governments and businesses around the world have taken unprecedented actions to mitigate the spread of COVID-19, including, but not limited to, shelter-in-place orders, quarantines, significant restrictions on travel, as well as restrictions that prohibit many employees from going to work. Since the onset of the COVID-19 pandemic, we have undertaken a number of business continuity measures to mitigate potential disruption to our operations and in order to preserve the integrity of our research and development programs. To date, we have not experienced any material disruptions to the execution of the research and development activities that we currently have underway; however, as a result of the pandemic, or any impacts of emerging variant strains of the COVID-19 virus, we may experience disruptions that could impact our research and development timelines and outcomes. We will continue to evaluate the impact of the ongoing COVID-19 pandemic, along with the impact of emerging variants, on our business. While the extent to which COVID-19 impacts our future results will depend on future developments, including the duration, spread and intensity of the pandemic (including any resurgences), the impact of emerging variant strains of the COVID-19 virus and the availability and adoption of effective COVID-19 vaccines and boosters, all of which remain uncertain and difficult to predict, it is possible that the global pandemic and its associated economic impacts could result in a material impact to our business, future financial condition, results of operations and cash flows.

Our strategy

Our goal is to continue building a differentiated, global biopharmaceutical company by acquiring, developing and commercializing transformative medicines for underserved patient populations. We aim to be an industry leader in rare diseases and targeted oncology.

The key elements of our strategy include:

- **Efficiently advance our lead product candidates, nirogacestat and mirdametinib, towards marketing approval in the rare oncology indications in which they are currently being developed.** We believe that our leading drug development capabilities will enable us to continue efficiently advancing our product candidates towards marketing approval, and we will make use of accelerated regulatory pathways when possible. Since our inception in August 2017, we have made rapid progress advancing two product candidates towards marketing approval. Our first product candidate, nirogacestat, was granted Orphan Drug Designation, Fast Track Designation and Breakthrough Therapy Designation by the FDA for the treatment of desmoid tumors and Orphan Drug Designation by the European Commission for the treatment of soft tissue sarcoma. Nirogacestat is currently being evaluated in the potentially registrational DeFI trial; we expect to trigger the topline analysis from the Phase 3 DeFI trial in the first quarter of 2022 and to report these data during the first half of the year. Our second product candidate, mirdametinib, was granted Orphan Drug Designation by both the FDA and the European Commission for the treatment of NF1 and Fast Track Designation by the FDA for the treatment of NF1-PN. Mirdametinib is currently being evaluated in the potentially

registrational ReNeu trial; In June 2021, interim clinical data from the first 20 adult patients enrolled in the Phase 2b ReNeu trial were presented at the Children's Tumor Foundation NF Conference. In November 2021, we announced full enrollment of the ReNeu trial.

- **Establish nirogacestat as a cornerstone of BCMA-targeted therapy in multiple myeloma and deploy our precision oncology approach towards the treatment of biomarker defined subgroups of highly prevalent metastatic solid tumors.**

- **Maximize the potential of our portfolio through strategic partnerships and deploy our value-driven approach to identifying, acquiring and developing new medicines to further expand our portfolio.** We have entered into strategic partnerships to develop innovative combination therapies that leverage emerging insights into the fundamental mechanisms that drive cancer. Our strategy is to align incentives among parties by sharing development costs and downstream economics for selected partnered programs. By pursuing this strategy, we believe that we can access promising therapies being developed across the biopharmaceutical industry for which there is scientific and clinical rationale for combinations with our existing product candidates. We have announced collaborations with Allogene, BeiGene, GSK, Janssen, Pfizer, Precision Biosciences, Seagen and AbbVie, and we intend to execute additional strategic partnerships in the future.

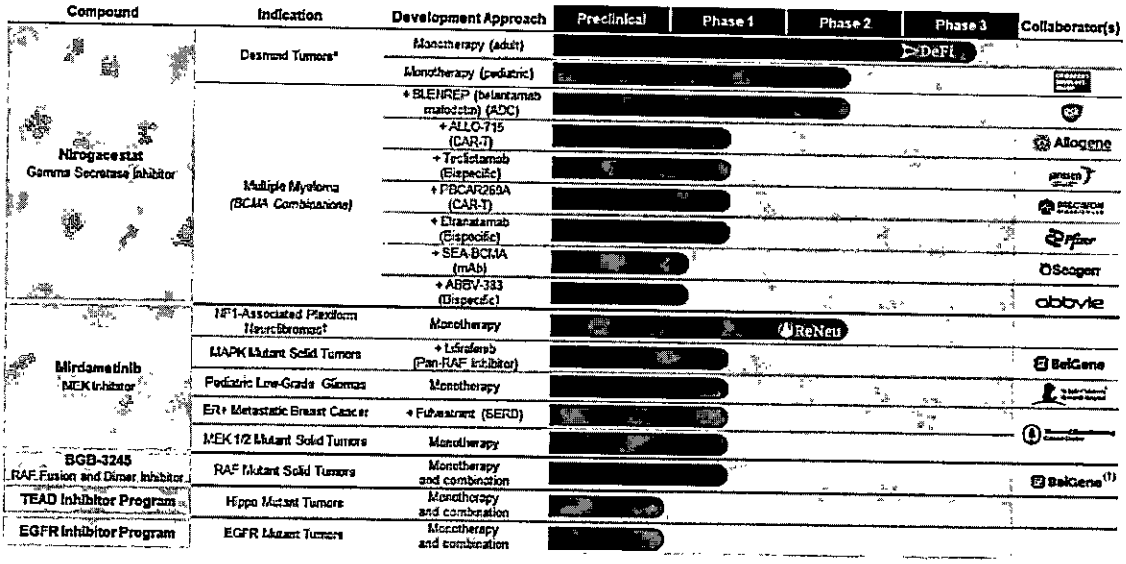
- **Commercialize our product candidates, if approved, either alone or in partnership with others, to bring new medicines to underserved patient populations using a focused and efficient approach.** We intend to market and commercialize our product candidates, if approved, in the U.S. and select international markets, either alone or in partnership with others. We are in the process of building our medical affairs organization and commercial infrastructure using a focused and efficient approach, initially establishing market access, sales and marketing capabilities in a targeted manner that is appropriate for the relevant product opportunity. We believe that this approach will allow us to effectively reach the patients and physicians that our product candidates have been developed for and to maximize the commercial potential of our portfolio.

- **Continue to cultivate a tightly integrated network of patient advocacy groups, key opinion leaders, research institutions and healthcare providers to inform our approach to developing therapies that can transform the lives of patients and their families.** We believe that in order to develop our portfolio in an efficient and impactful manner, it is imperative to cultivate a network of key stakeholders. Integrating the experiences and insights from these stakeholders, which include the Desmoid Tumor Research Foundation, the Children's Tumor Foundation and leading academic physicians and researchers, continues to inform our approach to developing therapies that can transform the lives of patients and their families suffering from devastating rare diseases and cancer.

- **Attract, retain and support the best talent through our deep commitment to maintaining a culture of diversity, inclusion and professional excellence.**

Our product candidates

Our pipeline is summarized in the chart below.



Note: Nirogacestat and Mirdametinib (both in-licensed from Pfizer).
* Received Orphan Drug, Fast Track and Breakthrough Therapy Designations.
† Received Orphan Drug and Fast Track Designations.
(1) Being developed by MapKure, an entity that is jointly owned by us and BeiGene.

For purposes of this report, when we refer herein to a "potentially registrational trial," we are referring to a clinical trial to evaluate efficacy and safety of a product candidate to potentially support submission of a marketing application for such product candidate with the applicable regulatory authorities. Such a trial is also sometimes referred to as a Phase 2/3 or Phase 3 clinical trial or a pivotal trial.

Nirogacestat

Overview

Nirogacestat, our most advanced product candidate, is an oral, selective GSI that we are developing for the treatment of certain oncology indications. Gamma secretase is a protease complex that cleaves numerous transmembrane proteins, including amyloid precursor protein, or APP, Notch, HER4, E-cadherin, N-cadherin, BCMA and CD44. Cleavage of these transmembrane proteins by gamma secretase leads to a variety of signaling events that result from the untethering of the cytoplasmic domains of these proteins. Several of gamma secretase's substrates have been implicated in a variety of diseases, including APP in Alzheimer's disease and BCMA and Notch in cancer, forming the rationale for evaluating gamma secretase as a therapeutic target. We believe there is significant potential for nirogacestat to address both newly diagnosed and previously treated desmoid tumors. Nirogacestat also has the potential to be used more broadly in cancer, either alone or in combination with other therapies, and we are currently exploring the use of nirogacestat in combination with BCMA-directed therapies for the potential treatment of multiple myeloma.

Desmoid tumors are rare, non-metastatic soft tissue tumors that can occur in both children and adults. Depending on tumor size and location, desmoid tumors can cause severe morbidities such as pain, disfigurement, internal bleeding and incapacitating loss of range of motion. In June 2018, the FDA granted nirogacestat Orphan Drug Designation for the treatment of desmoid tumors and in November 2018, the FDA granted nirogacestat Fast Track Designation for the treatment of adult patients with progressive, unresectable, recurrent or refractory desmoid tumors or deep fibromatosis. In August 2019, the FDA granted nirogacestat Breakthrough Therapy Designation for the treatment of adult patients with progressive, unresectable, recurrent or refractory desmoid tumors or deep fibromatosis. In addition, in September 2019, the European Commission granted nirogacestat Orphan Drug Designation for the treatment of soft tissue sarcoma.

Based on encouraging results in desmoid tumor patients from Phase 1 and Phase 2 clinical trials, in May 2019, we announced the initiation of the DeFi trial, a potentially registrational Phase 3, double-blind, randomized, placebo-controlled clinical trial, and in July 2020, we announced full enrollment of the trial. We believe that we have designed the DeFi trial such that if nirogacestat demonstrates clinical activity consistent with that observed in desmoid tumor patients treated to date with

nirogacestat, the primary endpoint of this clinical trial, which is progression free survival, or PFS, should be met. If the results are favorable, we plan to apply for marketing approval for nirogacestat in the U.S. and select international markets, although specific countries have not yet been finally determined.

In addition to our development efforts in desmoid tumors, we are evaluating nirogacestat as a combination agent with BCMA-targeted therapies for the treatment of patients with multiple myeloma. GSIs have been shown to reduce cleavage of membrane-bound BCMA on multiple myeloma cells, thereby improving the activity of BCMA-targeted therapies. We are evaluating this novel combination therapy approach through clinical collaborations with several industry partners. We have entered into separate non-exclusive clinical collaborations with GSK, Allogene, Janssen, Precision Biosciences, Pfizer, Seagen and AbbVie, each of whom is developing one or more BCMA-targeted therapies. Each partner is responsible for the conduct and expenses of a clinical trial to evaluate the combination of nirogacestat with its respective BCMA agent in relapsed or refractory multiple myeloma, or RRMM. Clinical trials being conducted with each of GSK, Allogene, Janssen, Precision Biosciences and Pfizer are ongoing, and we expect to initiate clinical trials with Seagen and AbbVie in the first half of 2022.

Nirogacestat for treatment of desmoid tumors

Disease background

Desmoid tumors, also referred to as aggressive fibromatosis or desmoid-type fibromatosis, are rare and often debilitating and disfiguring soft tissue tumors characterized by a growth pattern that can invade surrounding healthy tissues, including joints, muscle and viscera. The morbidity of a desmoid tumor is driven by the location of the tumor and the aggressiveness of its growth pattern. Mesentery desmoid tumors, arising in the abdominal cavity, can cause potentially life-threatening abdominal vasculature and bowel obstructions. Similarly, if a desmoid tumor occurs in the head and neck region, it can result in potentially life-threatening impingement on vital structures. When desmoid tumors occur near joints, even small lesions can result in debilitating loss of range of motion, impaired mobility and severe pain. While variable in size, in rare cases, desmoid tumors have been documented to grow in excess of 30 centimeters in diameter. Patients can experience severe impacts on their quality of life, including long-term pain, disfigurement and range-of-motion impairment, as a result of their tumors. An epidemiology study of 179 desmoid tumors patients treated at two Danish sarcoma centers, Aarhus University Hospital and Copenhagen University Hospital, indicated that healthcare resource utilization by patients is significantly elevated for about 3 years following a desmoid tumor diagnosis in part due to increased inpatient and outpatient visits and days in the hospital, underscoring the significance of the morbidities that result from this disease.

Desmoid tumors typically occur in patients between the ages of 15 to 60 years and are more commonly diagnosed in the third and fourth decades of life, with a two-to-three times higher prevalence in females. The yearly incidence is estimated to be 1,000 to 1,500 new desmoid tumor patients diagnosed each year in the U.S. Most cases of desmoid tumor occur spontaneously and are associated with one of several mutations in the *CTNNB1* gene, which encodes for the β-catenin protein. There is also a subset of desmoid tumor patients whose tumors are attributable to germline mutations in the *APC* gene, which encodes for a protein involved in the degradation of β-catenin. These patients have a syndrome known as familial adenomatous polyposis, or FAP, and the incidence of desmoid tumors is 800 to 1,000 times higher in FAP patients as compared to the general population. When *APC* or *CTNNB1* mutations are present, tissue trauma, including surgery, pregnancy or soft tissue injury, can lead to the formation of desmoid tumors.

The clinical course of desmoid tumors varies across the patient population. Within any given patient, desmoid tumors can alternate between periods of rapid growth and stabilization, and spontaneous regressions have been reported in up to 20% of patients. Desmoid tumors can vary significantly in terms of their morphology and radiographic appearance but are generally routine to diagnose. Desmoid tumors are usually first noted upon physical examination or by using various imaging techniques, such as ultrasound, computed tomography, or CT, or magnetic resonance imaging, or MRI. Histologically, desmoid tumors appear with variable collagen deposition and are not clearly circumscribed. Definitive diagnosis relies upon immunohistochemical stains for nuclear localization of β-catenin. Diagnosis can also be confirmed by screening for mutations in the *CTNNB1* and *APC* genes.

Desmoid tumors, despite being highly morbid, typically have a limited impact on mortality. Due to this limited impact on overall lifespan and current poor treatment options, we believe that there is a sizable prevalent pool of desmoid tumor patients. Existing treatments for desmoid tumors often have low success rates. Up to 70% of patients undergoing surgery will relapse depending on patient age, tumor location and tumor size. Furthermore, based on feedback we have received from interviews and surveys of over 200 physicians, each of whom has treated at least five desmoid tumor patients over the preceding five years, we believe that approximately 50% of patients receiving a given systemic therapy, such as chemotherapy or a tyrosine kinase inhibitor, or a locoregional intervention such as surgery will not have a satisfactory treatment outcome and will require subsequent treatment for their desmoid tumors. Based on this market research, we believe that up to 90% or more of

patients will eventually receive an active intervention, and we estimate that, in any given year over the next decade, approximately 5,500 to 7,000 desmoid tumor patients will be actively receiving treatment in the U.S.

Current treatment landscape for desmoid tumors

There are currently no therapies approved by the FDA for the treatment of desmoid tumors. Historically, desmoid tumors were treated with surgical resection, but this approach has become less favored due to an emerging body of evidence showing a post-surgical tumor recurrence rate of up to 70%, which can potentially increase disease burden and require additional intervention. In addition to the high recurrence rates, surgery itself carries risk of complications and can also be highly morbid, occasionally requiring limb amputation. Given the potential morbidities of surgery and the uncertain magnitude and durability of its benefit, physicians now typically adopt a watchful waiting approach for patients who historically may have been candidates for surgery. Despite its limitations, surgery is still used when a desmoid tumor presents significant risk of morbidity or mortality, such as tumors arising in the head and neck. Radiation therapy may also be used alone or in conjunction with surgery but is generally not preferred given the reported risk of developing secondary neoplasms.

In addition to these local treatments, systemic therapies have been used off-label with varying degrees of activity and tolerability. These therapies include chemotherapeutic agents, such as liposomal doxorubicin and vinblastine/methotrexate, non-steroidal anti-inflammatory drugs, anti-hormonal therapies and tyrosine kinase inhibitors, such as sorafenib, imatinib and pazopanib. Of these agents, only sorafenib has been studied in a randomized, double-blind, placebo-controlled clinical trial in patients with desmoid tumors; this Phase 3 clinical trial was investigator-initiated and did not have a biopharmaceutical industry sponsor. Although sorafenib demonstrated a statistically significant improvement in PFS compared to placebo, tolerability was a substantial issue; 20% of treated patients discontinued due to adverse events and an additional 22% of treated patients withdrew consent. At a median follow-up time of 27 months, 61% of the patients receiving sorafenib had discontinued treatment. Overall, we believe that the available off-label systemic therapies are poorly suited for the treatment of desmoid tumors and have not demonstrated an acceptable balance of safety and activity in this population. Therefore, we believe a significant unmet medical need exists for the treatment of desmoid tumors.

Mechanism of action

Nirogacestat is an oral, potent, selective, reversible, noncompetitive small molecule inhibitor of gamma secretase, an integral protease complex that cleaves numerous functionally important transmembrane proteins, including Notch. Gamma secretase's cleavage of Notch causes the release of the Notch intracellular domain, or NICD, which shuttles into the nucleus and activates transcription of downstream target genes. Notch signaling is a regulator of cell proliferation and its dysregulation has been implicated in many forms of cancer. In desmoid tumor cell lines, nirogacestat has been observed to significantly decrease NICD release and reduce downstream activity of the Notch signaling pathway and decrease tumor cell migration, invasion and growth.

Clinical development of nirogacestat in desmoid tumors

Approximately 300 subjects have been exposed to nirogacestat across nine clinical trials, not including ongoing clinical trials such as our Phase 3 DeFi trial in desmoid tumor patients and combination trials with BCMA-targeted therapies. Nirogacestat's clinical activity was observed in two previous clinical trials that enrolled desmoid tumor patients. The first of these was a Phase 1 dose-escalation clinical trial conducted by Pfizer in patients with solid tumors, a subset of whom had a diagnosis of desmoid tumor. Given the activity of nirogacestat in the desmoid tumor patients treated in this Phase 1 clinical trial, the NCI conducted a Phase 2 clinical trial in desmoid tumor patients, which evaluated nirogacestat at 150 mg twice daily, or BID, the same dose being used in our DeFi trial. Nirogacestat was initially intended to be developed as a potential treatment for Alzheimer's disease, but early clinical trials evaluating its pharmacokinetics and biodistribution did not demonstrate adequate brain exposure to pursue this indication. Given Notch's role in cancer, nirogacestat was subsequently investigated as a potential antitumor agent. We believe that the peripherally restricted exposure of nirogacestat, as well as the safety and tolerability profile it has demonstrated across clinical trials to date, positions it as a potentially best-in-class GSI for oncology indications.

Nirogacestat was also investigated in three Phase 1 clinical trials conducted in healthy adult subjects to assess the pharmacokinetics and pharmacodynamics of single and multiple doses. Nirogacestat was further studied in clinical trials in patients with advanced cancers either as a monotherapy or in combination with other agents. Across all clinical trials completed to date, the dose range evaluated for nirogacestat was 1 mg once daily, or QD, to 330 mg BID.

Phase 1 dose-escalation clinical trial

In June 2009, Pfizer commenced a Phase 1 dose-escalation clinical trial in patients with various solid tumors. This clinical trial was designed to determine the maximum tolerated dose, or MTD, ascertain the recommended Phase 2 dose and evaluate the

safety and tolerability of nirogacestat. Sixty-four patients with solid tumors received doses of nirogacestat and the MTD was determined to be 220 mg BID. The recommended Phase 2 dose was determined to be 150 mg BID, given its comparable pharmacodynamic activity but more tolerable profile as compared to 220 mg BID.

Of the 64 solid tumor patients enrolled, 46 were evaluable for response, seven of whom had desmoid tumors. Of these desmoid tumor patients, five experienced a PR (defined as at least a 30% reduction in the target lesion as measured by RECIST v1.0), yielding a 71% ORR. In the evaluable desmoid tumor patients, median PFS had not been reached at the time of publication owing to the lack of patients progressing on therapy. Patients whose desmoid tumors arose from either germline mutations in *APC* or spontaneous mutations were enrolled in this clinical trial. Patients with both of these tumor mutational characteristics experienced an objective response. Of the 39 evaluable non-desmoid tumor patients in this clinical trial, whose diagnoses included colon, breast, thyroid, non-small cell lung and pancreatic cancer, only one patient experienced an objective response. Several of these patients were refractory to a number of previous interventions. The mean treatment duration for these patients was greater than four years, suggesting favorable, long-term tolerability of nirogacestat. The results of this clinical trial were reported in peer-reviewed medical journals in 2014 and 2018.

The 64 patients enrolled in the Phase 1 clinical trial received nirogacestat doses ranging from 20 mg BID to 330 mg BID. The most common treatment-related adverse events (recorded in greater than 10% of patients) were diarrhea (55%), nausea (38%), fatigue (30%), hypophosphatemia (27%), vomiting (23%), rash (20%) and decreased appetite (17%). The majority of adverse events were Grade 1 through 3 and dose reductions due to treatment-related adverse events were infrequent. Treatment-related adverse events that led to temporary discontinuation or dose reduction included diarrhea, hypophosphatemia, rash, nausea, vomiting and fatigue, and most of these subsequently resolved. Seven patients (11%) permanently discontinued treatment due to adverse events. Of these, four patients (6%) discontinued due to a treatment-related adverse event (one for Grade 4 anaphylactic shock, one for Grade 1 visual impairment, one for a Grade 3 drug hypersensitivity reaction and one for Grade 3 rash). The Grade 4 anaphylactic shock adverse event was considered by the trial investigator to be related to intravenous treatment with morphine for pain control, as this adverse event started 25 minutes after morphine administration. However, treatment-related causality could not be excluded because the patient had received their first dose of nirogacestat before intravenous administration of morphine.

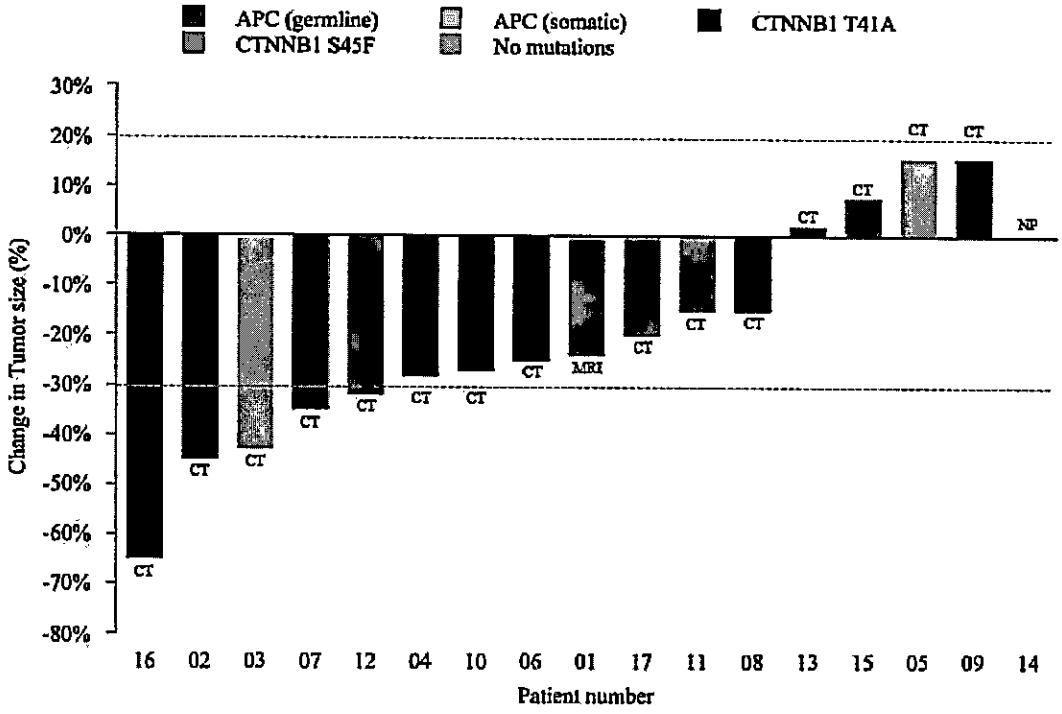
Long-term follow-up of the seven evaluable desmoid tumor patients in the Phase 1 clinical trial confirmed that all five patients who achieved a PR continued to maintain their responses between 48 and 73+ months. As of December 2016, four patients had stopped receiving nirogacestat but continued to be followed and remain free of progression between 11 and 53+ months after cessation of therapy. In all, the mean duration of clinical benefit observed was greater than 63 months. In addition, two patients continued to receive nirogacestat under a compassionate access protocol beyond the 2017 publication date, and through December 2020, one of these patients remained on treatment, having received nirogacestat for over eleven years. We believe the duration of clinical benefit and the tolerability profile observed in this Phase 1 clinical trial supported the rationale for the NCI's subsequent clinical investigation of nirogacestat in desmoid tumor patients.

Phase 2 clinical trial

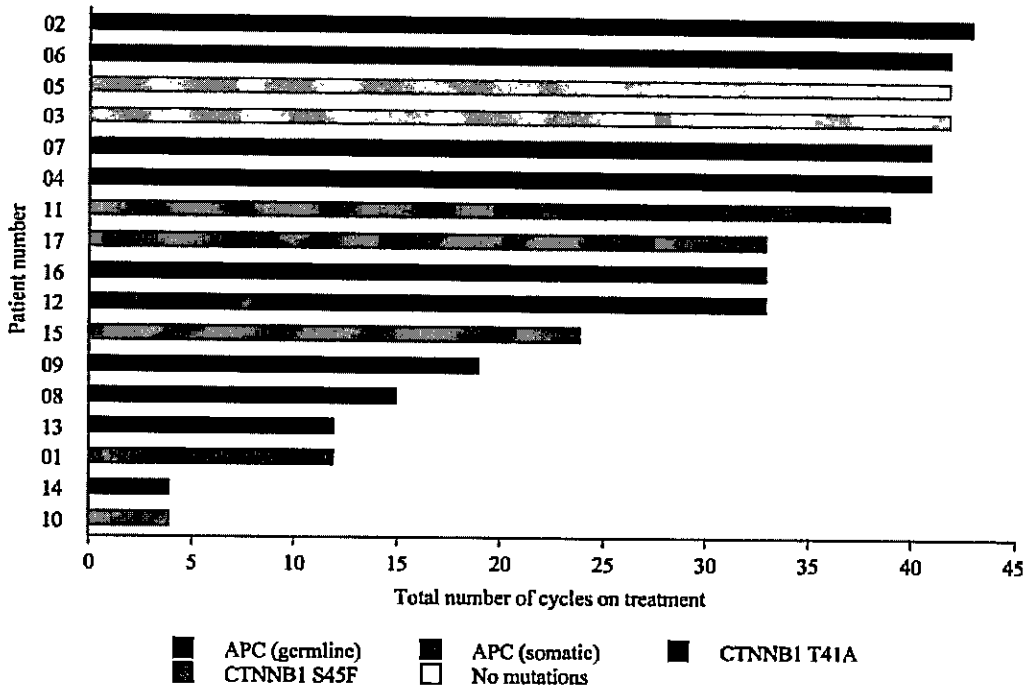
The NCI commenced a Phase 2 clinical trial in desmoid tumor patients in November 2014. This clinical trial enrolled 17 desmoid tumor patients, who received nirogacestat every day in three-week cycles at the recommended Phase 2 dose of 150 mg BID. Patients were enrolled irrespective of their underlying mutation, which included germline and spontaneous *APC* mutations, as well as spontaneous *CTNNB1* mutations (T41A and S45F). These patients were heavily pre-treated, having failed a median of four prior treatments (with a range of one to nine), which included various systemic therapies and local interventions, including surgery.

Sixteen patients were evaluable for a response using RECIST v1.1. Five patients had a confirmed PR and eleven patients had SD, yielding a disease control rate of 100% among the evaluable patients. Four of the five patients with a confirmed PR on nirogacestat had previously been treated with tyrosine kinase inhibitors, including sorafenib and imatinib, without a reported response. Median PFS had not been reached at the time of publication owing to the lack of patients progressing on therapy. Clinical benefit was observed independent of underlying mutation, number of previous treatments and type of previous treatments. As of January 2022, four patients are continuing to receive nirogacestat, with treatment durations exceeding 6 years for each of these patients.

Best responses in the Phase 2 clinical trial, as measured by RECIST v1.1, are shown in the following chart. Dotted lines represent cutoffs for PR (defined as a 30% reduction from baseline) and for progressive disease (defined as a 20% increase from baseline). SD is reflected between the dotted lines. Patient #01 was missing a baseline CT measurement and therefore MRI was used. Patient #14 was not evaluable for response per protocol due to not returning to the clinical trial site for the patient's first restaging evaluation and subsequently being lost to follow-up.



The following chart depicts treatment duration, clinical response and mutational status of desmoid tumor patients in the Phase 2 clinical trial. Time of PR is denoted using black arrows, and the ten patients continuing on therapy at the time of publication are denoted using gray arrows.



All patients in the Phase 2 clinical trial experienced at least one Grade 1 or Grade 2 adverse event. The most commonly reported adverse events regardless of grade and occurring in at least 30% of patients included diarrhea (76%), hypophosphatemia (76%), maculopapular rash (71%), aspartate aminotransferase increase (59%), nausea (53%), lymphocyte count decrease (53%), dry mouth (41%), alanine aminotransferase increase (35%) and anemia (35%). With the exception of hypophosphatemia, these adverse events were all reported as Grade 1 or Grade 2. The only Grade 3 adverse event occurring in at least 20% of patients was hypophosphatemia (47%), which is a known class effect of GSIs and was reversible with oral phosphate replacement therapy in the trial. Four patients required a dose reduction and one patient discontinued therapy due to Grade 2 urticaria that was not responsive to dose reduction. There were no Grade 4 adverse events reported.

Expanded access program

In August 2020, investigators at the University of Minnesota and the Dana-Farber Cancer Institute published data where clinical benefit was observed in four pediatric and young adult desmoid tumor patients treated with nirogacestat under our Expanded Access Program. The clinical activity of nirogacestat in these four patients yielded one complete response, two partial responses and one stable disease, with no Grade 3 or Grade 4 adverse events reported. We are encouraged by the data in these four pediatric and young adult patients and this Phase 2 clinical trial will enable us to further evaluate the potential benefit of nirogacestat in younger desmoid tumor patients. In September 2020, a Phase 2 clinical trial was initiated in collaboration with COG to evaluate nirogacestat for the treatment of children and adolescents with progressive, surgically unresectable desmoid tumors.

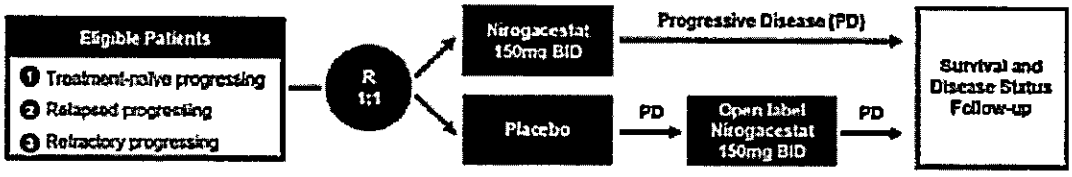
DeFi trial and regulatory pathway for nirogacestat in desmoid tumors

Based upon the degree of clinical benefit for desmoid tumor patients observed in the Phase 1 and Phase 2 clinical trials, as well as our discussions with the FDA, in May 2019, we announced the initiation of our potentially registrational DeFi trial. The DeFi trial is being conducted under our open Investigational New Drug Application, or IND, for nirogacestat. As of July 2020, the trial was fully enrolled.

The DeFi trial is a Phase 3, double-blind, randomized, placebo-controlled clinical trial being conducted at clinical sites in North America and Europe. The DeFi trial is designed to evaluate the efficacy, safety and tolerability of nirogacestat compared to placebo in patients with progressing desmoid tumors. This clinical trial will consist of two phases: a double-blind phase and an optional open-label extension, or OLE, phase. This clinical trial is enrolling desmoid tumor patients whose tumors have grown by at least 20% in the last 12 months as measured by RECIST v1.1 and will include both treatment-naïve and relapsed and refractory patients. Given the treatment effect observed in previous clinical trials, patients are eligible for enrollment irrespective of the number and type of previous treatments or the specific underlying mutations in *APC* or *CTNNB1*.

Patients are being randomized in a 1:1 ratio to receive 150 mg BID of nirogacestat or placebo every day for 28 day cycles. Eligible patients with confirmed disease progression on trial may enter the optional OLE phase to receive 150 mg BID of nirogacestat. The trial was designed to enroll approximately 115 patients. The primary PFS endpoint is defined as the time from randomization until the date of assessment of progression as determined using RECIST v1.1, or death by any cause. The documented date of radiographic progression will be determined by blinded independent central review. The FDA has stated that a PFS primary endpoint may support registration in an adequately designed trial with sufficient follow-up. We initiated the DeFi trial in May 2019, achieved complete enrollment in July 2020 and we expect topline data to be available in the first half of 2022; however, as the DeFi trial is an event-driven trial that is designed to measure the difference in PFS between patients receiving nirogacestat versus those receiving a placebo, the exact timing of the trial's topline readout could fluctuate based upon the enrollment dynamics, the rate at which tumor progression events are occurring and site data entry and verification.

The design of the DeFi trial is summarized in the schematic below:



Key secondary endpoints of the DeFi trial include safety and tolerability, ORR, duration of response and change in tumor volume. Patient-reported outcomes will also be key secondary endpoints in the DeFi trial and will be evaluated using several outcome instruments, including the Memorial Sloan Kettering/Desmoid Tumor Research Foundation Desmoid Tumor Impact and Desmoid Tumor Symptom scales, the Patient-Reported Outcomes Measurement Information System Physical Function scale, the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 and the Brief Pain Inventory. These instruments were selected to measure symptoms, impact of symptoms on daily living and outcomes that are most relevant to desmoid tumor patients.

Regulatory pathway

In June 2018, the FDA granted nirogacestat Orphan Drug Designation for the treatment of desmoid tumors and in November 2018, the FDA granted nirogacestat Fast Track Designation for the treatment of adult patients with progressive, unresectable, recurrent or refractory desmoid tumors or deep fibromatosis. In addition, in August 2019, the FDA granted nirogacestat Breakthrough Therapy Designation for the treatment of adult patients with progressive, unresectable, recurrent or refractory desmoid tumors or deep fibromatosis. In addition, in September 2019, the European Commission granted nirogacestat Orphan Drug Designation for the treatment of soft tissue sarcoma. If the results from the DeFi trial are favorable, we plan to file for marketing approval for nirogacestat in the U.S. and select international markets, although specific countries have not yet been finally determined.

Nirogacestat in combination with BCMA-targeted agents

BCMA is a cell surface protein universally expressed on multiple myeloma, or MM, cells, and the clinical activity of monotherapy BCMA-targeted agents have been demonstrated in this indication. GSIs have been shown to increase BCMA expression on MM cells. Activity of this combination mechanism had previously been observed in multiple preclinical models of MM using BCMA-directed therapies in combination with GSIs, and in December 2019, our collaborator GSK presented preclinical data at the American Society of Hematology Annual Meeting demonstrating the ability of nirogacestat to potentiate the efficacy of their BCMA-targeted ADC belantamab mafodotin (now approved by the FDA BLENREP) up to 3,000-fold in a panel of BCMA-expressing human cancer cell lines. We believe this combination, as compared to BCMA-directed therapies

alone, may provide a meaningful clinical benefit to MM patients by improving response rates, prolonging the duration of clinical benefit or reducing the side effect profile by enabling administration at a lower dose.

In June 2019, we entered a clinical collaboration with GSK to explore the combination of nirogacestat with their BCMA-targeted ADC, BLENREP (belantamab mafodotin-blmf), in patients with RRMM. BLENREP is the most clinically advanced BCMA-targeted ADC and is approved as a monotherapy in RRMM patients whose disease has progressed despite prior treatment with at least four prior therapies, including an immunomodulatory agent, proteasome inhibitor and anti-CD38 antibody. We believe that the clinical activity of BCMA-directed therapies, including belantamab mafodotin, may be enhanced with the addition of a GSI, like nirogacestat. In June 2020, we announced the dosing of the first patient in an adaptive Phase 1b clinical trial evaluating the combination. Initial clinical data from the trial are expected in mid-2022. In October 2021, we announced the initiation of an expanded Phase 2 cohort from the first combination dose level that evaluated 0.95 mg/kg dose of BLENREP every three weeks plus nirogacestat based on encouraging preliminary data observed in the Phase 1 cohort. We also announced the addition of two new sub-studies that will explore BLENREP plus nirogacestat in combination with pomalidomide and dexamethasone and in combination with lenalidomide plus dexamethasone in patients with RRMM. GSK is responsible for the conduct and expenses of the trial, which is governed by a joint development committee with equal representation from each party.

In January 2020, we entered our second collaboration evaluating nirogacestat with a BCMA-targeted agent, in this case with ALLO-715, an allogeneic BCMA-targeted chimeric antigen receptor T-cell, or CAR T-cell, therapy product candidate being advanced by Allogene. In December 2020, Allogene announced clearance from the FDA for its IND to study ALLO-715 in combination with nirogacestat. As part of their ongoing Phase 1 clinical trial for ALLO-715, Allogene initiated the cohort evaluating the combination in the first quarter of 2021. Allogene is responsible for the conduct and expenses of the trial, which is governed by a joint development committee with equal representation from each party.

In September 2020, we entered our third collaboration evaluating nirogacestat with a BCMA-targeted agent, in this case with teclistamab, a clinical-stage bispecific antibody that targets BCMA and CD3 being advanced by Janssen. Teclistamab has demonstrated monotherapy clinical activity in RRMM patients. Based on data published by Janssen demonstrating that the activity of teclistamab was improved when combined with a GSI in preclinical multiple myeloma models, we believe that the clinical activity of teclistamab may be enhanced with the addition of nirogacestat. Janssen initiated a Phase 1 clinical trial evaluating the combination in the first quarter of 2021. Janssen is responsible for the conduct and expenses of the trial, which is governed by a joint oversight committee with equal representation from each party.

In September 2020, we also entered our fourth collaboration evaluating nirogacestat with a BCMA-targeted agent, in this case with PBCAR269A, an allogeneic BCMA-targeted CAR T-cell therapy being advanced by Precision Biosciences. In June 2021, we and Precision Biosciences announced the dosing of the first patient in the nirogacestat combination arm of Precision Biosciences' ongoing Phase 1/2a clinical trial evaluating PBCAR269A. Precision Biosciences will be responsible for the conduct and expenses of the trial, which is governed by a joint steering committee with equal representation from each party.

In October 2020, we entered our fifth collaboration evaluating nirogacestat with a BCMA-targeted agent, in this case with elranatamab, a clinical-stage bispecific antibody that targets BCMA and CD3 being advanced by Pfizer. Elranatamab has demonstrated monotherapy clinical activity demonstrated in RRMM patients. Based on data presented by Pfizer demonstrating that the activity of elranatamab was improved when combined with a GSI in preclinical multiple myeloma models, we believe that the clinical activity of elranatamab may be enhanced with the addition of nirogacestat. In December 2021, we announced the dosing of the first patient in a Phase 1b/2 trial evaluating the combination. Pfizer is responsible for the conduct and expenses of the trial, which is governed by a joint development committee with equal representation from each party.

In June 2021, we entered our sixth collaboration evaluating nirogacestat with a BCMA-targeted agent, in this case with SEA-BCMA, a clinical-stage monoclonal antibody that targets BCMA being advanced by Seagen. SEA-BCMA has demonstrated monotherapy clinical activity in RRMM patients. Based on data presented by Seagen demonstrating that the activity of SEA-BCMA was improved when combined with a GSI in preclinical multiple myeloma models, we believe that the clinical activity of SEA-BCMA may be enhanced with the addition of nirogacestat. Seagen is expected to initiate a Phase 1 clinical trial evaluating the combination in the first half of 2022. Seagen will be responsible for the conduct and expenses of the trial, which is governed by a joint development committee with equal representation from each party.

In December 2021, we entered our seventh collaboration evaluating nirogacestat with a BCMA-targeted agent, ABBV-383, a clinical-stage bispecific antibody that targets BCMA and CD3 being advanced by AbbVie. ABBV-383 has demonstrated monotherapy clinical activity in RRMM patients. AbbVie is expected to initiate a Phase 1 clinical trial evaluating the combination in the first half of 2022. AbbVie is responsible for the conduct and expenses of the trial, which is governed by a joint steering committee with equal representation from each party.

In addition to our clinical collaborations, in September 2020, we entered into a sponsored research agreement with Fred Hutch to further explore the ability of nirogacestat to modulate BCMA and potentiate BCMA-targeting therapies in a variety of preclinical and patient-derived multiple myeloma models developed by researchers at Fred Hutch, and in August 2021, we entered into a sponsored research collaboration with Dana-Farber to further investigate nirogacestat with BCMA-targeting therapies in a variety of preclinical multiple myeloma models.

Disease background – multiple myeloma

MM is a plasma cell neoplasm with substantial morbidity and mortality and is the second most common hematologic malignancy in the U.S. accounting for approximately 10% of all hematologic cancers. The NCI surveillance, epidemiology and end results program estimated that in 2016 there were approximately 130,000 patients in the U.S. living with MM. Of these, approximately 30,000 have relapsed or are refractory to currently available therapies, representing a patient population with few therapeutic options and therefore a significant unmet medical need. It was estimated that approximately 13,000 individuals in the U.S. died from MM in 2020.

MM is characterized by the expansion and abnormal accumulation of malignant plasma cells in the bone marrow, which disrupts normal bone marrow function and over time can lead to anemia, hypercalcemia, thrombocytopenia, bone pain, fatigue and weight loss. As the disease progresses, it destroys the surrounding bone marrow and can lead to renal failure, increased susceptibility to infection, skeletal deterioration and neurologic disease.

Current treatment landscape for MM

Treatment of MM has advanced significantly in the past decade driven by a deeper understanding of disease processes and a sequenced or polypharmacy approach. Newly diagnosed patients with MM are treated with either stem cell transplants or multiple classes of therapeutic agents, either alone or in combination, to attempt to control their disease progression. These agents include proteasome inhibitors such as bortezomib, immunomodulatory drugs such as lenalidomide, monoclonal antibodies such as daratumumab, histone deacetylase inhibitors such as panobinostat, alkylating agents such as melphalan, anti-inflammatories such as dexamethasone and chemotherapeutic agents such as doxorubicin. Despite these current options, the durability of clinical response and benefit is often brief. As there are no therapies that currently are considered curative, nearly all patients who survive initial treatments are eventually deemed resistant or refractory to available therapies and their disease continues to progress. By the time these heavily pretreated patients reach this advanced state, they are often directed to clinical trials for treatment with experimental agents. Due to the advanced condition of these patients, the refractory nature of their disease and the toll prior treatments have taken on their health, responses to treatment are generally poor.

BCMA-directed agents have emerged as a potentially promising approach for the treatment of RRMM patients due to the restriction of BCMA's expression solely on the surface of plasmablasts and differentiated plasma cells. The first of these agents to receive regulatory approval was GSK's BLENREP (belantamab mafodotin-blmf), a BCMA-targeted ADC which was approved by the FDA in August 2020 as a monotherapy treatment for adults with RRMM who have received at least four prior therapies. In March 2021, Bristol-Myers Squibb Company's and bluebird bio, Inc.'s Abecma (idecabtagene vicleucel), a BCMA-directed autologous CAR T-cell therapy, was approved by the FDA for the treatment of adult patients with RRMM who have received four or more prior lines of therapy. We are aware of at least 20 other distinct programs in preclinical and clinical development that target BCMA; these programs represent a variety of therapeutics modalities, including ADCs, monoclonal antibodies, bispecific antibodies, autologous CAR T-cells and allogeneic CAR T-cells.

We are also aware of at least two efforts by others to combine a GSI and a BCMA-directed agent to treat RRMM. Juno Therapeutics, Inc., a subsidiary of Bristol-Myers Squibb Company, is currently evaluating an autologous BCMA-directed CAR T-cell therapy in combination with crenigacestat, a GSI licensed from Eli Lilly and Company in December 2017; this combination is currently in Phase 1/2 clinical testing. In December 2018, Novartis licensed the rights to another GSI, AL102, for use in combination with its bispecific antibody, WVT078, which targets BCMA and CD3; this combination is currently in Phase 1 clinical testing. Both crenigacestat and AL102 have been evaluated in Phase 1 clinical trials and a challenging tolerability profile was observed for both of these agents.

Combination of nirogacestat and BCMA-targeted therapies

We believe that BCMA-targeted therapies will play an important role in the future treatment paradigm of MM, with each of our collaboration partners possessing particular advantages among the modalities being investigated to therapeutically target BCMA. ADCs and bispecific antibodies possess several attractive features, including conventional infusion schedules and standard pharmaceutical manufacturing, storage and administration processes. In addition, dosing of ADCs and bispecific antibodies can be readily modified throughout the course of treatment. Allogeneic CAR T-cell therapies have the benefit of

4GG

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Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH01986	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Pharmacy Corporation of America d/b/a PharMerica

Physical Address: 4816 Hendron Rd.

City: Groveport State: OH Zip: 3125

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 614-567-6405 Website: www.pharmerica.com

Name of Designated Representative (DR): Tracey Carver

Licensing Company Email: compliance@pharmerica.com DR Email: tcarver@tplohio.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic copies or stamps not accepted)

8/19/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Amerisource Bergen

Address: 6305 LaSalle Dr. City: Lockbourne State: OH Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): PharMerica Holdings, Inc.

Corporation/Organization Name: Pharmacy Corporation of America

Mailing Address: 805 No. Whittington PKY STE 400

City: Louisville State: KY Zip: 40222

Telephone: 502-627-7100 Email: compliance@pharmerica.com

Contact Person Name: Susan Reinach

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Phamacy Corporation of America d/b/a PharMerica

Facility Name

Tracey Carver

Print Name of Authorized Person Submitting Application

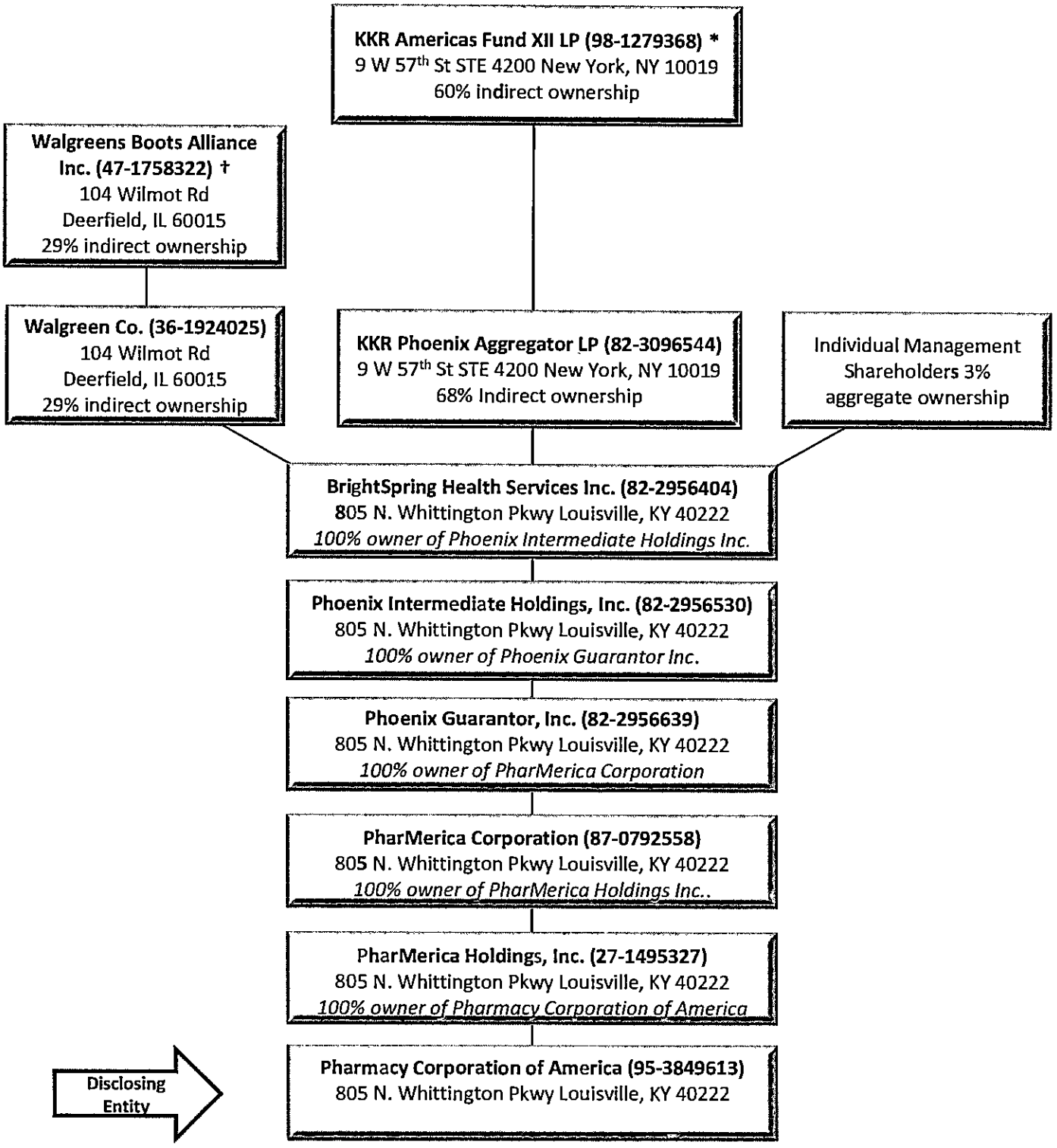
Original signature of Authorized Person (copies or stamps not accepted)

8/19/22

Date

Board Use Only	Date Received: 9-20-22	Amount: 1000.00 CC

Organizational Chart: Pharmacy Corporation of America



No other entities or individuals own more than 5% of the licensed entity

*KKR Americas Fund XII LP is an affiliate of KKR & Co, Inc., a publicly traded entity listed on the NYSE

†Walgreens Boots Alliance is a publicly traded entity listed on the NYSE

PHARMERICA CORPORATION
DIRECTORS AND OFFICERS OF PHARMERICA CORPORATION'S SUBSIDIARIES

Name	Title	DOB	SSN	Home Address	Phone
Jon B. Rousseau	CEO	[redacted]	[redacted]	[redacted] Evergreen Rd Anchorage, KY 40223-1303	[redacted]
Jennifer Yowler	President & Treasurer			[redacted] Carmelle Woods Dr. Mason, OH 45040	
Steven S. Reed	Vice President & Secretary			[redacted] Elmcroft Circle Louisville, KY 40241	

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Pharmacy Corporation of America

PharMerica

4816 Hendron Rd

Groveport, OH 43125-9507

License Number: 0130000484

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS – Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
TRACEY CARVER	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	PHARMACY CORPORATION OF AMERICA
Entity No.:	1141947
Registration Date:	05/20/1983
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 12, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 011085719

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.



Employee Listing

Tracey Carver

Julie Carver

Lowell Neece

RIDER

To be attached to and form part of:

Bond Number 019081008

dated August 18, 2022

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $25,000.00

on behalf of PHARMACY CORPORATION OF AMERICA D/B/A PHARMERICA
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Bond amount shall be amended:

FROM: **Twenty-Five Thousand and 00/100 Dollars**

TO: **On Hundred Thousand and 00/100 Dollars**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 21st day of November, 2022.

Signed, Sealed & Dated this 21st day of November, 2022.

PHARMACY CORPORATION OF AMERICA D/B/A PHARMERICA
(Principal)

By: Steven E. Lund

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Anne Potter
Anne Potter, Attorney-in-Fact

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of November, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2021

Assets

Cash and Bank Deposits	$2,234,770,744
*Bonds — U.S Government	4,250,615,811
*Other Bonds	16,983,165,862
*Stocks	20,075,458,019
Real Estate	182,250,567
Agents' Balances or Uncollected Premiums	7,607,687,836
Accrued Interest and Rents	120,173,987
Other Admitted Assets	14,076,622,575
Total Admitted Assets	**$65,530,745,401**

Liabilities

Unearned Premiums		$9,106,965,847
Reserve for Claims and Claims Expense		25,279,158,493
Funds Held Under Reinsurance Treaties		315,537,902
Reserve for Dividends to Policyholders		1,726,291
Additional Statutory Reserve		139,634,000
Reserve for Commissions, Taxes and Other Liabilities		8,638,106,801
Total		**$43,481,129,334**
Special Surplus Funds	$178,192,363	
Capital Stock	10,000,075	
Paid in Surplus	11,804,736,755	
Unassigned Surplus	10,056,686,874	
Surplus to Policyholders		**22,049,616,067**
Total Liabilities and Surplus		**$65,530,745,401**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values. The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2021, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2022.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019081008

Application/License No. pending

PHARMACY CORPORATION OF AMERICA D/B/A PHARMERICA (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4816 Hendron Rd. Groveport, OH 43125 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 18, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of August, 2022.

APPLICANT/PRINCIPAL
PHARMACY CORPORATION OF AMERICA D/B/A PHARMERICA

Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by:

N/A
Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 18th day of August, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2021

Assets	
Cash and Bank Deposits	$2,234,770,744
*Bonds — U.S Government	4,250,615,811
*Other Bonds	16,983,165,862
*Stocks	20,075,458,019
Real Estate	182,250,567
Agents' Balances or Uncollected Premiums	7,607,687,836
Accrued Interest and Rents	120,173,987
Other Admitted Assets	14,076,622,575
Total Admitted Assets	**$65,530,745,401**

Liabilities		
Unearned Premiums		$9,106,965,847
Reserve for Claims and Claims Expense		25,279,158,493
Funds Held Under Reinsurance Treaties		315,537,902
Reserve for Dividends to Policyholders		1,726,291
Additional Statutory Reserve		139,634,000
Reserve for Commissions, Taxes and Other Liabilities		8,638,106,801
Total		**$43,481,129,334**
Special Surplus Funds	$178,192,363	
Capital Stock	10,000,075	
Paid in Surplus	11,804,736,755	
Unassigned Surplus	10,056,686,874	
Surplus to Policyholders		**22,049,616,067**
Total Liabilities and Surplus		**$65,530,745,401**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

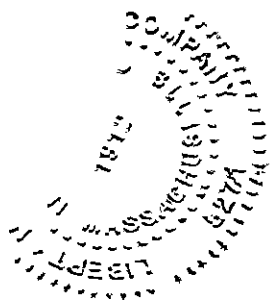
* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2021, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2022.

T A Mikolajewski

Assistant Secretary



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharmacy Corporation of America

Physical Address: 4816 Hendron Rd.

City: Groveport State: OH Zip: 43125-9507

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 614-567-6405 Website: www.pharmerica.com

Licensing Company Email: compliance@pharmerica.com

Section 2: Personal Information

First: Tracey Middle: Last: Carver

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Hendron Rd.

City: Groveport State: OH Zip: 43125-9507

Telephone: [redacted] Email: tcarver@tplohio.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's Initials: TC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20 - Present	[redacted] LILAC AVE	GROVE CITY	OH	43123
03/16 - 12/20	[redacted] TOURNAMENT WAY	GROVE CITY	OH	43123
01/13 - 3/16	[redacted] NEWPORT LOOP E	GROVE CITY	OH	43123
07/05 - 01/13	[redacted] PEAR CT	JACKSON	OH	45640
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials YC

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
PHARMACY CORPORATION OF AMERICA D/B/A PHARMORA			03/22-PRESENT
Business Address	**City**	**State**	**Zip**
4816 HENDRON RD	GROVEPORT	OH	43125
Phone	**Title**	**Number of Employed Hours**	
614-567-6405		2,265	

Description of Duties: RESPONSIBLE TO PLAN, ORGINIZE, & DIRECT THE ACTIVITIES FOR WAREHOUSE & FULFILLMENT, CUSTOMER RELATIONS, TO ACHIEVE OPTIMUM EFFICIENCY & ECONOMY OF OPERATIONS, IN ORDER TO MAXIMIZE PROFITS ENSURE THAT DUTIES, RESPONSIBILITIES & AUTHORITY, AND ACCOUNTABILITY OF ALL DIRECT SUBORDINATES ARE DEFINED & UNDERSTOOD. DEVELOPMENT OF QUALITY OPERATING PROTOCALS & COMPLIANCE REGULATIONS

Business Name			From - To (MM/YY – MM/YY)
TURNING POINT LOGISTICS			08/11 - 03/22
Business Address	**City**	**State**	**Zip**
4816 HENDRON RD	GROVEPORT	OH	43125
Phone	**Title**	**Number of Employed Hours**	
614-567-6405	VP OF OPERATIONS	25,960	

Description of Duties: KEY MEMBER OF THE EXECTIVE TEAM, RESPONSIBLE FOR COMPANY WIDE WAREHOUSE, CUSTOMER PROGRAM, AND FACILITY OPERATIONS. SUCCESSFULLY BUILDING THE INFASTRUCTURE & PROCESSES TO ENSURE COMPLIANCE WHILE PROCESSING OF PRODUCTS MAINTAINING QUALITY, THROUGHT, MAINTAINING SAFE/CLEAN WORK ENVIRO IN COMPLIANCE WITH PROCEDURES/REGULATIONS. LICENSED IN ALL 50 STATES AS WHOLESALER OF DANGEROUS DRUGS

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Continue on next page if additional space is needed.

Applicant's initials MC

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/19/22
Date

Applicant's initials YC

I, TRACEY CARVER, **certify that as the designated representative for** PHARMACY CORPORATION OF AMERICA,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

TRACEY CARVER
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/19/22
Date

Applicant's initials YC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TRACEY CARVER
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/19/22
Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, TRACEY CARVER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/22/22
Date

Subscribed and Sworn to before me this 22 day of Aug. 2022

Krystal L. Bante
Notary Public Signature

KRYSTAL L BANTE - NOTARY PUBLIC
STATE OF OHIO
COMM EXP: DEC 16, 2026

Applicant's initials

TRACEY M. CARVER

[redacted] Lilac Ave
Grove City, OH 43123

Contact Phone: [redacted]
E-mail: tcarver@tplohio.com

SENIOR MANAGEMENT OF SUPPLY CHAIN/LOGISTICS & DISTRIBUTION OPERATIONS

Accelerating Revenue Performance

Operationally Oriented Professional with Keen Business Sense...

Entrepreneurial and visionary leader offering comprehensive experience in business development, client relations, strategic development and planning. Demonstrated success in establishing and growing new lines of Business, Strong vision with proven ability to set and attain ambitious goals. Multifaceted peak performer with outstanding record of aggressive market penetration, and nearly 100% client retention. Highly motivated team player thoroughly committed to personal and organizational excellence.

Driving Long-Term Business Growth and Profitability...

Consistent record of forging strong business relationships and implementing affiliations focused on expansion and integration. Wide-ranging business launch and development background with extensive experience interfacing with and supporting boards of directors and C-Level executive leadership of teaming partners. Known for attracting, developing, and retaining high-caliber professionals and motivating, energizing, and enthusing others to attain goals. Proven ability to consistently establish positions ahead of the curve in rapidly evolving markets.

AREAS OF EXPERTISE

- Strategic Business Alliance
- Public/Media Relations
- Incentive Compensation
- Trends/Valuation Analysis
- Contract Negotiations
- Strategic Thinking & Planning
- Budgeting/ Cost Reduction
- Program/Product Management
- Organizational Restructuring
- Human Resources Strategies
- New Business Line Management
- Information Technology/WMS
- Facility Design
- Distressed Operation Turnaround
- Startups

CAREER PROGRESSION

Turning Point Logistics, (www.tplohio.net) – Groveport, Ohio

3PL Services providing clients and customers with value-added services and technology that streamlines operations and reduce costs.

Licensed as wholesale distributor of drugs.

V.P. of Operations (August 2011 – Present)

Key member of the Executive Team, responsible for Company-wide warehouse, customer program, and facility operations. Successfully building the infrastructure and processes to ensure consistency while processing of products maintaining quality throughout, maintaining safe/clean working environment in compliance with procedures/regulations while meeting unique customer locations and systems requirements. Responsible for the performance of all department functions. Member of steering committee charged with establishing internal auditing, process mapping and training within all Company organizations and locations. Also maintained extensive involvement in quality assurance, purchasing, customer service, marketing, recordkeeping, and engineering services.

CuraScript Specialty Distribution, (www.curascript.com) –Grove City, Ohio

By providing an integrated delivery solution, CuraScript SD is able to offer a unique advantage and support practice efficiency. Our nationwide distribution platform provides timely delivery of orders across the United States, Puerto Rico and Guam. Our strategically located distribution centers are in Ohio and Arizona. Licensed in all 50 states as wholesale distributor of dangerous drugs.

Director of Operations (April 2009 – August 2011)

Responsible to Plan, organize, and direct the activities of multiple facilities to achieve optimum efficiency and economy of operations in order to maximize profits. Ensures that duties, responsibilities, and authority and accountability of all direct subordinates are defined and understood. Keep employees informed as to company/department plans and progress. Identify training needs, initiate development of subordinates, and recommend effective personnel action. Other responsibilities include the updating and development of quality operating protocols and compliance regulations. Responsible for recordkeeping, writing, revising, implementing, and verifying all SOPs and Workplace Policies. Reported Directly to President.

Genco Supply Chain Solutions, (www.genco.com) – Grove City, OH
2nd Largest 3PL of North America, providing clients and customers with value added services and technology that streamlines operations and reduces costs.

General Manager (January 2007 – February 2009)
Brought onboard to turnaround a distressed operation, raise venture capital, grow top-line revenue and bottom-line profit, build strategic partnership and alliances. Accepted challenge to diagnose underperforming areas and to develop and implement regeneration and growth strategies. Supervised all Members of Management, IT staffing, outside vendors, and consultants. Reported Directly to CSVP.

Retail Ventures Services Inc, Columbus, OH
Is a parent company of DSW and Filene's Basement. The mission of RVI is to deliver effective cost-efficient corporate and support services for each of the retail brands, while still maintaining their uniqueness.

Senior Operations Manager, (March 2005 – January 2007)
Managed 1st and 2nd shift soft lines Division 620,000 sq, ft, automated, full and break pack operations, non-union facilities in Westerville, OH. Complete authority and accountability for 475 fulltime and up to 245 flex temporary employees and 25 salaried management members; planning and budgeting, inventory management, customer service, relationship management, safety, personnel, productivity, and quality control.

Red Envelope Fulfillment Center, (www.redenvelope.com) – Lockbourne, OH
Is one of the leading gift website on the internet. They have a vast selection of embroidery and engraving. No matter what the occasion is. Red Envolpe offers a unique and wide-ranging collection of thoughtful gifts for every occasion and everyone on the list.

Operations Manager, (November 2003 – March 2005)
Managed 1st and 2nd shifts; with 75 fulltime and up to 300 flex temporary employees, supervising six salaried management members. Complete authority and accountability for call center, inventory control, distribution, facility maintenance, safety, personnel, productivity, and quality control. Operations provided guaranteed same day shipments on approximately 5,000 daily orders. Managed 377,000 sq. ft. highly automated facility. Maintained $70 million inventory of over 300,000 SKU's to support annual sales of $250 million.

Wal-Mart Logistic Services Inc, Grove City, OH
Wal-mart is the world's largest retailer. That currently has 117 distribution centers, servicing 3,500 stores in the U.S. Wal-Mart has grown to become a worldwide household name. They feature a great selection of high-quality merchandise, friendly service and, of course, Every Day Low Prices.

Operations Manager, (June 2002 – November 2003
Managed 2nd shift shipping department; with 160 employees and four salaried management members of a 1.5 million sq. ft. facility. Accountable for store relations, personnel, productivity, and quality control. Scheduled work force to insure staffing levels were maintained, and controlled cost and overtime.

Sears Logistic Services Inc, Groveport, OH
Sears Roebuck and Co. is the nation's fourth largest broad line retailer with over $50 billion in annual revenue and 47 distribution centers, servicing approximately 3,800 full-line and specialty retail stores in the U.S.

Operations Manager, (April 1996 – June 2002)
Managed 2nd shift shipping department of a 750,000 sq. ft. facility; 70 employees and two salaried management members to ensure staffing levels were maintained; provided direction, expectation, and goals for the business area; developed and implemented training programs to drive production and cut units costs.

EDUCATION

Eastland Career Center
4300 Amalgamated Place
Groveport, Ohio 43125

Graduated 1990

SPECIAL INTERESTS

Working on classic cars and spending time with my family.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12.10.2008		AL	Birmingham (now closed)	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
NA	AL Board of Pharmacy

Reason/Charge
Incorrect ration of Techs to Pharmacists, failure to maintain accurate dispensing recoreds

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent Order

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
During a routine inspection, AL Board found incorrect ratio of techs to pharmacists and failure to maintain accurate dispensing records. Consent order with 1 year probabtion and administrative fine of $14,000.00.

Susan Jenack
Original Signature (electronic, copies or stamps not accepted)

9/19/2002
Date

12/10/08

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
PHARMERICA	)	
	)	**BOARD OF PHARMACY**
PERMIT NO.:111204	)	
	)	

CONSENT ORDER

THIS CAUSE came before the Alabama State Board of Pharmacy ("Board") on a complaint against Pharmerica ("Pharmerica") alleging violations of various provisions of the Alabama Pharmacy Practice Act. As a result, Pharmerica was served with a Statement of Charges and Notice of Hearing ("Statement") which sets forth with particularity the alleged violations referenced above. A copy of the Statement is attached hereto as Exhibit A.

Prior to a hearing in this cause negotiations between counsel for the Board and counsel for Pharmerica resulted in an informal disposition and resolution of the matters at issue as authorized by Code of Alabama (1975) 41-22-12(f), the terms of which being set forth in this Consent Order as follows:

1. Counsel for the Board and counsel for Pharmerica stipulate that Pharmerica denies for all legal purposes other than this proceeding the allegations set forth in the Statement and for purposes of this proceeding does not contest the Board would introduce sufficient evidence to establish a *prima facie* case necessary to meet the legal burden of proof required of the Board in this proceeding. Therefore the Board finds that Pharmerica is guilty of violating the provisions of the Alabama Pharmacy Practice Act as set forth and based upon the conduct in Counts One and Two of the Statement.

REC'D DEC 23 2008

2. Pharmerica's permit to operate a pharmacy in the State of Alabama shall be placed on probation for a period of one year from the effective date of this order which is the date the same is executed on behalf of the Board. The above referenced probation is conditioned upon Pharmerica's express compliance with the following terms and conditions:

(a) The payment of an administrative fine in the amount of $13,000.00 within thirty (30) days from the effective date of this Order as set forth above. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Pharmerica shall not attempt to discharge the same in any bankruptcy proceeding.

(b) Adherence to all provisions of the Alabama Pharmacy Practice Act, rules of the Board or any other law or regulations applicable to the practice of pharmacy.

3. Pharmerica expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975) 34-23-34 and 34-23-92 (12), Code of Alabama (1975) 41-22-12 and 41-22-20 and Code of Alabama (1975) 20-2-50, et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it. Pharmerica further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

4. By execution of this Consent Order, Pharmerica hereby releases the

REC'D DEC 23 2008

Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Pharmerica acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in disciplinary sanctions against its licenses or permits, including, but not limited to revocation.

6. Pharmerica acknowledges and agrees that it has read this Consent Order and that it understands the terms, conditions and contents of the same. Pharmerica acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 10th day of December, 2008.

Pharmerica

James F. Henry, Esq.
Counsel for Pharmerica

DONE this the _____ day of _____, 2008.

REC'D DEC 23 2008

ALABAMA STATE BOARD OF PHARMACY

By: _____
Roland Nelson, President

_____
James S. Ward,
Attorney for the Alabama
State Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100 SouthBridge Parkway
Suite 580
Birmingham, Alabama 35209
Telephone: 205.871.5404
Facsimile: 205.871.5758

REC'D DEC 23 2008

EXHIBIT A

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
DANA D. BROWN	)	
	)	BOARD OF PHARMACY
LICENSE NO.:15217	)	
	)	
and	)	
	)	
PHARMERICA	)	
	)	
PERMIT NO.:111204		

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Dana D. Brown
[redacted]Crowne Falls Parkway
Hoover, Alabama 35244

PharMerica
509 Mineral Trace, Suite 200
Birmingham, Alabama 35244

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2008 at _____.m., at the State Board of Pharmacy Conference Room, 10 Inverness Center, Suite 110, Birmingham, Alabama 35242 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate PharMerica should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and PharMerica have been guilty of the following, to wit:

COUNT ONE

REC'D DEC 23 2008

Violating Code of Alabama (1975), § 34-23-33(12) during 2007 by having on duty in the prescription area of PharMerica more than three (3) pharmacy technicians for each full time licensed pharmacist in violation of Board Rule 680-X-2.14;

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all of the allegations of the preceding Count;

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(12) by failing, as supervising pharmacist of PharMerica, 509 Mineral Trace, Suite 200, Birmingham, Alabama 35244, as that term is defined in Rule 680-X-2.12 of the Rules of the Alabama State Board of Pharmacy, to maintain accurate records of all prescription medicine received and dispensed, by failing to insure that the prescription department of the said PharMerica was operated with good pharmaceutical practices, by failing to operate the prescription department in a clean and orderly manner, by failing to maintain the security of the prescription department and its contents and by failing to insure compliance with the provisions of the Alabama Pharmacy Practice Act, Code of Alabama (1975), § 34-23-1 et seq., the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1 et seq., and/or the Rules of the Alabama State Board of Pharmacy in violation of Rule 680-X-2.12 of the Rules of the Alabama State Board of Pharmacy, said violation being based upon the allegations contained in any or all of the preceding Counts hereof.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the

RECD DEC 23 2008

purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FOUR

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the _____ day of _____, 2008.

ALABAMA STATE BOARD OF PHARMACY

_____

By: Herb Bobo
Executive Director

RECD DEC 23 2008

THE MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

00128481

PharMerica Corporation
Attn: A/P Department
3625 Queen Palm Drive
Tampa, FL 33619

BNY MELLON TRUST OF DELAWARE
19711 NEWARK,DE

62-35
311

DATE 12/16/2008

PAY THIS AMOUNT $ *****14,000.00*

FOURTEEN THOUSAND Dollars and 00/100

Non-Negotiable After 120 Days

Pay to the Order of
ALABAMA STATE BOARD OF PHARMACY
P O BOX 59275
BIRMINGHAM AL 35259

Authorized Agent(s) of the Corporation

15217 - 111204

⑈00128481⑈ ⑆031100351⑆ ⑈0300917317⑈

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/26/2019	11/1/2019	CO	Broomfield	Broomfield

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-6134	CO Board of Pharmacy

Reason/Charge
failure to maintain dispensing records

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	CLS Stipulation and fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:

Failure to maintain certain records related to compounded products. Four deficiencies found during inspection on 8/16/2019 during a routine inspection. Stipulation and agency fine. Case complete as of 5/18/2020

Susan Kennick

Original Signature (electronic, copies or stamps not accepted)

9/19/2022

Date

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-6134

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF PHARMERICA, REGISTRATION NO. PDO-12-9,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Pharmerica, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-6134, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about February 17, 1994, being issued registration #PDO-12-9, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 557 Burbank St, Unit Q, Broomfield, CO 80020.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In an inspection of Respondent Pharmacy on August 26, 2019, Board inspectors found four deficiencies, one of which was a repeated deficiency from inspections conducted on July 18, 2018, and August 23, 2017.

6. The deficiency involved records for compounded products.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board

Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

Pharmacy Board Rules and Regulations

Rule 21.11.00. Compounding Record.

(a) For each compounded product prepared, a record shall be maintained and available for inspection for two years on the original order, or on a separate, uniform, and readily retrievable record documenting the following:

(4) Sources, lot numbers, and expiration dates of each component.

* * *

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of Five Hundred Dollars and No Cents ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-

34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Hundred Seventy Five Dollars and No Cents ($575.00).

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Timothy I. Mead — Dated: 10/14/19

Authorized Representative

Timothy I. Mead, Pharmacy Director, Pharmerica- Broomfield

Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31 day of October, 2019.

State Board of Pharmacy

BY: Dmitry Kunin

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 1ST day of NOVEMBER 2019, addressed as follows:

Pharmerica
Attn: Timothy Mead, Pharmacist Manager
557 Burbank St, Unit Q
Broomfield, CO 80020
Email: sxr4100@pharmerica.com ; and timothy.mead@pharmerica.com

Agent of the Board

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/1/2017		FL	Fort Lauderdale	Broward

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2017-0007135	FL HCA

Reason/Charge
Medicaid Overpayment

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Settlement Agreement with fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
During a FL Medicaid audit of claims submitted, overpayments were identified that were not self reported. Settlement with fine.

Susan Renaud
Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

FILED
AHCA
AGENCY CLERK
2017 AUG -1 A 11:46

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

Provider No.: 106307300
MPI Case No.: 2017-0007135
License No: PH15710
NPI No.: 1295768869

PHARMERICA DRUG SYSTEMS, LLC.,
DBA PHARMERICA,

Respondent.
_____/

FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated May 16, 2017, Exhibit 1 (Ex. 1) Pharmerica Drug Systems, LLC., dba Pharmerica (Respondent) was informed that the State of Florida, Agency for Health Care Administration (Agency) was seeking to recoup Medicaid overpayments in the amount of $2,216.72, to impose a fine in the amount of $443.34, and to assess costs in the amount of $680.00. The letter was sent to the address last shown on the provider enrollment file in compliance with Section 409.913(6), Florida Statutes, which specifies that, "It is the responsibility of the provider to furnish and keep the Agency informed of the provider's current address." Proof of mailing of such notice, such as by certified or registered mail, as incorporated by reference and attached as Exhibit 2 (Ex 2), to the provider at the address shown on the provider enrollment file constitutes sufficient proof of notice. The letter contained full disclosure and notice regarding Respondent's administrative hearing and due process rights. To date, Respondent has not requested a hearing to dispute the facts contained in the letter.

FINDINGS OF FACTS

1. The Respondent has not disputed the facts set forth in the letter; they are hereby deemed admitted and adopted by the Agency.

CONCLUSIONS OF LAW

2. The Agency incorporated and adopts the statements and conclusions of law as set forth in the aforementioned letter.

3. The admitted facts support the conclusion that the amount of the stated overpayment, the sanction(s) and costs imposed are due and owing, under the law generally set forth in the letter

4. Furthermore, Respondent is advised that pursuant to Section 409.913, Florida Statutes, failure to pay in full, or enter into and abide by the terms of any repayment schedule set forth by the Agency may

result in termination from the Medicaid program, withholding of future Medicaid payments, or other such remedies as provided by law.

5. Finally, Respondent is advised that continued noncompliance, including the failure to satisfy the terms of the sanction imposed, may result in additional sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that Respondent refund, forthwith, the sum of $3,340.06, together with such statutory interest as is set forth in Section 409.913(25)(c), Florida Statutes. This amount due will be offset by any amount already received by the Agency in this matter.

DONE AND ORDERED this 31 day of July, 2017, in Tallahassee, Florida.

Mary Beth Sheffield for
Justin M. Senior, Secretary
Agency for Health Care Administration

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Pharmerica Drug Systems, LLC., dba Pharmerica
3690 NW 53rd Street, Suite 104
Fort Lauderdale, FL 33309
(U.S. mail)

Pharmerica Drug Systems, LLC., dba Pharmerica
Attn: Steve Gryncewicz
1123 Pearl Street
Brockton, MA 02301
(U.S. mail)

Kelly Bennett, Chief, MPI
(Interoffice mail)

Bureau of Financial Services
(Electronic mail)

Division of Health Quality Assurance
(Electronic Mail)

Department of Health
(Electronic mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or interoffice mail as indicated on this the 1st day of August, 2017.



Richard J. Shoop, Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 412-3630

Exhibit 1 (Ex. 1)

STATE OF FLORIDA
OFFICE OF THE INSPECTOR GENERAL
MEDICAID PROGRAM INTEGRITY

REVIEW OF Pharmerica Drug Systems, LLC., dba Pharmerica

August 1, 2013 THROUGH July 31, 2014

FINAL AUDIT REPORT
MPI Case No.: 2017-0007135

Kelly A. Bennett
Chief, MPI

May 16, 2017

Notice: Section 409.913(16), Florida Statutes (F.S.), provides the authority for the Agency to impose the sanction of termination for cause if a provider voluntarily relinquishes its Medicaid provider number or an associated license, or allows the associated licensure to expire after receiving written notice that the Agency is conducting, or has conducted, an audit, survey, inspection, or investigation and that a sanction of suspension or termination will or would be imposed for noncompliance discovered as a result of the audit, survey, inspection, or investigation. This is notice that the Agency is conducting an audit, survey, inspection, or investigation within the meaning of 409.913(16), F.S. Accordingly, if you voluntarily terminate your Medicaid provider number, voluntarily relinquish an associated license, or allow an associated license to expire following receipt of this notice but prior to the conclusion of this audit, survey, inspection, or investigation, said action will result in the imposition of the sanction of termination for cause from the Medicaid program.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

CERTIFIED MAIL No.: 91 7108 2133 3932 8801 4276

May 16, 2017

Provider No.: 106307300
NPI No.: 1295768869
License No.: PH15710

Pharmerica Drug Systems, LLC
dba Pharmerica
Attn: Pharmacy Manager
3690 NW 53rd Street, Suite 104
Fort Lauderdale, FL 33309

In Reply Refer to
FINAL AUDIT REPORT
MPI Case No.: 2017-0007135

Dear Provider:

The Agency for Health Care Administration (Agency), through its Office of the Inspector General (OIG), Medicaid Program Integrity (MPI), has completed a review of claims for Medicaid reimbursement for dates of service during the period August 1, 2013, through July 31, 2014. A preliminary audit report dated April 20, 2017, was sent to you indicating that we had determined you were overpaid $2,216.72. Based upon a review of all documentation submitted, we have determined that you were overpaid $2,216.72 for services that in whole or in part are not covered by Medicaid. A fine of $443.34 has been applied. The cost assessed for this audit is $680.00. The total amount due is $3,340.06.

Be advised of the following:

(1) In accordance with Sections 409.913(15), (16) and (17), Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency shall apply sanctions for violations of federal and state laws, including Medicaid policy. This letter shall serve as notice of the following sanction(s):

- A fine of $443.34 for violation(s) of Rule Section 59G-9.070(7) (e), F.A.C.

(2) Pursuant to Section 409.913(23) (a), F.S., the Agency is entitled to recover all investigative, legal, and expert witness costs.

BACKGROUND

The Agency is designated as the single state agency authorized to make payments for medical assistance and related services under Title XIX of the Social Security Act, otherwise known as the Medicaid program. Pursuant to Section 409.902, F.S., payments shall be made, subject to any limitations or directions provided for in the General Appropriations Act, only for services included in the program, shall be made only on behalf of eligible individuals, and shall be made only to qualified providers in accordance with federal requirements for Title XIX of the Social Security Act and the provisions of state law.

Reimbursement by the State for medical goods or services provided to persons eligible for Medicaid assistance is available when the services are provided in accordance with applicable Medicaid laws, regulations, and policies. Section 409.913, F.S., authorizes the Agency to operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives. MPI is the state Medicaid oversight program responsible for conducting reviews, investigations, and/or audits to determine possible fraud, abuse, overpayment, or recipient neglect in the Medicaid program.

PURPOSE AND SCOPE

The purpose of this audit is to conduct a review of paid claims information and any Medicaid-related records maintained during the aforementioned audit period that you submitted to MPI in order to determine compliance with applicable Medicaid laws, regulations, and policy. The review and the determination of overpayment were made in accordance with the provisions of Section 409.913, F.S.

As a Medicaid provider, you are obligated to comply fully with all state and federal laws, rules, regulations, and statements of policy applicable to the Medicaid program, including the Medicaid Provider Handbooks issued by the Agency and all applicable federal, state, and local laws pertaining to licensure. Below is a discussion of the particular findings related to MPI's review of your claims and an explanation of why these claims do not meet Medicaid requirements. The audit work papers are attached, listing the claims that are affected by this determination.

FINDINGS

The audit also included the review of a judgmental sample of selected claims taken from the population of paid claims with dates of service during the audit period. The audit period for this review was from August 1, 2013, through July 31, 2014. This review identified an overpayment of $2,216.72. Enclosed for this review are the overpayment calculations, a summary of documented discrepancies, and an itemized listing of discrepancies noted in the review of the judgmental sample.

Our review has determined that you have failed to comply with one or more of the following Medicaid provisions.

- The *Florida Medicaid Provider General Handbook*, 2012
  - Record Keeping Requirements, pages 2-60, 2-61, and 2-62
  - Provider Abuse, page 5-3
  - Provider Responsibility, page 5-4
- The *Florida Medicaid Prescribed Drug Services Coverage, Limitations, and Reimbursement Handbook*, 2012
  - Record Keeping Requirements, pages 1-13, 1-14, and 1-15
  - Service Requirements, page 2-3

- The Florida Medicaid Prescribed Drug Services Coverage. Limitations, and Reimbursement Handbook, 2014
  - Record Keeping Requirements, pages 1-13, 1-14, 1-15
  - Service Requirements, page 2-3
- Florida Statue Chapter 409.913, more specifically, sections (7) (e), and (9)

PROVIDER RIGHTS

If you are currently involved in a bankruptcy, you should notify your attorney immediately and provide a copy of this letter for them. Please advise your attorney that we need the following information immediately: (1) the date of filing of the bankruptcy petition; (2) the case number; (3) the court name and the division in which the petition was filed (e.g., Northern District of Florida, Tallahassee Division); and (4) the name, address, and telephone number of your attorney.

If you are not in bankruptcy and you concur with our findings, remit by certified check in the amount of $3,340.06; which includes the overpayment amount as well as any fines imposed and assessed costs. The check must be payable to the **Florida Agency for Health Care Administration**. Questions regarding procedures for submitting payment should be directed to Medicaid Accounts Receivable, (850) 412-3901. To ensure proper credit, be certain that you legibly record on your check your Medicaid provider number and the Case Number listed on the first page of this audit report. Please mail payment to:

Medicaid Accounts Receivable - MS # 14
Agency for Health Care Administration
2727 Mahan Drive Bldg. 2, Ste. 200
Tallahassee, FL 32308

Pursuant to section 409.913(25)(d), F.S., the Agency may collect money owed by all means allowable by law, including, but not limited to, exercising the option to collect money from Medicare that is payable to the provider. The Final Audit Report constitutes a probable cause determination by the Agency that you were overpaid by the Medicaid program. This correspondence is being sent to the address last shown on your provider enrollment file in compliance with Section 409.913(6). F.S. Thus, pursuant to section 409.913(27), F.S., if within 30 days following this notice you have not either repaid the alleged overpayment amount or entered into a satisfactory repayment agreement with the Agency, your Medicaid reimbursements will be withheld; they will continue to be withheld, even during the pendency of an administrative hearing, until such time as the overpayment amount is satisfied. Pursuant to section 409.913(30), F.S., the Agency shall terminate your participation in the Medicaid program if you fail to repay an overpayment or enter into a satisfactory repayment agreement with the Agency, within 35 days after the date of a final order which is no longer subject to further appeal. Pursuant to sections 409.913(15)(q) and 409.913(25)(c), F.S., a provider that does not adhere to the terms of a repayment agreement is subject to termination from the Medicaid program. Finally, failure to comply with all sanctions applied or due dates may result in additional sanctions being imposed.

You have the right to request a formal or informal hearing pursuant to Section 120.569, F.S. If a request for a formal hearing is made, the petition must be made in compliance with Section 28-106.201, F.A.C., and mediation may be available. If a request for an informal hearing is made, the petition must be made in compliance with rule Section 28-106.301, F.A.C. Additionally, you are hereby informed that if a request for a hearing is made, the petition must be **received by the Agency** within twenty-one (21) days of receipt of this letter. **For more information regarding your hearing and mediation rights, please see the attached Notice of Administrative Hearing and Mediation Rights.**

Section 409.913(12), F.S., provides exemptions from the provisions of Section 119.07(1), F.S for the complaint and all information obtained pursuant to an investigation of a Medicaid provider relating to an allegation of fraud, abuse, or neglect. The Agency has made the determination that your violation(s) of Medicaid policy constitute abuse as referenced in Section 409.913, F.S. Thus, all information obtained pursuant to this review is confidential and exempt from the provisions of Section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

Any questions you may have about this matter should be directed to: Tracy Luckower, Senior Pharmacist, **Agency for Health Care Administration, Office of the Inspector General, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, telephone (850) 412-4600, facsimile (850) 410-1972.**

Sincerely,

Ramona D. Stewart

Ramona D. Stewart, R.Ph.
AHCA Administrator
Office of the Inspector General
Medicaid Program Integrity

RDS/tsl

Enclosure(s)

Copies furnished to:

Finance & Accounting
(Interoffice mail)

Health Quality Assurance
(E-mail)

NOTICE OF ADMINISTRATIVE HEARING AND MEDIATION RIGHTS

You have the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If you disagree with the facts stated in the foregoing Final Audit Report (hereinafter FAR), you may request a formal administrative hearing pursuant to Section 120.57(1), Florida Statutes. If you do not dispute the facts stated in the FAR, but believe there are additional reasons to grant the relief you seek, you may request an informal administrative hearing pursuant to Section 120.57(2), Florida Statutes. Additionally, pursuant to Section 120.573, Florida Statutes, mediation may be available if you have chosen a formal administrative hearing, as discussed more fully below.

The written request for an administrative hearing must conform to the requirements of either Rule 28-106.201(2) or Rule 28-106.301(2), Florida Administrative Code, and must be received by the Agency for Health Care Administration, by 5:00 P.M. no later than 21 days after you received the FAR. The address for filing the written request for an administrative hearing is:

Richard J. Shoop, Esquire
Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop # 3
Tallahassee, Florida 32308
Fax: (850) 921-0158
Phone: (850) 412-3630
E-File Website: http://apps.ahca.myflorida.com/Efile

Petitions for hearing filed pursuant to the administrative process of Chapter 120, Florida Statutes may be filed with the Agency by U.S. mail or courier sent to the Agency Clerk at the address listed above, by hand delivery at the address listed above, by facsimile transmission to (850) 921-0158, or by electronic filing through the Agency's website at http://apps.ahca.myflorida.com/Efile.

The request must be legible, on 8 ½ by 11-inch white paper, and contain:

1. Your name, address, telephone number, any Agency identifying number on the FAR, if known, and name, address, and telephone number of your representative, if any;
2. An explanation of how your substantial interests will be affected by the action described in the FAR;
3. A statement of when and how you received the FAR;
4. For a request for formal hearing, a statement of all disputed issues of material fact;
5. For a request for formal hearing, a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle you to relief;
6. For a request for formal hearing, whether you request mediation, if it is available;
7. For a request for informal hearing, what bases support an adjustment to the amount owed to the Agency; and
8. A demand for relief.

A formal hearing will be held if there are disputed issues of material fact. Additionally, mediation may be available in conjunction with a formal hearing. Mediation is a way to use a neutral third party to assist the parties in a legal or administrative proceeding to reach a settlement of their case. If you and the Agency agree to mediation, it does not mean that you give up the right to a hearing. Rather, you and the Agency will try to settle your case first with mediation.

If you request mediation, and the Agency agrees to it, you will be contacted by the Agency to set up a time for the mediation and to enter into a mediation agreement. If a mediation agreement is not reached within 10 days following the request for mediation, the matter will proceed without mediation. The mediation must be concluded within 60 days of having entered into the agreement, unless you and the Agency agree to a different time period. The mediation agreement between you and the Agency will include provisions for selecting the mediator, the allocation of costs and fees associated with the mediation, and the confidentiality of discussions and documents involved in the mediation. Mediators charge hourly fees that must be shared equally by you and the Agency.

If a written request for an administrative hearing is not timely received you will have waived your right to have the intended action reviewed pursuant to Chapter 120, Florida Statutes, and the action set forth in the FAR shall be conclusive and final.

Exhibit 2 (Ex. 2)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

CERTIFIED MAIL No.: 91 7108 2133 3932 8801 4276

May 16, 2017

Provider No.: 106307300
NPI No.: 1295768869
License No.: PH15710

Pharmerica Drug Systems, LLC
dba Pharmerica
Attn: Pharmacy Manager
3690 NW 53rd Street, Suite 104
Fort Lauderdale, FL 33309

In Reply Refer to
FINAL AUDIT REPORT
MPI Case No.: 2017-0007135

Dear Provider: 91 7108 2133 3932 8801 4276

The Agency for Health Care Administration (Agency), through its Office of the Inspector General (OIG), Medicaid Program Integrity (MPI), has completed a review of claims for Medicaid reimbursement for dates of service during the period August 1, 2013, through July 31, 2014. A preliminary audit report dated April 20, 2017, was sent to you indicating that we had determined you were overpaid $2,216.72. Based upon a review of all documentation submitted, we have determined that you were overpaid $2,216.72 for services that in whole or in part are not covered by Medicaid. A fine of $443.34 has been applied. The cost assessed for this audit is $680.00. The total amount due is $3,340.06.

Be advised of the following:

(1) In accordance with Sections 409.913(15), (16) and (17), Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency shall apply sanctions for violations of federal and state laws, including Medicaid policy. This letter shall serve as notice of the following sanction(s):

- A fine of $443.34 for violation(s) of Rule Section 59G-9.070(7) (e), F.A.C.

(2) Pursuant to Section 409.913(23) (a), F.S., the Agency is entitled to recover all investigative, legal, and expert witness costs.

USPS Tracking® Results

FAQs > (http://faq.usps.com/?articleId=220900)

Track Another Package +

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Tracking Number: 9171082133393288014276

Delivered

Product & Tracking Information

See Available Actions

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
May 19, 2017, 2:49 pm	**Delivered, Left with Individual**	**FORT LAUDERDALE, FL 33309**

Your item was delivered to an individual at the address at 2:49 pm on May 19, 2017 in FORT LAUDERDALE, FL 33309.

May 19, 2017, 6:07 am	In Transit to Destination	
May 17, 2017, 11:07 pm	Arrived at USPS Facility	OPA LOCKA, FL 33054
May 17, 2017, 3:29 am	Departed USPS Facility	TALLAHASSEE, FL 32301

See More

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/23/2014		CA	Fresno	Fresno

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	CA Board of Pharmacy

Reason/Charge
Allowed staff to perform compounding without proper documentation on file

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Citation and fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:

Allowed staff to perform compounding without proper documentation of training on file. Citation with fine of $2,500. Do not have an original copy of the consent order as the citation is very aged and has dropped off the license file.

Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

Pharmacy Corporation of America – Fresno, CA

12/23/2014 – Consent Order

Allowed staff to perform sterile compounding without proper documentation on file. Not providing proper compound training to pharmacy staff. Fine in the amount of $2,500

Do not have a copy of the consent order.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/30/2003		KS	Lenexa	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-06-2003	KS Board of Pharmacy

Reason/Charge
Violation of KSA65-1625

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent Order and Fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Allowing pharmacy personnel to work under expired license.
Administrative fine of $10,000 and one year probation

Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

BEFORE THE KANSAS STATE BOARD OF PHARMACY

IN THE MATTER

OF

Pharmacy Corporation of America
d.b.a. PharMerica, 8030 Reeder Rd,
Lenexa, KS 66214

Registered Pharmacy, #2-09794

Respondent.

CASE NO. 02 - 06

Pursuant to K.S.A.
Chapter 77

STIPULATION AND FINAL ORDER

Now on this 30 day of June, 2003, the above-captioned matter comes before the Kansas State Board of Pharmacy (Board) by agreement of Pharmerica Corporation of America, d.b.a. Pharmerica (Respondent) and the Kansas State Board of Pharmacy for the purpose of settling the above-captioned case.

The parties agree as follows:

1. The Kansas State Board of Pharmacy, hereinafter Petitioner or Board, is duly constituted under the laws of the State of Kansas, specifically the Pharmacy Act of the State of Kansas, K.S.A. 65-1625, et seq.

2. Respondent is presently, and at all times relevant to these proceedings, a registered pharmacy within the meaning of the Kansas Pharmacy Act, K.S.A. 65-1625 *et seq.*, having been issued registration number #2-09794, which will expire on 6/30/03.

3. The Board has the express jurisdiction to carry out and enforce the provisions of the Kansas Pharmacy Act, K.S.A. 65-1625 *et seq.* including conducting hearings and proceedings to revoke or suspend the registration of any pharmacy registered under the Kansas Pharmacy Practices

Act pursuant to K.S.A.65-1627a. Further, the Board has the express authority to assess civil penalties to registrants in violation of the Kansas Pharmacy Act pursuant to K.S.A. 65-1658.

4. The Board's investigative board member has received certain information, has investigated, and has determined that there are reasonable grounds to believe that the Respondent has committed an act or acts in violation of the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*

5. As a result of the investigation, the Board through its investigative board member, determined that reasonable grounds exist to believe that Respondent has committed acts that constitute violations of the Kansas Pharmacy Act as stated in the Petition filed in this matter.

6. Respondent and the Board mutually desire to enter into the Stipulation and final order in lieu of adjudicative proceedings to resolve the report of alleged violations.

7. Respondent waives all rights to an adjudication of facts and law which could be determined pursuant to a hearing conducted in accordance with the Kansas administrative procedure act in relation to this matter.

8. Respondent waives the right to file a motion for reconsideration and all rights of appeal pursuant to the Kansas act for judicial review in relation to this matter.

9. Respondent hereby admits and waives further proof, the factual allegations in the Petition in this matter as contained in Counts 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 32 (paragraphs 102 and 104 only), 33, 34 (paragraphs 108 and110) only, 35, 36, 38 (paragraphs 120 and 122 only), 39, 40 (paragraphs 126 and 127 only), 41, 43, 45, 47, 48 (paragraphs 150, 151, and 153 only), 49, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, and 61.

10. Respondent hereby admits, and the Board hereby finds, that the factual allegations in the Petition constitute violations of the Kansas Pharmacy Act as stated in the petition, which is attached to this Stipulation and Final Order and made a part thereof.

11. Based on these violations, Respondent consents to, and the Board hereby orders, the following:

a. that Respondent's registration shall be placed on probation for a period of one year.

b. that Respondent pay an administrative fine in the amount of ten thousand dollars ($10,000.00). This fine must be paid within 30 days of entry of this agreement;

14. Respondent agrees that all information in the possession of the Board or its attorney regarding the investigation which led to this disciplinary action and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Final Order, with or without the presence of the Respondent or its attorney. In the event that this Stipulation and Final Order are not accepted and approved by the Board, the Respondent further waives any objection to the Board members' consideration of this Stipulation and Final Order or the information mentioned in the preceding sentence and further agrees to waive any claim of due process violation or the right to seek the disqualification of any board member as a result of the Board member's consideration of said document and information.

15. The stipulations contained herein do not become binding until this Stipulation and Final Order is approved by the Board. The Respondent acknowledges that the approval of the Board's attorney does not constitute the approval of the Board or bind the Board to approve this Stipulation and Final Order provided for herein.

16. Respondent agrees that this Stipulation and Final Order is conformance with Kansas and federal law and the Board has jurisdiction to enter into it and enter the Final Order provided for herein. Respondent further agrees that the Kansas Pharmacy Act, K.S.A. 65-1625 *et seq.* is constitutional on its face and as applied in this case.

17. This Stipulation and Final Order constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

18. The following statement will be made in the Board's newsletter: "Pharmerica ,8030 Reeder Rd, Lenexa, KS 66214 was disciplined by the Board entering an order assessing an administrative fine in the amount of $10,000 and one year's probation.

19 Upon execution by all parties, this Stipulation and Final Order shall be a public record in the custody of the Board.

WHEREFORE the provisions above are consented to and are hereby made the Final Order of the Kansas Board of Pharmacy for the above-captioned case which becomes effective on the date indicated in the below Certificate of Service.

IT IS SO ORDERED.

AGREED AND ACCEPTED BY:

Pharmacy Corporation of America, d.b.a. PharMerica, 8030 Reeder Rd, Lenexa, KS 66214

by: _____ 4/23/03
Date

Kansas Board of Pharmacy

~~Max Heidrick, Chair~~
Mike Hurst, President

6/30/03
Date

APPROVED BY:

by: _____ 4/23/03
Bill Mertz
Pharmerica Corporation of America
Date

by: _____ 12/24/03
Steve Phillips # 14130
Assistant Attorney General
120 S.W. 10th Street, Second Floor
Topeka, Kansas 66612
785-296-2215
Date

CERTIFICATE OF SERVICE

The undersigned does hereby certify that on the 24th day of December, 2003, a true and correct copy of the above and foregoing STIPULATION AND FINAL ORDER was sent by United States mail, postage prepaid, to the following:

PharMerica
8030 Reeder Rd
Lenexa, KS 66214

Pharmacy Corporation of America
d/b/a PharMerica
Attn: William Mertz
Director, Legal Affairs & Counsel
175 Kelsey Lane
Tampa, FL 33619

Pharmacy Corporation of America
d/b/a PharMerica
c/o The Corporation Company, Inc.
515 S. Kansas State Board of Pharmacy
Topeka, KS 66603

Debra L. Billingsley
Executive Director

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/17/2014		KS	Lenexa	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
14-45-2014	KS Board of Pharmacy

Reason/Charge
Incorrect Ratio of technicians to pharmacist

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent Order and Fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Incorrect ratio of technicians to pharmacists required by KS pharmacy law

Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

Filed By
OCT 17 2014
KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)
)
PHARMACY CORPORATION)
OF AMERICA, D/B/A PHARMERICA)
Kansas Registration No. 2-09794) Case No. 14-45

STIPULATION AND FINAL AGENCY ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the Kansas Pharmacy Board (the "Board") and Pharmacy Corporation of America, d/b/a Pharmerica (the "Respondent") as follows:

1. The Board is represented herein by its attorney, Randall J. Forbes of Frieden, Unrein & Forbes, 1414 SW Ashworth Place, Suite 201, Topeka, Kansas 66604. The Respondent is represented herein by his attorney, PharMerica General Counsel.

2. The Board is the Kansas agency vested with the authority to carry out and enforce the provisions of the Kansas Pharmacy Law, K.S.A. 65-1626 *et seq.*, including conducting hearings and proceedings to revoke, suspend or otherwise discipline a Kansas registration to operate a pharmacy.

3. The Respondent is presently entitled to operate a pharmacy in the State of Kansas by reason of the Board having issued it Kansas registration number 2-09794. At all times relevant hereto, the Respondent has held a current registration to operate a pharmacy in the State of Kansas.

4. The Board has received certain information, has investigated and has determined that there are reasonable grounds to believe that the Respondent has operated in such a manner that violates the Kansas Pharmacy Act, K.S.A. 65-1626 *et seq.*

Respondent hereby agrees not to contest in this or any other proceeding before or initiated by the Board that, that it has allowed pharmacy technicians to work in the prescription area of its pharmacy at 8030 Reeder Road, Lenexa, Kansas when the ratio of pharmacy technicians to pharmacists exceeded that allowed by K.A.R. 68-05-16. Specifically, on April 28, 2014 a Board Inspector found on duty in the pharmacy area: three (3) pharmacists, three (3) certified pharmacy technicians and eight (8) pharmacy technicians that were not certified pharmacy technicians.

The Board finds and concludes that Respondent's conduct, as described above, is grounds for disciplinary action in the State of Kansas pursuant to K.S.A. 65-1627 (e)(1).

5. The Board finds and the Respondent agrees that the following disposition is just and appropriate under the circumstances:

A. FINE. Respondent hereby agrees and consents to the Board's entry of an order whereby within ten (10) days of the Board entering the Final Agency Order provided for herein, it shall pay to the Kansas Pharmacy Board an administrative fine in the amount of Five Hundred dollars ($500.00).

B. OTHER REQUIREMENTS. Respondent acknowledges and agrees that as a condition of this Stipulation and Final Agency Order it must:

1. Comply fully with this Stipulation and Final Agency Order;

2. Comply fully with the Kansas Pharmacy Act, the Board's rules and regulations and all state and federal laws relating to Kansas pharmacies;

6. Respondent agrees that all information in the possession of the Board's Investigation Member, its staff, its investigators and or its attorney regarding the investigation which lead to this disciplinary action and all information discovered during the pendency of the disciplinary action may be disclosed to and considered by the Board as part of the presentation and consideration of the proposal of settlement in the form of this Stipulation and Final Agency Order and the Final Order provided for herein, with or without the presence of the Respondent or its attorney. In the event that this Stipulation and Final Agency Order and the Final Order provided for herein are not accepted and approved by the Board, the Respondent further waives any objection to the Board members' consideration of this Stipulation and Final Agency Order or the information mentioned in the preceding sentence and further agrees to waive any claim of due process violation or the right to seek the disqualification of any Board member as a result of the Board member's consideration of said document and information.

7. The stipulations contained herein shall not become binding until this Stipulation and Final Agency Action is approved by the Board and the Final Order provided for herein is entered by the Board. The Respondent acknowledges that the approval of the Board's Investigation Member or its attorney shall not constitute the approval of the Board or bind the Board to approve this Stipulation and Final Agency Action or the Final Order provided for herein.

8. The Respondent agrees that this Stipulation and Final Agency Order is in conformance with Kansas and federal law and the Board has jurisdiction to enter into it and enter the Final Order provided for herein. The Respondent further agrees, for purposes of this matter, that the Kansas Pharmacy Act, K.S.A. 65-1626 *et seq.* is constitutional on its face and as applied in this case.

9. This Stipulation constitutes the entire agreement of the parties and may only be modified by a subsequent writing signed by them. The agreement shall be interpreted in accordance with the laws of the State of Kansas.

10. The Respondent acknowledges that it has the following rights:

A. To have formal notice of charges served upon it;

B. To file a response to the charges;

C. To have notice of and participate in a formal adjudicative hearing with the Board making specific findings of facts and conclusions of law based only upon evidence admitted at such hearing.

D. To take advantage of all applicable provisions of the Kansas Administrative Procedures Act, K.S.A. 77-501 *et seq.* and the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.*

The Respondent freely waives these rights and acknowledges that said waiver is made voluntarily and in consideration of the Board's limiting the disciplinary action taken against it to those provided for herein. The Respondent further waives the right to seek reconsideration or appeal or otherwise contest this Stipulation and Final Agency Order and the Final Order provided for herein.

11. The Respondent acknowledges that it enters into this Stipulation and Final Agency Order freely and voluntarily after consultation with counsel of its choosing. The Respondent further acknowledges that it has caused an authorized representative to read this Stipulation and Final Agency order in its entirety, that authorized representative understands its legal consequences and that the Respondent agrees that none of its terms are unconscionable, arbitrary or capricious.

12. Time is of the essence to this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order shall constitute a willful violation of a lawful Board order and grounds for further disciplinary action against it. The pendency of any disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. This Stipulation and Final Agency Order constitutes the entire and final agreement of the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of competent jurisdiction, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. Upon approval and entry of the Final Order by the Board, this Stipulation and Final Agency Order shall be a public record in the custody of the Board.

15. This Stipulation and Final Agency Order shall become effective on the day it is approved, accepted and made an order of the Board by way of signature of the Board's authorized representative.

16. The Respondent acknowledges that it has been advised by the Board that it would have the right within 15 days after service of the Final Order provided for herein to file a petition for reconsideration with the Board and the right within 30 days after service of the Final Order provided for herein to file a petition for judicial review in the District Court of Shawnee County, Kansas in accordance with the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.* and to serve such a petition for judicial review on the Kansas Pharmacy Board by serving

Debra Billingsley, its Executive Secretary at 800 SW Jackson St., Suite 1414, Topeka, KS 66612. The Respondent hereby waives those rights.

*** Signatures on Following Page ***

AGREED AND ACCEPTED BY:

Pharmacy Corporation of America, d/b/a Pharmerica

By: _____
General Counsel

9/4/14
Date

_____
~~Dr. Bob Hancke~~ Michael Lonergan, RPh.
Investigation Member

10-17-14
Date

APPROVED BY:

_____
Respondent's Attorney's Name & Address

_____
Date

_____
Randall J. Forbes, KS#09089 MO#64335
FRIEDEN, UNREIN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604
(785) 354-1100

9/5/2014
Date

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	
PHARMACY CORPORATION	)	
OF AMERICA, D/B/A PHARMERICA	)	
Kansas Registration No. 2-09794	)	Case No. 14-45

FINAL ORDER

Upon motion duly made, seconded and passed, the Kansas Pharmacy Board (the "Board") approves and accepts the within Stipulation and Final Agency Order and incorporates the provisions thereof as the Final Order of the Board. Within ten (10) days of the Board entering this Final Agency Order, Pharmerica, Inc. shall pay to the Kansas Board of Pharmacy an administrative fine in the amount of Five Hundred dollars ($500.00).

ENTERED AND EFFECTIVE this 17 day of October, 2014.

KANSAS BOARD OF PHARMACY

By: Robert Haneke, Pharm D.
~~David R. Schoech, R.Ph.~~ Robert Haneke, Pharm D.
President

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing STIPULATION AND FINAL AGENCY ORDER was served by depositing same in the United States mail, postage prepaid, this 20 day of October, 2014 addressed to:

Randall J. Forbes
FRIEDEN, UNREIN & FORBES, LLP
1414 SW Ashworth Place, Suite 201
Topeka, KS 66604

Pharmacy Corporation of America, d/b/a Pharmerica
Attn.: Pharmacist-in-Charge Gregory Lunson, R.Ph.
8030 Reeder Road
Lenexa, KS

Debra Billingsley
Debra Billingsley
Executive Director
KANSAS BOARD OF PHARMACY

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/13/2000	1/28/2002	FL	Orlando	Seminole

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
00-3501	CO Board of Pharmacy

Reason/Charge
Dispensing error

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	CLS Stipulation and fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Dispensing error discovered during an inspection. $1,500 fine (plus costs) and a continuing education course requirement for the manager. Completed.

Susan Lenick
Original Signature (electronic, copies or stamps not accepted)

9/9/2022
Date

Final Order No. DOH-02-0144-S-MQA
FILED DATE - 1/28/02
Department of Health
By: Vicki R. Kenon
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF PHARMACY

DEPARTMENT OF HEALTH,

Petitioner,

vs. CASE NO.: 00-03501

PHARMACY CORP. OF AMERICA,
Respondent.
_____/

FINAL ORDER

Respondent, Pharmacy Corp. of America, holds Florida license number PH 0015701as a licensed pharmacy. Petitioner filed an Administrative Complaint seeking disciplinary action against the licensee; a copy of that complaint is attached to and made a part of this Final Order.

Petitioner and Respondent have stipulated to a disposition of this case; said Stipulation was presented to the Board of Pharmacy at its October 8, 2001, meeting held in Tallahassee, Florida. The Board concurs that this Stipulation is an appropriate settlement of the cause. The Stipulation is attached to and made a part of this Final Order. It is therefore Ordered that the Stipulation is adopted, and Respondent shall be governed accordingly.

This Final Order shall become effective upon filing with the Clerk of the Department.

DONE AND ORDERED this 28 day of January, 2002 by the Florida Board of Pharmacy.

JOHN D. TAYLOR, R. Ph.
EXECUTIVE DIRECTOR

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by United States Mail to: Pharmacy Corp. of America, 735 West State Road 434, Ste. B., Longwood, Florida 32750; to John M. Scheels, Esquire, Director, Legal Affairs & Counsel, 4000 Metropolitan Drive, Orange, CA 92868, and by hand delivery/interoffice mail to Department of Health and its counsel, Lawrence F. Kranert, Jr., Senior Attorney, Agency for Health Care Administration, this _____ day of _____, 2001.

_____

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH
BOARD OF PHARMACY,

Petitioner,

vs. Case No: 00-03501

PHARMACY CORPORATION OF
AMERICA,

Respondent.
_____/

STIPULATION

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby offer this Stipulation to the Board of Pharmacy as disposition of the Amended Administrative Complaint, attached hereto as Exhibit "A", in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Stipulation is issued by the Board and filed. In considering this Stipulation, the Board may review all investigative materials regarding this case. If this Stipulation is rejected, it, and its presentation to the Board, shall not be used against either party.

STIPULATED FACTS

1. For all times pertinent herein, Respondent was a licensed pharmacy in the State of Florida, having been issued license number PH 0015701. Respondent's last known address is 735 West State Road 434, Suite B, Longwood, Florida 32750.

2. The Respondent was charged by an Amended Administrative Complaint filed by the Department and properly served upon Respondent with violations of

Chapters 456 and 465, Florida Statutes. A true and correct copy of the Amended Administrative Complaint is attached hereto and incorporated by referenced as Exhibit A.

3. Respondent admits the factual allegations contained in the Amended Administrative Complaint for the purposes of settlement in these administrative proceedings only.

STIPULATED LAW

1. Respondent admits that he is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department of Health and the Board.

2. Respondent admits that the stipulated facts, if proven true, constitute violations of law as alleged in the Amended Administrative Complaint.

3. Respondent admits that the stipulation is a fair, appropriate and reasonable resolution to this pending matter.

PROPOSED DISPOSITION

1. The license of the Respondent shall be reprimanded by the Board of Pharmacy.

2. The Board of Pharmacy shall impose an administrative fee of One Thousand Five Hundred and No/100 Dollars ($1,500.00) and administrative costs in the amount of Five Hundred Ninety-Eight Dollars and Fifty-One Cents ($598.51) against the license of the Respondent. The fine and costs are to be paid by the Respondent to the Executive Director of the Board of Pharmacy, within thirty (30) days of the filing of a Final Order accepting and incorporating this Stipulation.

3. The Respondent's prescription department manager shall successfully complete a twelve (12) hour continuing education course on the laws and rules governing

the practice of pharmacy in Florida within one (1) year of the entry of the Final Order accepting and adopting this Stipulation.

4. Respondent shall not in the future violate Chapters 456, 465, 499 and/or 893, Florida Statutes, the rules promulgated pursuant thereto, or any other state or federal law, rule or regulation relating to the practice or the ability to practice pharmacy.

5. It is expressly understood that a violation of the terms of this Stipulation shall be considered a violation of a Final Order of the Board of Pharmacy, for which disciplinary action may be initiated pursuant to Chapter 465, Florida Statutes.

6. It is expressly understood that this Stipulation is subject to approval by the Board and Department, and has no force or effect until an Order is based upon it by the Board.

7. This Stipulation is executed by the Respondent for the purpose of avoiding further administrative action with respect to this particular cause. In this regard, the Respondent authorizes the Board to review and examine all investigative file materials concerning the Respondent prior to, or in conjunction with, consideration of the stipulation. Respondent agrees to support this stipulation at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Stipulation not be accepted by the Board, it is agreed that the presentation and consideration of this Stipulation and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

8. The Respondent and the Department fully understand that this Stipulation and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Amended Administrative Complaint, attached hereto as Exhibit A, issued in this cause.

9. The Respondent waives the right to seek attorney's fees and/or costs from the Department or Agency in connection with this disciplinary proceeding.

WHEREFORE, the Parties hereby request the Board to enter a Final Order accepting and implementing the terms contained herein.

SIGNED this 20 day of July, 2001.

PHARMACY CORPORATION OF AMERICA
Case No. 00-03301

STATE OF FLORIDA:
COUNTY OF Seminole:

BEFORE ME personally appeared Cathy Mayo, whose identity is known to me by _____ (type of identification), and who, under oath, acknowledges that his/her signature appears above.

SWORN TO AND SUBSCRIBED by Respondent before me this 20th day of July, 2001.

Petra Branker
Notary Public
My Commission Expires:

Petra Branker
My Commission CC683890
Expires September 28, 2001

APPROVED this 2nd day of August, 2001.

Robert G. Brooks, M.D.
Secretary, Department of Health

Nancy M. Snurkowski
Chief Attorney
Agency for Health Care Administration

COUNSEL FOR PETITIONER:

Michael E. Duclos, Senior Attorney
Florida Bar Number 274046
Agency for Health Care Administration
General Counsel's Office – Allied Health
2727 Mahan Drive (Practitioner Regulation)
Tallahassee, Florida 32308
(850)487-3908

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2/28/2018		FL	Orlando	Seminole

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2016-0006665	FL HCA

Reason/Charge
Medicaid Overpayment

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Settlement Agreement with fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
During a FL Medicaid audit of claims submitted, overpayments were identified that were not self reported. Settlement with fine.

Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

Tab 79

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Vs. CASE NO. 00-03501

PHARMACY CORP OF AMERICA,

Respondent.
_____/

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, Department of Health, and files this Administrative Complaint before the Board of Pharmacy against the Respondent, PHARMACY CORP OF AMERICA and in support thereof would state:

1. Petitioner is the state agency charged with regulating the practice of Pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, (formerly Chapter 455, Part II; see Chapter 2000-160, Laws of Florida), and Chapter 465, Florida Statutes. Pursuant to Section 20.43(3)(g), Florida Statutes, the Department has contracted with the Agency for Health Care Administration to provide consumer complaint, investigative, and prosecutorial services required by the Division of Medical Quality Assurance, councils, or boards.

2. Respondent has been at all times pertinent hereto, a duly licensed pharmacy pursuant to Chapter 465, Florida Statutes, having been issued license number PH 0015701.

3. Respondent's last known address is 735 West State Road 434, Suite B, Longwood, Florida 32750.

4. An inspection was performed by agents of the Petitioner. As a result, it was discovered on December 23, 1999 the Respondent misfilled prescriptions submitted by Southern Oaks Healthcare for the patient C.C. , for the medication Zocor by dispensing Zyprexa; on December 24, 1999, for patient J.B. by dispensing Benadryl instead of Dimetapp; on March 1, 2000 by dispensing valium instead of the prescribed klonopin; on December 31, 1999 for patient E.S. by dispensing Vicodin ES instead of Lortab. In addition, the Respondent also dispensed a prescription for forty (40) Pen VK, but there were only thirty two (32) and dispensed a prescription for thirty (30) Risperdol, but there were only twenty three (23) in the box.

5. The conduct of the Respondent as aforesaid is contrary to the provisions contained in Sections 465.016(1)(e) and 465.016(1)(g), Florida Statutes, by furnishing upon prescription, an article different in any manner from the article prescribed.

WHEREFORE, Petitioner respectfully requests the Board of Pharmacy to enter an Order imposing one or more of the following penalties: revocation or suspension of the respondent's license, restriction of the Respondent's practice, imposition of an administrative fine and assessment of costs related to investigation and prosecution of this case (including, but not limited to costs associated with attorney time), issuance of a reprimand, placement of the Respondent on probation, and/or any other relief the Board deems appropriate.

SIGNED this 8th day of November, 2000.

Robert G. Brooks, M.D.
Secretary, Department of Health

By: Nancy M. Snurkowski
Chief Attorney
On Behalf of the Agency for
Health Care Administration

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Vicki R. Kenon
DATE 11/13/00

COUNSEL FOR AGENCY:
Michael P. Sasso, MPS
Senior Attorney
Florida Bar No. 0167363
Agency for Health Care Administration
General Counsel's Office - MQA
Practitioner Regulation
P.O. Box 14229
Tallahassee, Florida 32317-4229
(850) 487-9670

MPS/rt
PCP: 5m/GS

PCP Date: 10-10-00

Case Number - 00-03501 Pharmacy Corp.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/26/2016	4/18/2016	KY	Louisville	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
~~NA~~ 16-22A	Louisville Board of Pharmacy

Reason/Charge
Medication dispensing error

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent Order

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Medication dispensing error. Fined $500 and submission of a corrective action plan

[redacted]

Original Signature (electronic, copies or stamps not accepted)

9/9/2022
Date

$ PAID 23,000 / 00410228

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-22A

IN RE: PHARMACY PERMIT NO. P06708 HELD BY PHARMERICA

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Pharmerica ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06708.

(3)
(a) On or about November 4, 2015, a Board inspector ("inspector") received notice that Pharmerica was dating repackaged medication with a one year expiration date using packaging rated for six month expiration dating.
(b) On or about December 4, 2015 the inspector contacted Stephanie Myers ("Myers"), pharmacy director at Pharmerica, to inquire about the repackaging dating. On or about December 8, 2015, Myers confirmed that Pharmerica had been using Class B packaging which required a six month expiration date, and that dating of repackaged medication would be changed to six month expiration.
(c) On or about February 16, 2016, the inspector was notified that amber packaging was not used in the controlled substance room for light sensitive drugs although manufacturer labeling required light resistant containers. On the same date, the inspector reviewed the packaging and stock bottles for all repackaged medication in the controlled substance room, and documented twenty-three blister cards containing twenty-two different drugs that were not repackaged in light-resistant packaging.
(d) Respondent is subject to discipline pursuant to KRS 217.065(7) and KRS 315.121(1)(h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $23,000.00, payable on or before April 22, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) On or before April 22, 2016, Respondent shall submit a written corrective action plan detailing what steps the Respondent shall take to ensure appropriate packaging and labeling of all drugs packaged, repackaged or dispensed by Respondent.

(C) Respondent shall be placed on probation for one (1) year from May 12, 2016 through May 11, 2017. As conditions of probation, Respondent agrees that:

- The Board shall conduct semi-annual inspections; the costs of which shall not to exceed $500 per inspection, and shall be paid by Respondent to the Board within thirty (30) days of invoicing by the Board. Costs shall be determined as time, travel costs, and mileage charges of the inspector(s); and
- The Respondent shall recall all unused drugs with incorrect beyond-use-dates or inappropriate packaging

(D) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that the Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(E) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

5-11-2016
Date

Stephanie Myers
Pharmerica, Respondent

4/20/16
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/4/2015	4/22/2016	KY	Louisville	Jefferson
Case # ~~MA~~ 16-21A		Governing, licensing, Arresting Presiding Body/Agency/Court: Louisville Board of Pharmacy		
Reason/Charge: Incorrect repackaging of medications				
Plaintiff/Defendant/Claimant/Respondent: Pharmacy Corporation of America		Lawsuit/Arbitration/Bankruptcy: Consent Order, probation and fine		
Name of Business/Industry/Entity: Pharmacy Corporation of America				

Provide explanation below:
Incorrect expiration dates used on repackaged medication; amber packaging not used for certain light sensitive medications during repackaging. Probation 5/12/0216 through 5/11/2017 with fine of $23,000.00 and submission of a corrective plan of action.

Susan Deinick
Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

$ PAID 500/410024

RECEIVED FEB 25 2016

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-21A

IN RE: PHARMACY PERMIT NO. P06708 HELD BY PHARMERICA

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Pharmerica ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06708.

(3)
(a) On or about January 26, 2016, the Board office received notice from the Food and Drug Administration about a medication error in which a patient received hydroxyzine instead of the prescribed hydralazine.
(b) The Board's investigation revealed that on or about August 28, 2014, Hydroxyzine HCl 50mg tablets were dispensed for ID by Respondent instead of Hydralazine HCl 50mg tablets as prescribed, in violation of KRS 217.065.
(c) Respondent is subject to discipline pursuant to KRS 315.121(1)(h) and KRS 217.065.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $500.00, payable on or before April 18, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) On or before April 18, 2016, Respondent shall submit a written corrective action plan

detailing what steps the Respondent shall take to prevent future similar medication errors within the pharmacy.

(C) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that the Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(D) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

5-11-2016
Date

Stephanie Myers
Pharmerica, Respondent

4/18/16
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
5/3/2022	6/19/2013	KY	Louisville	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2013-00144	Missouri Board of Pharmacy

Reason/Charge
Not reporting a KY disciplinary action taken to the MO Board

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent order and 3 year probation

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Failure to report a disciplinary action taken by the resident state to the nonresident MO Board of Pharmacy

Susan Lenaich
Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

BEFORE THE
MISSOURI BOARD OF PHARMACY
STATE OF MISSOURI

IN RE:	)	
	)	
PHARMACY CORPORATION OF AMERICA d/b/a PHARMERICA	)	**Case #2013-001441**

ORDER OF THE MISSOURI BOARD OF PHARMACY
ISSUING PHARMACY CORPORATION OF AMERICA d/b/a PHARMERICA
A PHARMACY PERMIT SUBJECT TO PROBATION

Comes now the Missouri Board of Pharmacy ("Board") and issues its ORDER granting a PROBATED pharmacy permit, permit number 2013019681, to Pharmacy Corporation of America d/b/a PharMerica ("PharMerica") pursuant to the provisions of Section 324.038, RSMo. As set forth in Section 324.038, RSMo, PharMerica may submit a written request for a hearing to the Administrative Hearing Commission seeking review of the Board's decision to issue a probated permit to Advantage. Such written request must be submitted to the Administrative Hearing Commission within thirty (30) days of issuance of this Order. The written request should be addressed to the Administrative Hearing Commission, P.O. Box 1557, Truman Building Room 640, Jefferson City, MO 65102-1557. If no written request for review is received by the Administrative Hearing Commission within the thirty (30) day period, the right to seek review of the Board's decision shall be waived.

The disciplinary period shall become effective immediately upon issuance of PharMerica's pharmacy permit. Should PharMerica file a written request for review of this Order, the terms and conditions of this Order shall remain in force and effect unless and/or until such time as the Administrative Hearing Commission issues an order contrary to this Order.

Findings of Fact

1. The Board is an agency of the State of Missouri created and established pursuant to Section 338.110, RSMo, for the purpose of executing and enforcing provisions of Chapter 338, RSMo.

2. PharMerica filed an application for a pharmacy permit with the Board on January 23, 2013. The permit is for a location at 12100 Plantside Drive, Louisville, Kentucky 40299-6343. The permit issued pursuant to this Order is in response to that application.

3. On March 5, 2003, the Kentucky Board of Pharmacy issued an Agreed Order placing PharMerica's pharmacy permit in the state of Kentucky on probation for a period of three

years because PharMerica allowed a diversion of approximately 75,000 dosage units of hydrocodone, 100 dosage units of oxycodone, 14,000 dosage units of diazepam, and 53,000 dosage units of alprazolam, all controlled substances, and because PharMerica failed to provide proper oversight of its pharmacy to prevent such diversion.

4. Based on information received by the Board, pursuant to Section 338.055 RSMo, the Board concluded PharMerica engaged in conduct which would be grounds for denying PharMerica a permit, or if it had been currently permitted by the Board, disciplinary action by the Board against its pharmacy permit.

5. Pursuant to the provisions of Section 324.038, RSMo, the Board hereby issues pharmacy permit number 2013019681 to PharMerica, in lieu of denial of PharMerica's request for a permit to practice pharmacy in Missouri. Permit number 2013019681 is issued subject to the terms and conditions set forth herein below.

Conclusions of Law

6. PharMerica's conduct as alleged above is cause for the Board to deny PharMerica a permit to practice pharmacy pursuant to Section 338.055.1 and .2, RSMo, which states in pertinent parts:

> 1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.
>
> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> * * *
>
> (8) Denial of licensure to an applicant or disciplinary action against an applicant or the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency, or country whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, surrender of the license upon grounds for which denial or discipline is authorized in this state;

7. Section 324.038 RSMo, provides in pertinent part:

> Whenever a board within the division of professional registration, including the division itself when so empowered, may refuse to issue a license for reasons which also serve as a basis for filing a complaint with the administrative hearing commission seeking disciplinary action against a holder of a license, the board, as an alternative to refusing to issue a license, may, at its discretion, issue to an applicant a license subject to probation.

8. The Board hereby issues this ORDER in lieu of denial of PharMerica's request for a permit to practice pharmacy in Missouri pursuant to Section 324.038, RSMo.

9. Pursuant to the provisions of Section 324.038, RSMo, the Board hereby issues pharmacy permit number 2013019681 to PharMerica in lieu of denial of PharMerica's request for a license to practice pharmacy in Missouri. License number 2013019681 is issued subject to the terms and conditions set forth herein below.

Order

Based on the foregoing, it is the ORDER of the Missouri Board of Pharmacy that in lieu of denying Pharmacy Corporation of America a pharmacy permit, the Board hereby issues Pharmacy Corporation of America d/b/a PharMerica pharmacy permit #2013019681 subject to PROBATION for three (3) years (hereinafter "disciplinary period"). This Order shall become effective on the date of this Order. The terms of discipline shall be:

A. PharMerica shall pay all required fees for licensing to the Board and shall renew its permit prior to October 31 of each licensing year.

B. PharMerica shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

C. If requested, PharMerica shall provide the Board a list of all licensed pharmacists employed by PharMerica and the individuals' current home addresses and telephone numbers.

D. If, after disciplinary sanctions have been imposed, PharMerica fails to keep its pharmacy permit current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. PharMerica shall report to the Board, on a preprinted form supplied by the Board office, once every six months (due by each January 1 and July 1), beginning with whichever date occurs first after the date of this Order, stating truthfully whether or not it has complied with all terms and conditions of this Order.

F. PharMerica shall not serve as an intern training facility for interns.

G. PharMerica shall make a representative of the pharmacy available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the disciplinary period. PharMerica will be notified and given sufficient time to arrange these meetings.

H. PharMerica's failure to comply with any condition of probation set forth herein constitutes a violation of this Order.

I. The Board will maintain this Order as an open record of the Board as provided in Chapters 334, 338, and 610, RSMo.

J. Upon the expiration of the disciplinary period, the permit of PharMerica shall be fully restored if all requirements of law have been satisfied; provided, however, that in the event the Board determines that PharMerica has violated any term or condition of this Order, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke or otherwise lawfully discipline PharMerica's permit.

K. No order shall be entered by the Board pursuant to the preceding paragraph of this Order without notice and opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

L. If the Board determines that PharMerica has violated a term or condition of this Order, which violation would be actionable in a proceeding before the Administrative Hearing Commission or the Circuit Court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Order in its determination of appropriate legal actions concerning that violation.

SO ORDERED this 19th day of June, 2013

(BOARD SEAL)

MISSOURI BOARD OF PHARMACY

KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	5/3/2003	KY	Louisville	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02400A	Kentucky Board of Pharmacy

Reason/Charge
Diversion of controlled substances

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent order and 3 year probation

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Failure to have sufficient internal and institutional controls to discover the diversion of controlled substances. PIC failed to provide proper oversight of the pharmacy to prevent such diversion. 3 year probation and $2,000 fine.

Susan Lenaich
Original Signature (electronic, copies or stamps not accepted)

4/19/2022
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

Case No. 02-0100A

IN RE: PHARMACY PERMIT NO. P06708 HELD BY PHARMERICA-LOUISVILLE

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and PharMerica - Louisville, ("PharMerica"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) PharMerica is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06708.

(3) (a) On or about May 22, 2002, the Board received a DEA 106 report reflecting approximately 75,000 dosage units of hydrocodone products; 100 dosage units of oxycodone; 14,000 dosage units of diazepam; and 53,000 dosage units of alprazolam diverted from the pharmacy estimated to have been removed during an eleven month timeframe.

(b) The Respondent failed to have sufficient internal and institutional controls to discover the diversion of controlled substances and its Pharmacist-in-Charge failed to provide effective oversight and control of the operations of the pharmacy.

(c) The above actions constitute violations of KRS 218A.200, and 201 KAR 2:100 and subject PharMerica to discipline pursuant to KRS 315.121(1)(a),(h) and (2)(d), and (g).

(4) The Board and PharMerica have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(a) The license issued to PharMerica to operate as a pharmacy in Kentucky shall be placed on PROBATION for three (3) years from the date the Board of Pharmacy accepts this Agreed Order with the following terms of probation:

(i) PharMerica shall be required to notify the Board within 5 days of any change in employment at the pharmacy, including any pharmacist and technician positions;

(ii) The Board during the first year of probation shall conduct quarterly inspections, during the second year semi-annual inspections, and during the third (3rd) year an annual inspection, the costs of which, not to exceed $1,000 per inspection, shall be paid by PharMerica to the Board within twenty one (21) days of invoicing by the Board; costs shall be determined as time, travel costs and mileage charges of the inspector(s);

(iii) The Board shall conduct a random audit of not less than five (5) controlled substances each year of probation at PharMerica , the costs of which shall be paid by PharMerica to the Board within twenty one (21) days of invoicing by the Board; costs shall be determined as time, travel costs and mileage charges of the inspector(s);

(iv) PharMerica shall maintain a perpetual inventory of hydrocodone products; oxycodone; diazepam; and alprazolam; and

(b) PharMerica is FINED $2000.00, payable on or before the date this Agreed Order is entered by the Board.

(5) By entering into this Agreed Order, PharMerica expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(6) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP") and is subject to disclosure under the Kentucky Open Records Act.

ENTERED THIS 5th DAY OF March, 2003.

KENTUCKY BOARD OF PHARMACY

Georgina K. Jones, President — Date: 3/5/03

PharMerica — Date: 1/23/03

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/01/2008	01/06/2010	KY	Louisville	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
08-0106	Kentucky Board of Pharmacy

Reason/Charge
Prescription filled without proper authorization

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent order and fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
filled a prescription without proper authorization obtained from prescriber. Fine of $1,000.

Susan Lenick
Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

RECEIVED
KY BOARD OF PHARMACY
2010 JAN -6 P 12:51

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 08-0106

IN RE: PHARMACY PERMIT NO. P06708 HELD BY PHARMERICA

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and PharMerica ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06708.

(3) (a) On or between February and August, 2008, Respondent filled a prescription for DS without proper authorization, in violation of KRS 315.121(2)(f).
(b) The above subjects Respondent to discipline pursuant to KRS 315.121(1)(h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, to provide quality assurance that patients are receiving appropriate care, and in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $1000 payable by January 21, 2010. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy. Spindletop Administration Building Suite 302, 2624 Research Park Drive, Lexington, Kentucky 40511.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that the Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

President
Kentucky Board of Pharmacy

1/13/2010
Date

PharMerica, Respondent

1/5/10
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2-26-2021	2-17-2021	KY	Louisville	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-0425	Arizona Board of Pharmacy

Reason/Charge
Failure to report a previous consent order

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmacy Corporation of America	Consent order and fine

Name of Business/Industry/Entity
Pharmacy Corporation of America

Provide explanation below:
Failure to report a previous consent order while applying for a nonresident Arizona permit. Consent order and fine of $250.00.

Original Signature (electronic, copies or stamps not accepted)

9/19/2022
Date

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
Tel: (602) 542-7983
Tel: (602) 542-7672
Fax: (602) 364-3202
Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of : **PHARMERICA** Applicant for a Non-Resident Chain Pharmacy Permit in the State of Arizona, Applicant.	Board Case No. 21-0425 **CONSENT AGREEMENT AND ORDER FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, PharMerica, ("Applicant"), Applicant for a Non-Resident Chain Pharmacy Permit in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Applicant has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Applicant understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Applicant knowingly and voluntarily relinquishes all rights to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Applicant affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Applicant understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it..

5. Applicant understands this Consent Agreement deals with allegations of unprofessional conduct against Applicant. The investigation into these allegations against Applicant shall be concluded upon the Board's adoption of this Consent Agreement and Applicant's compliance with the same.

6. Applicant acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Applicant understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Applicant, including violations of Arizona's Consumer Fraud Act.

Applicant acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Applicant.

9. Applicant acknowledges and agrees that upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Applicant shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Applicant understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. Applicant understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19), -1927.02(A) (1).

14. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

15. Applicant agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY APPLICANT

PharMerica Dated: 12/14/21

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona. Evidence to support these findings of fact is contained within the Board's files.

2. Applicant is applying for a Non-Resident Chain Pharmacy Permit in the State of Arizona.

3. Applicant's primary business location is 12100 Plantside Dr., Louisville, KY 40299.

4. On or about April 5, 2021, Applicant submitted its permit application to the Board.

5. On the application, Applicant was asked whether any formal disciplinary action had ever been taken against any of the permits held by them. Applicant answered

"YES" to the question, and disclosed actions taken by the Kentucky Board of Pharmacy in 2003, 2010 and 2015.

8. Applicant did not disclose two additional actions taken by the Kentucky Board of Pharmacy in 2016.

CONCLUSIONS OF LAW

1. The Board possesses subject matter and personal jurisdiction over Applicant pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may deny a permit to an Applicant who has engaged in unethical conduct. A.R.S. § 32-1927.02(P).

3. The conduct and circumstances above constitute a violation of A.R.S. §32-1901.01(A)(17), which is providing false or misleading information or omitting material information in any communication to the board or the board's employees or agents.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Applicant shall pay to the Board, as a civil penalty, the sum of **Two Hundred Fifty Dollars ($250.00)** for the above-referenced violations. The civil penalty shall be paid in full to the Board within **NINETY (90) days** of the effective date of this Consent Agreement and Order. Payment must be received in the Board office no later than 5:00 pm on the ninetieth day. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. **The permit shall not issue until such time Applicant pays the civil penalty as set forth above.** Within five (5) business days of the receipt of the $250.00 civil penalty, the Board shall issue Applicant a Non-Resident Chain Pharmacy Permit.

3. **Should Applicant fail to pay the civil penalty as set forth above within ninety (90) days of the effective date of the Consent Agreement and Order, the application shall automatically be denied and a Notice of Denial issued.**

4. Applicant understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this _____ day of _____, 2021.

ARIZONA STATE BOARD OF PHARMACY

By: _____
Kamlesh Gandhi, PharmD..
Executive Director

ORIGINAL OF THE FOREGOING FILED
this _____ day of _____, 2021, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this _____ day of _____, 2021,

PharMerica
12100 Plantside Dr.,
Louisville, KY 40299
compliance@pharmerica.com

COPY OF THE FOREGOING EMAILED
this _____ day of _____, 2021, to:

Jeanne Galvin
Seth T. Hargraves
Arizona Attorney General's Office
2005 N. Central Ave. – SGD/LES
Phoenix, AZ 85004
Attorneys for the Board
LicensingEnforcement@azag.gov

_____

Doc # 9812915

DATE
01-OCT-2021

VENDOR
ARIZONA STATE BOARD OF PHARMACY 23762

CORP NO. 101527645

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT	NET INVOICE
33110/0928	09/28/2021	~~MOCHO PERMIT FOR TUCSON~~ Louisville Fine	0.00	250.00

NOTICE TO ALL RESCARE CONTRACTORS AND AGENTS
Persuant to Section 6032 of the Federal Deficit Reduction Act Of 2005 (DRA), all contractors and agents of ResCare must comply with and abide by ResCare's policies for preventing fraud, waste and abuse. For detailed information on these requirements, contractors and agents should access the following link:
http://www.rescare.com/legal.php or call 1.800.866.0860, ext. 2237.
For all other accounts payable inquiries, please contact your local/regional ResCare Office.
If you do not have contact information for the local/regionaloffice,please call the ResCareorporate Office at 800.866.0860 ext. 2111 Opt#4.

RESCARE INC **Total** 0.00 **$250.00**

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT

THIS DOCUMENT CONTAINS SECURITY FEATURES - THE FACE HAS A COLORED BACKGROUND ON WHITE PAPER.

RESCARE INC
805 N Whittington Pkwy
Louisville, KY 40222

JP MORGAN CHASE BANK, N.A.
COLUMBUS, OH

CORP NO. 101527645
56-1544/441

DATE
10/01/2021

AMOUNT
$**250.00

PAY Two Hundred Fifty Dollars And Zero Cents*****

VOID AFTER 180 DAYS

TO THE ORDER OF ARIZONA STATE BOARD OF PHARMACY
P O BOX 18520
PHOENIX AZ 85005

THIS DOCUMENT CONTAINS A TRUE WATER MARK - HOLD TO LIGHT TO VERIFY.

⑈101527645⑈ ⑆044115443⑆ 88525542⑈



After printing this label:
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: TRI-ANIM HEALTH SERVICES, INC.

Physical Address: 1033 COLLINS RD, SUITE C

City: GREENWOOD State: IN Zip: 46143

Mailing Address (if different from physical address): 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 614-760-5000 Website: WWW.TRI-ANIM.COM

Name of Designated Representative (DR): HECTOR RODRIGUEZ

Licensing Company Email: REGULATORY@SARNOVA.COM DR Email: REGULATORY@SARNOVA.COM

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: TRI-ANIM HEALTH SERVICES, INC DOES NOT DISTRIBUTE PHARMACEUTICALS

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): SARNOVA HC, LLC

Corporation/Organization Name: TRI-ANIM HEALTH SERVICES, INC.

Mailing Address: 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 614-760-5000 Email: REGULATORY@SARNOVA.COM

Contact Person Name: JILL VENNEKOTTER

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DARRELL HUGHES, SECRETARY

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/24/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓

Jill Vennekotter

From: Michael Cooke
Sent: Friday, April 1, 2022 2:37 PM
To: Jill Vennekotter
Subject: FW: Medical Device Distributor Regulation

Also, FYI – Director of IN BOP says we don't need a license to sell distribute devices.

Michael Cooke
Sarnova, Inc. | Senior Regulatory Counsel
5000 Tuttle Crossing Blvd. | Dublin, OH 43016
Mobile 614.506.2707 | Direct 614.760.5015
michael.cooke@sarnova.com | www.sarnova.com

Sarnova, a family of companies:
Bound Tree Medical, Cardio Partners, EMP & Tri-anim Health Services



From: Turner, Laura A (PLA) <LaTurner1@pla.IN.gov>
Sent: Wednesday, March 30, 2022 11:32 AM
To: Michael Cooke <Michael.Cooke@Sarnova.com>; Nunnally, Zaneta <ZNunnally@pla.IN.gov>
Cc: Group 04 <pla4@pla.IN.gov>
Subject: RE: Medical Device Distributor Regulation

Sorry for the delayed response. Pursuant to the explanation of your business, you do not fall under the definition of provider found in IC 25-26-21.

Thank you-

Laura A. Turner, J.D.
Board Director
Indiana Professional Licensing Agency

From: Cooke, Michael <Michael.Cooke@Sarnova.com>
Sent: Thursday, March 17, 2022 5:33 PM
To: Turner, Laura A (PLA) <LaTurner1@pla.IN.gov>; Nunnally, Zaneta <ZNunnally@pla.IN.gov>
Cc: Group 04 <pla4@pla.IN.gov>
Subject: Medical Device Distributor Regulation
Importance: High

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello Ms. Turner and Ms. Nunnally,

We continue to diligently work to license around the country our new medical device distribution facilities opening in Greenwood, Indiana, but have run into issues in states like Michigan who are concerned we do not have an Indiana home state license. States like Michigan are asking for direct confirmation from Indiana that Indiana does not license medical device distributors. Our companies Tri-anim Health Services, Inc., Emergency Medical Products, Inc. and Bound Tree Medical, LLC do not sell drugs from the facilities in Indiana. Each facility merely distributes medical devices to EMS services, doctors and hospitals, not patient direct. Would you please reply to this email and confirm medical device distribution that does not qualify as durable medical equipment or home medical equipment is not regulated in Indiana?

Your kind response will do wonders to help us move our licensing goals forward.

Kind Regards,

Michael

Michael Cooke
Sarnova, Inc. | Senior Regulatory Counsel
5000 Tuttle Crossing Blvd. | Dublin, OH 43016
Mobile 614.506.2707 | Direct 614.760.5015
michael.cooke@sarnova.com | www.sarnova.com

Sarnova, a family of companies:
Bound Tree Medical, Cardio Partners, EMP & Tri-anim Health Services



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This email has been scanned for viruses and malware, and may have been automatically archived.

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	TRI-ANIM HEALTH SERVICES, INC.
Entity No.:	0743366
Registration Date:	04/28/1975
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 14, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 002414019

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

Sarnova HC, LLC

(100% Owner of Tri-anim Health Services, Inc.)

PO Box 8023, Dublin, Ohio 43016

State of Organization: DE Date of Organization: 05/01/2008 EIN: 26-2549813
File No. 4540843

Officers	
NAME	**TITLE**
Jeffrey M. Prestel	President
Shawn Saylor	CFO
Darrell Hughes	Secretary

Tri-anim Health Services, Inc.

(Owned 100% by Sarnova HC, LLC)

State of Incorporation: CA Date of Incorporation: 04/28/1975 EIN: 95-2959155
Entity ID No. C0743366

Officers	
NAME	**TITLE**
Jeffrey M. Prestel	CEO
Tom W. Metcalf	President
Shawn Saylor	CFO
Darrell Hughes	Secretary

Employee Name (Last Suffix, First MI)	Last Hire Date	Job	Company
Christian, Mark N.	03/28/2022	Warehouse Manager	Tri-anim Health Services
Mason, Laquan	04/25/2022	Warehouse Manager	Tri-anim Health Services
Sims, Ebony S.	04/11/2022	Warehouse Associate	Tri-anim Health Services
Rodriguez, Hector	4/1/2022	Warehouse Lead	Tri-anim Health Services

Roughly 9 employees total once hiring is complete

Mark I. Sedar

From: Jill Vennekotter <Jill.Vennekotter@Sarnova.com>
Sent: Thursday, December 15, 2022 9:53 AM
To: Maria Herrera
Cc: Mark I. Sedar
Subject: RE: APPLICATION STATUS
Attachments: UPDATED SIGNED DR APP- H RODRIGUEZ.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

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

Hello,
Please see the attached updated DR application for Hector Rodriguez with his new Indiana address, etc. He was also asked about the old charge on his record when he spoke with Mark and this is his response:
Back in the 90's, I went to the club and a mutual friend was always trying to start a fight. I ended up getting a restraining order due to the conflict. At one point, he tried to say my group of friends and I were starting fights with him. He said he was "scared." We ended up setting a court date to get a resolution, but he never showed up. I was informed by the court system that he had an extensive criminal background. I was also informed the restraining order would remain in effect. Last I heard, he had moved to Georgia and I haven't heard from him in 20+ years.

Please let me know if you need anything additional or have questions. This is for the open application for new wholesaler license for Tri-Anim Health Services, Inc.- Greenwood, IN location.

Thank you,

Jill Vennekotter
Sarnova HC, LLC | Regulatory Affairs Specialist
5000 Tuttle Crossing Blvd. | Dublin, OH 43016
Direct 614-760-5199 | General 614-760-5000
jill.vennekotter@sarnova.com | www.sarnova.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, October 27, 2022 2:14 PM
To: Jill Vennekotter <Jill.Vennekotter@Sarnova.com>
Subject: RE: APPLICATION STATUS

I am not sure but I believe it was an updated DR app , I don't know if anything else was requested.

From: Jill Vennekotter <Jill.Vennekotter@Sarnova.com>
Sent: Thursday, October 27, 2022 7:59 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: APPLICATION STATUS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TRI-ANIM HEALTH SERVICES, INC.

Physical Address 1033 COLLINS RD, STE C

City GREENWOOD State IN Zip 46143

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 614-760-5000 Website WWW.TRI-ANIM.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First HECTOR Middle _____ Last RODRIGUEZ

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] COLLINS RD, STE C

City GREENWOOD State IN Zip 46143

Telephone [redacted] Email REGULATORY@SARNOVA.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's Initials HR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Eloisa Pascal				
Address	**City**		**State**	**Zip**
no longer there	Caguas		PR	
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2012-PRESENT	[redacted]W HOWARD AVE, APT 4	MILWAUKEE	WI	53221
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials HR

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
TRI-ANIM HEALTH SERVICES, INC.			01/2014-PRESENT
Business Address	**City**	**State**	**Zip**
5235 INTERNATIONAL DRIVE, SUITE D	CUDAHY	WI	53110
Phone	**Title**		**Number of Employed Hours**
414-747-9320	WAREHOUSE LEAD		>6000 +
Description of Duties			
SEE ATTACHED JOB DESCRIPTION			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials HR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Heriberto Rodriguez
Original Signature (electronic, copies or stamps not accepted)

3/29/2022
Date

Applicant's initials HR

I, HECTOR RODRIGUEZ, **certify that as the designated representative for**

TRI-ANIM HEALTH SERVICES, INC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

HECTOR RODRIGUEZ

Print Name (First, Last)

Hector Rodriguez

Original Signature (electronic, copies or stamps not accepted)

3/29/2022

Date

Applicant's initials HR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HECTOR RODRIGUEZ

Print Name (First, Last)

Hector Rodriguez — 3-24-22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Milwaukee

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

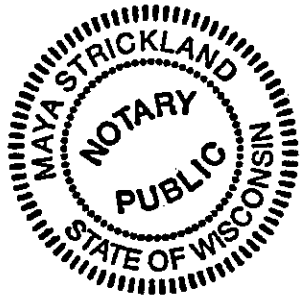
Hector Rodriguez — 3-24-22

Original Signature — **Date**

Subscribed and Sworn to before me this 24 day of March, 2022.

_____

Notary Public Signature



(Seal)

Applicant's initials HR

RIDER

To be attached to and form part of:

Bond Number 107268529

dated September 1, 2020

issued by the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

in the amount of $ 100,000.00

on behalf of TRI-ANIM HEALTH SERVICES, INC.
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Locations shall be listed as follows:

See attached Schedule A.

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 9th day of May, 2022.

Signed, Sealed & Dated this 9th day of May, 2022.

TRI-ANIM HEALTH SERVICES, INC.
(Principal)

By: _____

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
(Surety)

By: _____
Bartlomiej Siepierski, Attorney-in-Fact

Schedule A

Effective: 05/09/2022 **Bond Number: 107268529**

Tri-Anim Health Services, Inc.				
Tri-Anim Health Services, Inc.	1033 Collins Rd, Suite C	Greenwood	IN	46143
Tri-Anim Health Services, Inc.	2911 S Great SW Parkway, Ste 250	Grand Prairie	TX	75052
Tri-Anim Health Services, Inc.	2241 North Plaza Drive	Visalia	CA	93291

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **BARTLOMIEJ SIEPIERSKI** of **CHICAGO**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **9th** day of **May**, **2022**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107268499

Application/License No. _____

TRI-ANIM HEALTH SERVICES, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5000 Tuttle Crossing Blvd., Dublin, OH 43016 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/1/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of September, 2020.

APPLICANT/PRINCIPAL
TRI-ANIM HEALTH SERVICES, INC.

Authorized Representative

SURETY COMPANY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Paul M Allen

Witness Rachel Fore

Countersigned by:

Nevada Resident Agent
Christopher P. Troha, Non-Resident Agent

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Derek J. Elston of Chicago, Illinois,** their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **21st** day of **September** 2020

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 21st day of September, 2020, before me, Bartlomiej Siepierski, a Notary Public, within and for said County and State, personally appeared Derek J. Elston to me personally known to be the Attorney-in-Fact of and for Travelers Casualty and Surety Company of America and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Cook

OFFICIAL SEAL
BARTLOMIEJ SIEPIERSKI
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 09/16/2023

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH MP00156	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airgas USA, LLC

Physical Address: 3882 Goni Road

City: Carson City State: NV. Zip: 89706

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-885-9700 Website:

Name of Designated Representative (DR). Michael Thomas

Licensing Company Email: N/A DR Email: Mike.Thomas3@airgas.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Medical Drug Gases only	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Airgas USA, LLC
Address: 6801 Florin Perkins Road City: Sacramento State: Ca Zip: 95828
Name: Airgas USA, LLC
Address: 1671 Glendale Ave. City: Sparks State: NV. Zip: 89431
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Air Liquide
Corporation Name: Airgas, Inc.
Mailing Address: 259 N. Radnor-Chester RD, Suite 100
City: Radnor State: PA Zip: 19087
Telephone: 916-279-1076 Email: jim.gindt@airgas.com
Contact Person Name: James Gindt

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Airgas USA, LLC

Facility Name

James Gindt

Print Name of Authorized Person Submitting Application

Jim Gindt - Dir. FDA Compliance

Original signature of Authorized Person (copies or stamps not accepted)

10/24/2022

Date

Board Use Only	Date Received: _____	Amount: _____

Mark I. Sedar

From: GINDT, Jim <jim.gindt@airgas.com>
Sent: Friday, December 16, 2022 11:17 AM
To: Mark I. Sedar
Subject: Re: FW: Follow up to phone conversation

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

Mr. Sedar, please use this message for Airgas USA, LLC. located in Carson City, Winnemucca and Elko Nevada, for not needing to have fingerprints. We meed the requirement as follows:

The wholesaler is a manufacturer of prescription drugs; or

(e) The wholesaler is a facility that distributes prescription drugs manufactured by a single manufacturer.

Please let me know if you require any further information for these applications.

Thank you for all your help. Regards, Jim

FP exempt under NAC 639.593 (7)(e)

WLS
1/31/23

Jim Gindt |Director of FDA Compliance | West Division | Airgas USA, LLC an Air Liquide Company | 6790 Florin Perkins Road, Suite #300, Sacramento, CA. 95828 | Office: (916) 379-1076 Cell: (916) 870-4459 | Fax: (866) 550-7472 | jim.gindt@airgas.com

This Internet message may contain information that is privileged, confidential, and exempt from disclosure. It is intended for use only by the person to whom it is addressed. If you have received this in error, please (1) do not forward or use this information in any way; (2) contact me immediately.

On Thu, Dec 15, 2022 at 3:35 PM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Jim, my apologies, I mistyped your email address yesterday and just received a notification that you did not get the original email.

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov

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

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

From: Mark I. Sedar
Sent: Wednesday, December 14, 2022 2:50 PM
To: jim.gindt@airgas.co
Subject: Follow up to phone conversation

Hi Jim,

Airgas

James Gindt
Director -FDA Compliance
Airgas USA, LLC, West Division
6790 Florin Perkins Road, Suite 300
Sacramento, Ca. 95828
((916) 379-1076 Fax: ((866) 550-7472
http://www.airgas.com
jim.gindt@airgas.com

December 1, 2022
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy. Suite 206
Reno, NV. 89521

Attn: Maria Herrera

Please see the attached notification of employees for Airgas USA, LLC, located at 3882 Goni Road, Carson City, NV. 89706

Here is the list of employees domiciled at that location:
Myron Johnson: Manager
Mike Thomas: Inside Sales
Lance BaiJounas: Driver

Should you require any further information, I may be reached at (916) 379-1076.

Thank you in advance for your help in this matter.

Regards,

James A. Gindt
Director FDA Compliance- West Division

RECEIVED
DEC - 8 2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5032015 8300

SR# 20224017296

Authentication: 204856057

Date: 11-15-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Board of Directors

as of 12.31.2021

The Board of Directors is composed of 13 members: 11 who are appointed at the Annual General Meeting and two who represent Air Liquide employees. The Board of Directors brings together a diverse range of profiles. Five nationalities are represented from Europe, America and Asia and 55% of elected members are women. They bring a wealth of skills (financial, managerial, digital, scientific, international development, etc.) and a diversity of experience in a variety of sectors (chemicals, consumer products, healthcare, research, services, construction, automotive, etc.).

The Board of Directors determines Air Liquide's objectives and ensures their implementation in line with its corporate interest, by taking into account the social and environmental stakes of its business. Accordingly, it examines and approves the Group's major strategic priorities.

In 2021, it focused in particular on **the impacts that the Covid-19 pandemic** had on the Group and notably the measures taken to protect the **health of employees;** performance analysis; the **Group's strategy** taking into account environmental and social issues; the continued application of the **Sustainable Development policy** and the establishment of **new ESG/Climate objectives;** the development of the new 2025 **ADVANCE** strategic plan; **industrial investment** decisions; the **energy transition** and the development of **hydrogen;** and **governance** matters, including the decision to **separate the roles of Chairman of the Board of Directors and of Chief Executive Officer.** In this context, the Board that will meet after the May 2022 Annual General Meeting will be asked to renew the mandate of Benoît Potier as Chairman of the Board of Directors and to appoint François Jackow as Chief Executive Officer, **effective June 1, 2022.**

a. Benoît Potier
Chairman and Chief Executive Officer
Born in 1957 – French

b. Jean-Paul Agon
Independent Director
Lead Director
Chairman of the Appointments and Governance Committee
Member of the Remuneration Committee
Born in 1956 – French

c. Siân Herbert-Jones
Independent Director
Chairman of the Audit and Accounts Committee
Born in 1960 – British

d. Sin Leng Low
Independent Director
Member of the Audit and Accounts Committee
Born in 1952 – Singaporean

e. Annette Winkler
Independent Director
Chairman of the Environment and Society Committee
Member of the Appointments and Governance Committee
Born in 1959 – German

f. Philippe Dubrulle
Director Representing Employees
Member of the Environment and Society Committee
Born in 1972 – French

g. Geneviève Berger
Independent Director
Member of the Environment and Society Committee
Born in 1955 – French

h. Xavier Huillard
Independent Director
Chairman of the Remuneration Committee
Member of the Appointments and Governance Committee
Born in 1954 – French

i. Anette Bronder
Independent Director
Member of the Audit and Accounts Committee
Born in 1967 – German

j. Kim Ann Mink
Independent Director
Member of the Remuneration Committee
Born in 1959 – American

k. Fatima Tighlaline
Director Representing Employees
Born in 1979 – French

l. Aiman Ezzat
Independent Director
Born in 1961 – French

m. Bertrand Dumazy
Independent Director
Born in 1971 – French

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 2929 Allen Parkway, Suite 2500 Houston, TX 77019 Attn: Houston.Certs@marsh.com CN115323536-STND-GAWU-22-23	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Airgas USA LLC. 3737 Worsham Avenue Long Beach, CA 90808	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Starr Indemnity & Liability Company — 38318 INSURER B : Starr Specialty Insurance Company — 16109 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** HOU-003798167-04 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000090660221	07/01/2022	07/01/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 6,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			1000835788221 (AOS)	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
A	X ANY AUTO			1000835789221 (MA)	07/01/2022	07/01/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0004702 FL, MA	07/01/2022	07/01/2023	X PER STATUTE [ ] OTH-ER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N]	N/A		100 0004703 AK,AZ,CT,IA,NJ,NY,NC,VT	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$ 2,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0004704 WI	07/01/2022	07/01/2023	E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Airgas USA, LLC
3737 Worsham Avenue
Long Beach, CA 90808

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc

Freeman M. Wade

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AGENCY CUSTOMER ID: CN115323536
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Airgas USA LLC. 3737 Worsham Avenue Long Beach, CA 90808
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2022 - 7/1/2023
Carrier: Starr Specialty Insurance Company
Policy No.: 100 0004701 (AL, AR, CA, CO, DE, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NM, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
Air Liquide USA LLC
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Airgas, Inc.
Airgas USA LLC
Airgas Priority Nitrogen, LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Airgas USA, LLC

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 3882 Goni Rd.

City Carson City State NV Zip 89706

Mailing Address (if different from physical address) 6790 Florin Perkins Rd.

City Sacramento State CA Zip 95828

Telephone 916-379-1076 Website Airgas.com

Licensing Company Email Jim Gindt@airgas.com

Section 2: Personal Information

First Michael Middle Alan Last Thomas

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 3882 Goni Rd.

City Carson City State NV Zip 89706

Telephone [redacted] Email mike.thomas3@airgas.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
El Camino Community College		09/79 - 06/86
Address	**City / State / Zip**	
	Torrance CA	
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Aviation High School		09/70 - 06/74
Address	**City / State / Zip**	
	Redondo Beach CA 90278	
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City / State / Zip**	
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City / State / Zip**	
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY
Address	**City / State / Zip**	
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/89 - 01/23	[redacted] Northview Dr.	Carson City	NV	89701
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Airgas USA, LLC			07/92 - 01/23
Business Address	**City**	**State**	**Zip**
3882 Goni Rd	Carson City	NV	89706
Phone	**Title**		**Number of Employed Hours**
775-885-9700	Assistant Branch Manager		63,440

Description of Duties

Wholesale - Documentation - Sales - Shipping - Receiving

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/06/23
Date

I, Michael A. Thomas, **certify that as the designated representative for**

Airgas USA, LLC Carson City, NV,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MAT I am at least 21 years of age;
3. MAT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MAT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MAT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MAT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MAT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Thomas
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/06/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Thomas
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/06/23
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Carson City

I, Michael A. Thomas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/10/23
Date

Subscribed and Sworn to before me this 10th day of January 2023

Notary Public Signature

G. J. PIKE
Notary Public-State of Nevada
Appointment No. 04-90306-3
My Appointment Expires Jan. 28, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Airgas USA, LLC MDEG License # (if applicable) Pending

Physical Address 3882 Goni Rd.

City Carson City State NV Zip 89706

Mailing Address (if different from physical address) 6790 Florin Perkins Rd.

City Sacramento State CA Zip 95828

Telephone 916-379-1076 Website Airgas.com

Licensing Company Email Jim.gindt@airgas.com

Section 2: Personal Information

First Michael Middle Alan Last Thomas

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Northview Dr.

City Carson City State NV Zip 89701

Telephone [redacted] Email mike.thomas3@airgas.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
El Camino Community College	09/79-06/86
Address	**City** / **State** / **Zip**
	Torrance / CA /
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY)
Aviation High School	09/70-06/74
Address	**City** / **State** / **Zip**
	Redondo Beach / CA / 90278
Diploma/Degree obtained, if any	
General	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/89-current	[redacted] Northview Dr	Carson City	NV	89701
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Airgas USA, LLC			07/92-01/23
Business Address	**City**	**State**	**Zip**
3882 Goni Rd	Carson City	NV	89701
Phone	**Title**	**Number of Employed Hours**	
775-885-9700	Assistant Branch Manager	63,440	
Description of Duties			
Wholesale Documentation - Sales - Shipping - Receiving			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/06/2023
Date

I, Michael A Thomas, **certify that as the MDEG Administrator for**

Airgas USA, LLC Carson City, NV,

that I (initial that you have read and meet the following requirements):

1. MAT Have a high school diploma or its equivalent;
2. MAT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MAT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MAT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Thomas
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/06/23
Date

Board Use Only	Date Received: 1.17.23

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada ☐ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH MP60158	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airgas USA, LLC

Physical Address: 951 West Main Street, Unit F

City: Elko State: NV. Zip: 89801

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-777-1616 Website: _____

Name of Designated Representative (DR): Greg Annessi

Licensing Company Email: N/A DR Email: greg.annessi@airgas.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Medical Drug Gases only	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Airgas USA, LLC
Address: 6801 Florin Perkins Road City: Sacramento State: CA. Zip: 95828
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any):
Corporation/Organization Name: Airgas USA, LLC
Mailing Address: 6790 Florin Perkins Road
City: Sacramento State: CA Zip: 95828
Telephone: 916-379-1076 Email: jim.gindt@airgas.com
Contact Person Name: James Gindt

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Airgas USA, LLC

Facility Name

James Gindt

Print Name of Authorized Person Submitting Application

Director-FDA Compliance

Original signature of Authorized Person (copies or stamps not accepted)

10/24/2022

Date

Board Use Only	Date Received: _____ Amount: _____

Mark I. Sedar

From: GINDT, Jim <jim.gindt@airgas.com>
Sent: Friday, December 16, 2022 11:17 AM
To: Mark I. Sedar
Subject: Re: FW: Follow up to phone conversation

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

Mr. Sedar, please use this message for Airgas USA, LLC. located in Carson City, Winnemucca and Elko Nevada, for not needing to have fingerprints. We meed the requirement as follows:

The wholesaler is a manufacturer of prescription drugs; or

(e) The wholesaler is a facility that distributes prescription drugs manufactured by a single manufacturer.

Please let me know if you require any further information for these applications.

Thank you for all your help. Regards, Jim

FP exempt under NAC 639.593 (7)(e)

MLS
1/31/23

Jim Gindt |Director of FDA Compliance | West Division | Airgas USA, LLC an Air Liquide Company | 6790 Florin Perkins Road, Suite #300, Sacramento, CA. 95828 | Office: (916) 379-1076 Cell: (916) 870-4459 | Fax: (866) 550-7472 | jim.gindt@airgas.com

This Internet message may contain information that is privileged, confidential, and exempt from disclosure. It is intended for use only by the person to whom it is addressed. If you have received this in error, please (1) do not forward or use this information in any way; (2) contact me immediately.

On Thu, Dec 15, 2022 at 3:35 PM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5032015 8300

SR# 20224017296

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204856057

Date: 11-15-22

Airgas

James Gindt
Director -FDA Compliance
Airgas USA, LLC, West Division
6790 Florin Perkins Road, Suite 300
Sacramento, Ca. 95828
((916) 379-1076 Fax: ((866) 550-7472
http://www.airgas.com
jim.gindt@airgas.com

December 1, 2022
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy. Suite 206
Reno, NV. 89521

Attn: Maria Herrera

Please see the attached notification of employees for Airgas USA, LLC, located at 951 West Main Street, Suite F, Elko, NV. 89801

Here is the list of employees domiciled at that location:
Greg Annessi: Manager
Pam Bell: Warehouse/shipping
Tina Jenkins: Inside Sales
Steven Reeves: Driver
Jeff Kolseth: Driver

Should you require any further information, I may be reached at (916) 379-1076.

Thank you in advance for your help in this matter.

Regards,

James A. Gindt
Director FDA Compliance- West Division

RECEIVED
DEC - 8 2022

Board of Directors

as of 12.31.2021

The Board of Directors is composed of 13 members: 11 who are appointed at the Annual General Meeting and two who represent Air Liquide employees. The Board of Directors brings together a diverse range of profiles. Five nationalities are represented from Europe, America and Asia and 55% of elected members are women. They bring a wealth of skills (financial, managerial, digital, scientific, international development, etc.) and a diversity of experience in a variety of sectors (chemicals, consumer products, healthcare, research, services, construction, automotive, etc.).

The Board of Directors determines Air Liquide's objectives and ensures their implementation in line with its corporate interest, by taking into account the social and environmental stakes of its business. Accordingly, it examines and approves the Group's major strategic priorities.

In 2021, it focused in particular on **the impacts that the Covid-19 pandemic** had on the Group and notably the measures taken to protect the **health of employees;** performance analysis; the **Group's strategy** taking into account environmental and social issues; the continued application of the **Sustainable Development policy** and the establishment of **new ESG/Climate objectives;** the development of the new 2025 **ADVANCE** strategic plan; **industrial investment** decisions; the **energy transition** and the development of **hydrogen;** and **governance** matters, including the decision to **separate the roles of Chairman of the Board of Directors and of Chief Executive Officer.** In this context, the Board that will meet after the May 2022 Annual General Meeting will be asked to renew the mandate of Benoît Potier as Chairman of the Board of Directors and to appoint François Jackow as Chief Executive Officer, **effective June 1, 2022.**

a. Benoît Potier
Chairman and Chief Executive Officer
Born in 1957 – French

b. Jean-Paul Agon
Independent Director
Lead Director
Chairman of the Appointments and Governance Committee
Member of the Remuneration Committee
Born in 1956 – French

c. Siân Herbert-Jones
Independent Director
Chairman of the Audit and Accounts Committee
Born in 1960 – British

d. Sin Leng Low
Independent Director
Member of the Audit and Accounts Committee
Born in 1952 – Singaporean

e. Annette Winkler
Independent Director
Chairman of the Environment and Society Committee
Member of the Appointments and Governance Committee
Born in 1959 – German

f. Philippe Dubrulle
Director Representing Employees
Member of the Environment and Society Committee
Born in 1972 – French

g. Geneviève Berger
Independent Director
Member of the Environment and Society Committee
Born in 1955 – French

h. Xavier Huillard
Independent Director
Chairman of the Remuneration Committee
Member of the Appointments and Governance Committee
Born in 1954 – French

i. Anette Bronder
Independent Director
Member of the Audit and Accounts Committee
Born in 1967 – German

j. Kim Ann Mink
Independent Director
Member of the Remuneration Committee
Born in 1959 – American

k. Fatima Tighlaline
Director Representing Employees
Born in 1979 – French

l. Aiman Ezzat
Independent Director
Born in 1961 – French

m. Bertrand Dumazy
Independent Director
Born in 1971 – French

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 2929 Allen Parkway, Suite 2500 Houston, TX 77019 Attn: Houston.Certs@marsh.com CN115323536-STND-GAWU-22-23	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Airgas USA LLC, 3737 Worsham Avenue Long Beach, CA 90808	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Starr Indemnity & Liability Company — 38318 INSURER B : Starr Specialty Insurance Company — 16109 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** HOU-003798167-04 **REVISION NUMBER: 1**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000090660221	07/01/2022	07/01/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 6,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			1000835788221 (AOS)	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
A	X ANY AUTO			1000835789221 (MA)	07/01/2022	07/01/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0004702 FL, MA	07/01/2022	07/01/2023	X PER STATUTE / OTH-ER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		100 0004703 AK,AZ,CT,IA,NJ,NY,NC,VT	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$ 2,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			100 0004704 WI	07/01/2022	07/01/2023	E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Airgas USA, LLC
3737 Worsham Avenue
Long Beach, CA 90808

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc

Frances M. Wade

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AGENCY CUSTOMER ID: CN115323536
LOC #: Houston

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Airgas USA LLC, 3737 Worsham Avenue Long Beach, CA 90808
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2022 - 7/1/2023
Carrier: Starr Specialty Insurance Company
Policy No.: 100 0004701 (AL, AR, CA, CO, DE, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NM, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
Air Liquide USA LLC
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Airgas, Inc.
Airgas USA LLC
Airgas Priority Nitrogen, LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Airgas USA LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 951 W. Main St # F

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 775-777-1616 Website: airgas.com

Licensing Company Email: greg.annessi@airgas.com

Section 2: Personal Information

First: Gregory Middle: John Last: Annessi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lawndale Dr

City: Spring Creek State: NV Zip: 89815

Telephone: 775-777-1616 Email: greg.annessi@airgas.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Humboldt State University		1988-1990	
Address	City	State	Zip
1 Harpst St	Arcata	CA	95521
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Shast College		1985-1988	
Address	City	State	Zip
11555 Old Oregon Trail	Redding	CA	96003
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Newbury Park High School		1975-1979	
Address	City	State	Zip
456 N Reino Rg	Newbury Park	CA	91320
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2000 - Present	[redacted]Lawndale Dr	Spring Creek	NV	89815
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Airgas USA LLC			From - To (MM/YY – MM/YY): 10/2007 - Present
Business Address: 951 W. Main St # F	City: Elko	State: NV	Zip: 89801
Phone: 775-777-1616	Title: Branch Manager		Number of Employed Hours: 30,000
Description of Duties: Branch Manager			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-24-23
Date

I, Gregory Annessi, **certify that as the designated representative for**

Airgas USA LLC, Elko, NV,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GA I am at least 21 years of age;
3. GA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gregory Annessi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-24-23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory Annessi
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-24-23
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of ELKO

I, GREGORY ANNESSI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-24-23
Date

Subscribed and Sworn to before me this 24TH day of January, 2023 by Gregory Annessi~~XXX~~

Notary Public Signature

CYNTHIA S BRANHAM
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 02-03-26
Certificate No: 18-1219-6

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Airgas USA LLC — MDEG License # (if applicable): MP00158

Physical Address: 951 W Main St # F

City: Elko — State: NV — Zip: 89801

Mailing Address (if different from physical address): Same

City: — State: — Zip:

Telephone: 775-777-1616 — Website: airgas.com

Licensing Company Email: greg.annessi@airgas.com

Section 2: Personal Information

First: Gregory — Middle: John — Last: Annessi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]awndale Dr

City: Spring Creek — State: NV — Zip: 89815

Telephone: 775-777-1616 — Email: greg.annessi@airgas.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Humboldt State University		1988-1990	
Address	**City**	**State**	**Zip**
1 Harpst St	Arcata	CA	95521
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Shasta College		1985- 1988	
Address	**City**	**State**	**Zip**
11555 Old Oregon Trail	Redding	CA	96003
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Newbury Park High School		1975-1979	
Address	**City**	**State**	**Zip**
456 N Reino Rd	Newbury Park	CA	91320
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2000- Present	[redacted]awndale Dr	Spring Creek	NV	89815
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Airgas USA LLC		10/07 - Present	
Business Address	**City**	**State**	**Zip**
951 W. Main St #F	Elko	NV	89801
Phone	**Title**	**Number of Employed Hours**	
775-777-1616	Branch Mgr	30,000	
Description of Duties			
Facility manager.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-24-23
Date

I, Gregory Annessi, **certify that as the MDEG Administrator for**

Airgas USA LLC Elko, NV,

that I (initial that you have read and meet the following requirements):

1. GA Have a high school diploma or its equivalent;
2. GA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. GA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. GA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory Annessi
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-24-23
Date

Board Use Only	Date Received:

* Loose leaf notary certificate attached

JURAT WITH AFFIANT STATEMENT

State of Nevada
County of EIKO } ss.

☒ See Attached Document (Notary to cross out lines 1–7 below)
☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me
this 24th day of January, 2023, by
Date *Month* *Year*

Gregory Annessi
Name of Signer No. 1

Name of Signer No. 2 (if any)

CYNTHIA S BRANHAM
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 02-03-26
Certificate No: 18-1219-6

Cynthia S Branham
Signature of Notary Public

Place Notary Seal/Stamp Above

exp 02.03.2026
Any Other Required Information (Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: NV State Board of Pharmacy Administrator Application
Document Date: 01.24.2023 Number of Pages: 7
Signer(s) Other Than Named Above: none

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4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: J2 Bio-Pharma LLC

Physical Address: 1180 North Town Center Dr suite 100

City: Las Vegas State: NV Zip: 89144

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-314-5236 Website: www.j2biopharma.com

Name of Designated Representative (DR): Mehdi Ansarinia

Licensing Company Email: N/A DR Email: mehdi.ansarinia@fortebiopharm.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) .

10/27/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Eversana Life Sciences
Address: 4550 Mendenhall Rd City: Memphis State: TN Zip: 38141
Name: Mikart LLC
Address: 1750 Chattahochee Ave NW City: Atlanta State: GA Zip: 30318
Name: These will be our partners however we have not sold/dispensed/distributed and product yet
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: J2 Bio-Pharma LLC
Mailing Address: 1180 North Town Center Drive Suite 100
City: Las Vegas State: NV Zip: 89144
Telephone: 888-314-5236 Email: info@j2biopharma.com
Contact Person Name: James Harris

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

IZ Bio-Pharma LLC

Facility Name

Matthew Bouchard

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/27/2022

Date

Board Use Only	Date Received: 11-21-22	Amount: 1000.00 CC 12/9/22

J2 Bio-Pharma L.L.C. Partnership List

James Fares 35.7541899%

James Harris 38.9664804%

Nicholas Fares 8.93854749%

Nicole Harris 4.46927374%

Bret Harris 4.46927374%

Sara & Rebecca Ansarinia Trust 1.11731844%

Ni Slack Family Revocable Trust 1.11731844%

Michael Coffee 0.69832402%

Charles McGuth 1.39664804%

Bonnie Scott 1.39664804%

Linda Lundgren 1.39664804%

Maria Herrera

From: edrls@fda.hhs.gov
Sent: Tuesday, January 31, 2023 12:36 PM
To: info
Subject: Labeler Code Request Rejected

eDRLS - Electronic Drug Registration & Listing System

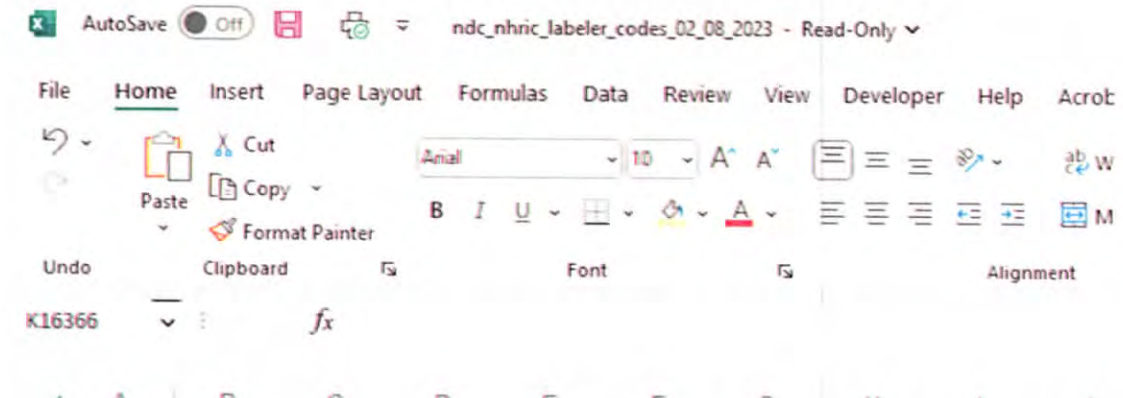
Current Date: 31-JAN-2023
Labeler DUNS: 118873770
Labeler Name: J2 Bio-Pharma, LLC

This letter is to inform you that we are rejecting your Labeler Code request.

Rejection Comments

Labeler code 83325 is already assigned to your firm. Please note that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). The labeler is usually the company that owns the brand, and the company most likely associated with the Labeler Code. If the company has multiple sites, each site must have its own DUNS and FEI number, but may operate under the same Labeler Code (83325). Just to clarify, DUNS and FEI are site-specific and labeler codes are company-specific.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).



	A	B
1	NDC/NHRIC Labeler	Firm Name
16355	75092	Graybeard Distillery
16356	77861	Grabeel Construction LLC
16357	76418	API Resources, LLC
16358	77172	Local Distilling inc
16359	70258	Optimal Research DBA Mega Pro International
16360	54442	Daewoong Pharmaceutical Co., Ltd.
16361	76123	School Health Corporation
16362	76759	JFL Distribution LLC
16363	69097	Cipla USA Inc.
16364	69076	Florida Pharmaceutical Products, LLC
16365	68372	ThermPhos UK Ltd.
16366	76540	Universal Distributors LLC
16367	72342	J.R. Watkins, LLC
16368	52328	ACUPAC PACKAGING
16369	80976	Bubble Marketing LLC
16370	74142	Sinbad Co.,Ltd
16371	70010	Granules Pharmaceuticals Inc.
16372	55404	Lessors, Incorporated
16373	60319	Hankuk Bowonbio Co., Ltd
16374	37520	Sales and Product Solutions
16375	83325	J2 Bio-Pharma
16376	51453	POC Pharmacy Solutions, Inc.
16377	41268	Hannaford Brothers Company
16378	73364	Multipet International Inc.
16379	72050	HONEYPOP, LLC
16380	0143	Hikma Pharmaceuticals USA Inc.
16381	75488	Ralph Maser
16382	74591	CCS, LLC
16383	70548	UNITED WORLDWIDE
16384	78636	Dynamic Packaging Solutions Inc
16385	15551	Soo Hoo Customs Broker
16386	8149	Medicia Holdings, LLC
16387	52682	MIRROR PHARMACEUTICALS LLC
16388	73966	VERLA INTERNATIONAL
16389	72930	FindCure.org
16390	52771	Kozlovsky Dairy Equipment
16391	74349	ASW Distillery
16392	74681	SynCardia Systems, LLC
16393	67714	Camphor Technologies Inc.
16394	66652	Seven Star Pharmaceutical Co., Ltd.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **J2 Bio-Pharma LLC** did on 10/13/2022 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/13/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202210133082105
You may verify this certificate online at http://www.nvsos.gov

EMPLOYEE LIST

Name	Team	Title
Alicea, Kristina	J2 Bio-Pharma LLC	Sales & Marketing Associate
Ansarinia, Mehdi	J2 Bio-Pharma LLC	Chief Medical Officer and Designated Representative
Bouchard, Matthew	J2 Bio-Pharma LLC	VP Pharmacy OperationsGeneral Manager FH2 Pharma
Fares, James	J2 Bio-Pharma LLC	CEO/President & Co-Chairman
Fares, Nicholas	J2 Bio-Pharma LLC	Director of Marketing and New Products Planning
Frietze, Maxwell	J2 Bio-Pharma LLC	Business Development Manager
Harris, Bret	J2 Bio-Pharma LLC	Graphic Design/It Support Specialist
Harris, James	J2 Bio-Pharma LLC	CEO/President & Co-Chairman
Jaffe, Noah	J2 Bio-Pharma LLC	Sales and MarketingResearch Analyst & Professional Sales Representative
Jones, Ashley	J2 Bio-Pharma LLC	Accountant
Kessig, Edward	J2 Bio-Pharma LLC	Chief Commercial Officer
Kessig, Megan	J2 Bio-Pharma LLC	Manager of Human Resources and Contract Management
Lieberman, Bernard	J2 Bio-Pharma LLC	Information Systems Manager
Les Lundgren	J2 Bio-Pharma LLC	Associate Director of Pharmacy Operations
Soldo, Brian	J2 Bio-Pharma LLC	Director of Commercial Operations
Torres, Francisco	J2 Bio-Pharma LLC	Chief Financial Officer

Contracted Partners

Mikart LLC	Contract Manufacturer
Eversana	3PL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: J2 Bio-Pharma LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1180 N. Town Center Dr. Suite 100

City: Las Vegas State: NV Zip: 89144

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-314-5236 Website: www.j2biopharma.com

Licensing Company Email: n/a

Section 2: Personal Information

First: Mehdi Middle: Last: Ansarinia

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN[redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Belcastro St.

City: Las Vegas State: NV Zip: 89178

Telephone[redacted] Email[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Rafael High School		9/79-6/81	
Address	City	State	Zip
150 3rd St	San Rafael	CA	94901
Diploma/Degree obtained, if any			
High School Diploma (passed equivalency exam)			

School Name		From - To (MM/YY – MM/YY)	
College of Marin		9/81-12/81	
Address	City	State	Zip
835 College Ave.	Kentfield	CA	94904
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
San Francisco State University		1/82-6/86	
Address	City	State	Zip
1600 Holloway Ave	San Francisco	CA	94132
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		9/86-6/90	
Address	City	State	Zip
1975 Zonal Ave	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21-present	[redacted] Belcastro St.	Las Vegas	NV	89178
9/07-10/21	[redacted] Diamond Falls Blvd	Las Vegas	NV	89117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Forte Bio-Pharma LLC			3/2018-current	
Business Address		**City**	**State**	**Zip**
8311 W. Sunset Rd #150		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
833-336-7837	Chief Medical Officer		~9,000	
Description of Duties				
Responsible for all drug related questions, training, monitoring orders, record keeping for all sales, enforce compliance				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/9/2022
Date

I, Mehdi Ansarinia, **certify that as the designated representative for**

J2 Bio-Pharma LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MA I am at least 21 years of age;
3. MA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mehdi Ansarinia

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mehdi Ansarinia

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Mehdi Ansarinia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/17/22

Date

Subscribed and Sworn to before me this 17th day of November 2022

Notary Public Signature

ASHLEY JONES
Notary Public-State of Nevada
NO 20 3256-01
Expires 03-15-2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: J2 Bio-Pharma LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 1180 North Town Center Drive, suite 100

City: Las Vegas State: NV Zip: 89144

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: 888-314-5236 Website: www.j2biopharma.com

Licensing Company Email: N/A

Section 2: Personal Information

First: James Middle: Last: Fares

Alias(es, nicknames, name changes, etc.): Jim

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] W. LeBaron Ave

City: Las Vegas State: NV Zip: 89178

Telephone: [redacted] Email: jim.fares@j2biopharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Servite High School		09/1977 to 6/1981	
Address	**City**	**State**	**Zip**
1952 W. La Palma Ave	Anaheim	CA	92801
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
San Jose State University		9/1980 to 6/1984	
Address	**City**	**State**	**Zip**
1 Washington Sq	San Jose	CA	95192
Diploma/Degree obtained, if any			
Bachelors in Business Administrative Finance			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2021-current	[redacted]W. LeBaron Ave	Las Vegas	NV	89178
6/2016-9/2021	[redacted]Woodwell St Unit D	Las Vegas	NV	89147
1/2014 to 5/2016	[redacted]W. Warm Springs Rd	Las Vegas	NV	89118
9/2013 to 12/2013	[redacted]Hualapai Way	Las Vegas	NV	89145
10/2012 to 9/2013	[redacted]Fointain Bleu Dr	Las Vegas	NV	89145
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Forte Bio-Pharma L.L.C.			3/2018 to current	
Business Address	**City**		**State**	**Zip**
8311 W. Sunset Rd #150	Las Vegas		NV	89113
Phone	**Title**			
833-336-7837	CEO and Co-Chariman and designated representive			
Description of Duties				
Marketing/Sales/manufacturing/operations				

Business Name			From - To (MM/YY – MM/YY)	
Nuro Pharma			7/2007 to current	
Business Address	**City**		**State**	**Zip**
6380 Polaris Ave	Las Vegas		NV	89118
Phone	**Title**			
702-269-1941	CEO			
Description of Duties				
Business development and operations				

Business Name			From - To (MM/YY – MM/YY)	
Nutilus Neurosciences			1/2010 to 4/2011	
Business Address	**City**		**State**	**Zip**
135 Routes 202/206	Bedminster		NJ	07921
Phone	**Title**			
908-393-7800	Chairman and CEO			
Description of Duties				
Executive management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/17/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Fares

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, James Fares, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/17/22

Date

Subscribed and Sworn to before me this 17th day of November 2022

Notary Public Signature

ASHLEY JONES
Notary Public-State of Nevada
APPT. NO. 20-3256-01
My Appt. Expires 03-15-2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler J2 Bio-Pharma LLC

Pharmacy/MDEG/Wholesaler License # (if applicable)

Physical Address 1180 North Town Center Dr Suite 100

City Las Vegas State NV Zip 89144

Mailing Address (if different from physical address)

City State Zip

Telephone 888-314-5236 Website www.j2biopharma.com

Licensing Company Email n/a

Section 2: Personal Information

First James Middle Bret Last Harris

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Mulford Road

City Wyncote State PA Zip 19095

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University, Sacramento		09/81-05/85	
Address	City	State	Zip
6000 Jed Smith Drive	Sacramento	CA	95819
Diploma/Degree obtained, if any			
BS and Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
San Joaquin Delta College		09/79-06/81	
Address	City	State	Zip
5151 Pacific Avenue	Stockton	CA	95207
Diploma/Degree obtained, if any			
Associates of Arts degree in Business			

School Name		From - To (MM/YY – MM/YY)	
Lincoln High School		09/75-06/79	
Address	City	State	Zip
6844 Alexandria Place	Stockton	CA	95207
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/95-Present	[redacted]Mulford Road	Wyncote	PA	19095
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

JBH

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Intra-Sana Laboratories LLC			07/20 to present	
Business Address		**City**	**State**	**Zip**
7455 Arroyo Crossing, suite 220		Las Vegas	NV	89113
Phone	**Title**			
800-217-7973	CEO			
Description of Duties				
Overall responsibility and oversight of company				

Business Name			From - To (MM/YY – MM/YY)	
FH2 Pharma LLC			11/18 to present	
Business Address		**City**	**State**	**Zip**
9205 West Russell Road, Suite 240		Las Vegas	NV	89148
Phone	**Title**			
844-213-5774	CEO			
Description of Duties				
Overall responsibility and oversight of company				

Business Name			From - To (MM/YY – MM/YY)	
Forte Bio-Pharma LLC			03/18 to present	
Business Address		**City**	**State**	**Zip**
8311 West Sunset Road, Suite 150		Las Vegas	NV	89113
Phone	**Title**			
833-336-7837	Co-Chariman & President			
Description of Duties				
Overall responsibility and oversight of company				

Business Name			From - To (MM/YY – MM/YY)	
PolyCore Therapeutics LLC			12/14 to present	
Business Address		**City**	**State**	**Zip**
3180 Chestnut Street, Suite 104		Philadelphia	PA	19104
Phone	**Title**			
484-888-2661	Chairman of Board			
Description of Duties				
Oversight of CEO and company				

Business Name			From - To (MM/YY – MM/YY)	
LignaMed, LLC			05/14 to present	
Business Address		**City**	**State**	**Zip**
3675 Market Street, Suite 200		Philadelphia	PA	19104
Phone	**Title**			
215-353-1927	Chairman of Board			
Description of Duties				
Oversight of CEO and company				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
BioRegenics Inc.			04/13 to present	
Business Address		City	State	Zip
648 Mulford Road		Wyncote	PA	19095
Phone	Title			
215-206-2754	President			
Description of Duties				
Oversight of company				

Business Name			From - To (MM/YY – MM/YY)	
Merck Inc.			10/85-02/12	
Business Address		City	State	Zip
Sumneytown Pike		Lansdale	PA	190200
Phone	Title			
215-652-5000	Executive Director Diversified Brands			
Description of Duties				
Responsible for US operations of the Diversified Brands Division within Merck				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James B. Harris

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-27-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, James Bret Harris, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-27-2022

Date

ASHLEY JONES
Notary Public-State of Nevada
APPT. NO. 20-3256-01
My Appt. Expires 03-15-2024

Subscribed ~~and Sworn to before me this~~ 27th day of October 2022.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB11562509004

Application/License No. _____

J2 Bio-Pharma L.L.C. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1180 North Town Center Dr suite 100 Las Vegas, NV 89144 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza #100, Bala Cynwyd, PA 19004-0950 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1st, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB11562509004

Application/License No. _____

J2 Bio-Pharma L.L.C. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1180 North Town Center Dr suite 100 Las Vegas, NV 89144 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza #100, Bala Cynwyd, PA 19004-0950 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1st, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of November, 20 22.

APPLICANT/PRINCIPAL COMPANY

Authorized Representative

SURETY Philadelphia Indemnity Insurance Company

Surety Company's Representative

Ryan Tash, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Non - Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint John T. Page, Ryan Tash, & Susan Fournier of Surety Solutions Insurance Services, Inc. its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa McKenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 1ST day of NOV., 2022

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH MP00157	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airgas USA, LLC

Physical Address: 1671 Glendale Ave.

City: Sparks State: NV. Zip: 89431

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Matthew Moriarty

Licensing Company Email: _____ DR Email: matt.moriarty@airgas.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Medical Drug Gases Only	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Airgas USA, LLC
Address: 6801 Florin Perkins Road City: Sacramento State: CA. Zip: 95828
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any):
Corporation/Organization Name: Airgas USA, LLC
Mailing Address: 6790 Florin Perkins Road
City: Sacramento State: CA Zip: 95828
Telephone: 916-379-1076 Email: jim.gindt@airgas.com
Contact Person Name: James Gindt

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Airgas USA, LLC

Facility Name

James Gindt

Print Name of Authorized Person Submitting Application

John Gott - Director - RPA Compliance — 10/24/2022

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: _____

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Airgas Usa, LLC	2523810	947251745	MANUFACTURE;	734 Can Do Expy, Hazelton, Pennsylvania (PA) 18202-3173, United States (USA)	12/31/2023
Airgas Usa, LLC	2529247	156081671	MANUFACTURE;	984 Mercer Rd, Franklin, Pennsylvania (PA) 16323-4632, United States (USA)	12/31/2023
Airgas Usa, LLC	2911065	827455861	MANUFACTURE;	3970 Wilcox Rd, Stockton, California (CA) 95215, United States (USA)	12/31/2023
Airgas Usa, LLC	2911751	180605842	MANUFACTURE;	653 N Market St, Redding, California (CA) 96003, United States (USA)	12/31/2023
Airgas Usa, LLC	2913171	827450243	MANUFACTURE;	1592 Doolittle Dr, San Leandro, California (CA) 94577, United States (USA)	12/31/2023
Airgas Usa, LLC	2915207	834717514	MANUFACTURE;	3560 Losee Rd, North Las Vegas, Nevada (NV) 89030-3330, United States (USA)	12/31/2023
Airgas Usa, LLC	2916791	832997782	MANUFACTURE;	365 Hanakai St, Kahului, Hawaii (HI) 96732-2406, United States (USA)	12/31/2023
Airgas Usa, LLC	2916961	113526545	MANUFACTURE;	1671 Glendale Ave, Sparks, Nevada (NV) 89431, United States (USA)	12/31/2023
Airgas Usa, LLC	2917504	946304797	MANUFACTURE;	441 Hobson St, San Jose, California (CA) 95110, United States (USA)	12/31/2023
Airgas Usa, LLC	2919021	969225122	MANUFACTURE;	1008 Opule St, Kapolei, Hawaii (HI) 96707, United States (USA)	12/31/2023
Airgas Usa, LLC	2919022	832997881	MANUFACTURE;	3990 Rice St Ste C, Lihue, Hawaii (HI) 96766-1493, United States (USA)	12/31/2023
Airgas Usa, LLC	2920628	103079992	MANUFACTURE;	525 Kalanianaole Ave, Hilo, Hawaii (HI) 96720-4753, United States (USA)	12/31/2023

Airgas

James Gindt
Director -FDA Compliance
Airgas USA, LLC, West Division
6790 Florin Perkins Road, Suite 300
Sacramento, Ca. 95828
((916) 379-1076 Fax: ((866) 550-7472
http://www.airgas.com
jim.gindt@airgas.com

December 1, 2022
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy. Suite 206
Reno, NV. 89521

Attn: Maria Herrera

Please see the attached notification of employees for Airgas USA, LLC, located at 1671 Glendale Ave., Sparks, NV. 89431

Here is the list of employees domiciled at that location:
Mathew Moriarty: Manager
Gene Stommel, Daryl Lloyd: Inside Sales
Eric Walker, Travis Carrier, Jonathan Franco Gomez, Mike Haguerre, David Youden, Ken Compton: Drivers
Shawn Mauldin, Joe Cavallero, John Davis: Production Operators
Matthew Calderon: Warehouse Attendant
Lloyd Smythe: Production Supervisor
Alan Morales: Inventory Coordinator

Should you require any further information, I may be reached at (916) 379-1076.

Thank you in advance for your help in this matter.

Regards,

James A. Gindt
Director FDA Compliance- West Division

DEC - 8 2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRGAS USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5032015 8300

SR# 20224017296

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204856057

Date: 11-15-22

Board of Directors

as of 12.31.2021

The Board of Directors is composed of 13 members: 11 who are appointed at the Annual General Meeting and two who represent Air Liquide employees. The Board of Directors brings together a diverse range of profiles. Five nationalities are represented from Europe, America and Asia and 55% of elected members are women. They bring a wealth of skills (financial, managerial, digital, scientific, international development, etc.) and a diversity of experience in a variety of sectors (chemicals, consumer products, healthcare, research, services, construction, automotive, etc.).

The Board of Directors determines Air Liquide's objectives and ensures their implementation in line with its corporate interest, by taking into account the social and environmental stakes of its business. Accordingly, it examines and approves the Group's major strategic priorities.

In 2021, it focused in particular on **the impacts that the Covid-19 pandemic** had on the Group and notably the measures taken to protect the **health of employees;** performance analysis; the **Group's strategy** taking into account environmental and social issues; the continued application of the **Sustainable Development policy** and the establishment of **new ESG/Climate objectives;** the development of the new 2025 **ADVANCE** strategic plan; **industrial investment** decisions; the **energy transition** and the development of **hydrogen;** and **governance** matters, including the decision to **separate the roles of Chairman of the Board of Directors and of Chief Executive Officer.** In this context, the Board that will meet after the May 2022 Annual General Meeting will be asked to renew the mandate of Benoît Potier as Chairman of the Board of Directors and to appoint François Jackow as Chief Executive Officer, **effective June 1, 2022.**

a. Benoît Potier
Chairman and Chief Executive Officer
Born in 1957 – French

b. Jean-Paul Agon
Independent Director
Lead Director
Chairman of the Appointments and Governance Committee
Member of the Remuneration Committee
Born in 1956 – French

c. Siân Herbert-Jones
Independent Director
Chairman of the Audit and Accounts Committee
Born in 1960 – British

d. Sin Leng Low
Independent Director
Member of the Audit and Accounts Committee
Born in 1952 – Singaporean

e. Annette Winkler
Independent Director
Chairman of the Environment and Society Committee
Member of the Appointments and Governance Committee
Born in 1959 – German

f. Philippe Dubrulle
Director Representing Employees
Member of the Environment and Society Committee
Born in 1972 – French

g. Geneviève Berger
Independent Director
Member of the Environment and Society Committee
Born in 1955 – French

h. Xavier Huillard
Independent Director
Chairman of the Remuneration Committee
Member of the Appointments and Governance Committee
Born in 1954 – French

i. Anette Bronder
Independent Director
Member of the Audit and Accounts Committee
Born in 1967 – German

j. Kim Ann Mink
Independent Director
Member of the Remuneration Committee
Born in 1959 – American

k. Fatima Tighlaline
Director Representing Employees
Born in 1979 – French

l. Aiman Ezzat
Independent Director
Born in 1961 – French

m. Bertrand Dumazy
Independent Director
Born in 1971 – French

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 2929 Allen Parkway, Suite 2500 Houston, TX 77019 Attn: Houston.Certs@marsh.com CN115323536-STND-GAWU-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Airgas USA LLC. 3737 Worsham Avenue Long Beach, CA 90808	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** INSURER A : Starr Indemnity & Liability Company — 38318 INSURER B : Starr Specialty Insurance Company — 16109 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** HOU-003798167-04 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000090660221	07/01/2022	07/01/2023	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	1,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	6,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$	6,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			1000635788221 (AOS)	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	5,000,000
A	X ANY AUTO			1000635789221 (MA)	07/01/2022	07/01/2023	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED [ ] RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0004702 FL, MA	07/01/2022	07/01/2023	X PER STATUTE [ ] OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N]	N/A		100 0004703 AK,AZ,CT,IA,NJ,NY,NC,VT	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$	2,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			100 0004704 WI	07/01/2022	07/01/2023	E.L. DISEASE - EA EMPLOYEE	$	2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Airgas USA, LLC
3737 Worsham Avenue
Long Beach, CA 90808

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc

Frances M. Wade

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AGENCY CUSTOMER ID: CN115323536
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Airgas USA LLC, 3737 Worsham Avenue Long Beach, CA 90808
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2022 - 7/1/2023
Carrier: Starr Specialty Insurance Company
Policy No.: 100 0004701 (AL, AR, CA, CO, DE, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NM, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
Air Liquide USA LLC
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Airgas, Inc.
Airgas USA LLC
Airgas Priority Nitrogen, LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG AIRGAS USA LLC MDEG License # (if applicable) MP00157

Physical Address 1671 GLENDALE AVE

City SPARKS State NV Zip 89431

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-358-2260 Website WWW.AIRGAS.COM

Licensing Company Email matt.moriarty@airgas.com

Section 2: Personal Information

First MATTHEW Middle DENNIS Last MORIARTY

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]KRUG CT

City SPARKS State NV Zip 89436

Telephone [redacted] Email matt.moriarty@airgas.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WILL C WOOD HIGH SCHOOL		08/1991 - 06/1995	
Address	**City**	**State**	**Zip**
998 MARSHALL RD	VACAVILLE	CA	95687
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
SOLANO COMMUNITY COLLEGE		08/1995 - 06-1997	
Address	**City**	**State**	**Zip**
4000 SUISUN VALLEY RD	FAIRFIELD	CA	94534
Diploma/Degree obtained, if any			
NONE			
School Name		**From - To (MM/YY – MM/YY)**	
AMERICAN RIVER COLLEGE		08/1997 - 06/1999	
Address	**City**	**State**	**Zip**
4700 COLLEGE OAK DR	SACRAMENTO	CA	95841
Diploma/Degree obtained, if any			
NONE			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2015 - 1/2023	[redacted] KRUG CT	SPARKS	NV	89436
10/2012 - 10/2015	[redacted] CACTUS AVE	CHICO	CA	95926

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
AIRGAS USA LLC			10/2015 - 1/2023	
Business Address	**City**		**State**	**Zip**
1671 GLENDALE AVE	SPARKS		NV	89431
Phone	**Title**		**Number of Employed Hours**	
775-358-2260	BRANCH MANAGER		14,560+	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County

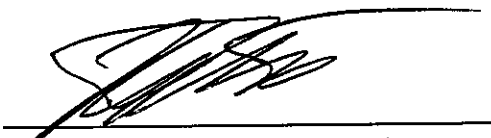
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

01/12/2023

Date

I, MATTHEW MORIARTY, **certify that as the MDEG Administrator for**

AIRGAS USA LLC,

that I (initial that you have read and meet the following requirements):

1. MM Have a high school diploma or its equivalent;
2. MM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Moriarty
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/12/2023
Date

Board Use Only	Date Received: 1.17.23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AIRGAS USA LLC

Pharmacy/Wholesaler License # (if applicable) MP00157

Physical Address 1671 GLENDALE AVE

City SPARKS State NV Zip 89431

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-358-2260 Website WWW.AIRGAS.COM

Licensing Company Email matt.moriarty@airgas.com

Section 2: Personal Information

First MATTHEW Middle DENNIS Last MORIARTY

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN 604-01-2406 Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]KRUG CT

City SPARKS State NV Zip 89436

Telephone [redacted] Email matt.moriarty@airgas.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WILL C WOOD HIGH SCHOOL		08/1991 - 06/1995	
Address	**City**	**State**	**Zip**
998 MARSHALL RD	VACAVILLE	CA	95687
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
SOLANO COMMUNITY COLLEGE		08/1995 - 06/1997	
Address	**City**	**State**	**Zip**
4000 SUISUN VALLEY RD	FAIRFIELD	CA	94534
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
AMERICAN RIVER COLLEGE		08/1997 - 06/1999	
Address	**City**	**State**	**Zip**
4700 COLLEGE OAK DR	SACRAMENTO	CA	95841
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2015 - 1/2023	[redacted]KRUG CT	SPARKS	NV	89436
10/2012 - 10/2015	[redacted] CACTUS AVE	CHICO	CA	95926

Designated Representative Application (Applicant's Initials MM)

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
AIRGAS USA LLC			10/2015 - 1/2023
Business Address	**City**	**State**	**Zip**
1671 GLENDALE AVE	SPARKS	NV	89431
Phone	**Title**		**Number of Employed Hours**
775-358-2260	BRANCH MANAGER		14,560+
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/12/2023
Date

I, MATTHEW MORIARTY, **certify that as the designated representative for**

AIRGAS USA LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MM I am at least 21 years of age;
3. MM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Moriarty
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/12/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Moriarty
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/12/2023
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of WASHOE

I, Matthew Moriarty, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/12/2023
Date

Subscribed and Sworn to before me this 12 day of January 2023

Notary Public Signature

JD EVANS
Notary Public-State of Nevada
APPT. NO. 16-3447-2
My Appt. Expires 09-07-2024

(Seal)

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: OptumRx Pharmacy of Nevada, Inc., d/b/a Culinary Pharmacy

Physical Address: 6350 South Durango Drive

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 773-844-3906 Toll Free # (NAC 639.708, NRS 639.23286): None

Fax: PENDING Contact Email: orxpharmlic@optum.com

Website: _____

Nevada Business License # (if applicable) NV19961247896

Supervising/Managing Pharmacist Name (NRS 639.220): Nathaniel Rodriguez ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19651 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nathaniel Rodriguez	NV Pharmacist Registration #: 19651
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	☐	☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	☐	☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	☐	☒
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	☐	☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	☐	☒

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: None	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): OptumRx Health Solutions, LLC

Corporation/Organization Name: OptumRx Pharmacy of Nevada, Inc., d/b/a Culinary Pharmacy

Mailing Address: 6350 South Durango Drive

City: Las Vegas State: NV Zip: 89113

Telephone: 952-936-5730 Email: sandy_morgan@uhg.com

Contact Person Name: Sandy Morgan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for OptumRx Pharmacy of Nevada, Inc., d/b/a Culinary Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Karen Bohmer

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/11/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Karen Bohmer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary (title) for OptumRx Pharmacy of Nevada, Inc., d/b/a Culinary Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Karen Bohmer

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11th day of January, 2023

Maleta G Beahan

Notary Public

MALETA G BEAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 7, 2026

Section 11: Managing Pharmacist Acknowledgement; Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nathaniel Rodriguez Pharmacist Registration #: 19651

Pharmacy Name: OptumRx Pharmacy of Nevada, Inc., d/b/a Culinary Pharmacy

Initial each statement below to indicate you have read and agree with the following:

NR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History:	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	☐	X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

1/11/23
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karen Bohmer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Karen Bohmer

Original signature of Authorized Person (copies or stamps not accepted)

1/11/2023

Date

1/18/23

Board Use Only	Date Received: 1.17.23	Amount: 500.00 CK-12514684

EXHIBIT "E"

PERSONAL HISTORY AFFIDAVIT

N/A, as none of the Directors/Officers have ownership interest in the pharmacy.

Optum Rx®

LIST OF OFFICERS & OWNERS

OptumRx Pharmacy of Nevada, Inc.
d/b/a Culinary Pharmacy
6350 South Durango Drive
Las Vegas NV 89113

Name	Title	Address	Ownership Interest
Kathryn Eve Carey	Director	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%
Erin Ann Satterwhite	Director, President & CEO	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%
Peter Marshall Gill	Treasurer	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%
Karen Elizabeth Bohmer	Secretary	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%
Heather Anastasia Lang	Assistant Secretary	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%
Timothy Joseph Langdon	Assistant Secretary	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%
David John Oberg	Assistant Secretary	11000 Optum Circle Suite 100 Eden Prairie MN 55344	0%

The pharmacy is wholly owned by:

OptumRx Pharmacy of Nevada, Inc.
d/b/a Culinary Pharmacy
6350 South Durango Drive
Las Vegas NV 89113
FEIN: 88-0373347

OptumRx Pharmacy of Nevada, Inc., is wholly owned by:

OptumRx Health Solutions, LLC
11000 Optum Circle
Eden Prairie MN 55344
FEIN: 46-0666840

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OPTUMRX PHARMACY OF NEVADA, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/19/1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/04/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301043282527
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler OptumRx Pharmacy of Nevada, Inc. d/b/a Culinary Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6350 South Durango Drive

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email orxpharmlic@optum.com

Section 2: Personal Information

First Nathaniel Middle _____ Last Rodriguez

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Tenaya Meadows St

City Las Vegas State NV Zip 89178

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☒

Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☐

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/14 - 06/17	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		09/10 - 06/12	
Address	**City**	**State**	**Zip**
1200 W Harrison St	Chicago	IL	60607
Diploma/Degree obtained, if any			
Bachelors of Science in Biological Sciences			

School Name		From - To (MM/YY – MM/YY)	
University of Miami		09/08 - 05/10	
Address	**City**	**State**	**Zip**
1320 S Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lane tech College Prep		09/04 - 06/08	
Address	**City**	**State**	**Zip**
2501 W Addison St	Chicago	IL	60618
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/18 - 01/23	[redacted] Tenaya Meadows St	Las Vegas	NV	89178
02/16 - 10/18	[redacted] E Russell Rd	Las Vegas	NV	89122
08/14 - 02/16	[redacted] N Hewitt St	Las Vegas	NV	89106
03/13 - 08/14	[redacted] Grove Park St	Henderson	NV	89002
09/04 - 03/13	[redacted] W Wellington Ave	Chicago	IL	60618
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Culinary Pharmacy			07/21 - 01/23
Business Address	**City**	**State**	**Zip**
1945 S Las Vegas Blvd	Las Vegas	NV	89104
Phone	**Title**	**Number of Employed Hours**	
702 650 4417	Pharmacist	3120 hours	
Description of Duties			
Type, verify, and dispense prescriptions, counsel patient, handle inventory			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			07/19 - 07/21
Business Address	**City**	**State**	**Zip**
9405 W Russell Rd	Las Vegas	NV	89148
Phone	**Title**	**Number of Employed Hours**	
702 262-7854	Pharmacy Manager	4160	
Description of Duties			
Administer immunization, handle hiring and managing technicians, type, verify and dispense prescriptions, counsel patients, control inventory			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			09/17 - 06/19
Business Address	**City**	**State**	**Zip**
9405 W Russell Rd	Las Vegas	NV	89148
Phone	**Title**	**Number of Employed Hours**	
702 262-7854	Pharmacist	3840	
Description of Duties			
Type, verify, and dispense prescriptions, administer immunizations, counsel patients, control inventory			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☒
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	☐	☐
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☒
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☐	☒
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☐	☒
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☐	☒
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	☐	☒
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	☐	☒
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	☐	☒
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # [ ]. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/11/23
Date

I, Nathaniel Rodriguez, **certify that as the designated representative for**

OptumRx Pharmacy of Nevada, Inc. d/b/a Culinary Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NR I am at least 21 years of age;
3. NR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nathaniel Rodriguez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/16/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathaniel Rodriguez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/11/23

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of Clark

I, Nathaniel Rodriguez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/11/23

Date

Subscribed and Sworn to before me this 11th day of January 2023

Notary Public Signature

B. CUTLER-CLARK
Notary Public-State of Nevada
APPT. NO. 14-12623-1
My Appt. Expires 10-19-2025

(Seal)

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: EMERGENCY ROOM	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: PYXIS

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, S, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ER at West Craig, an Extension of Centennial Hills Hospital

Physical Address: 7050 W Craig Rd

City: Las Vegas State: NV Zip: 89129

Mailing Address (if different from physical address): 6900 N Durango Dr

City: Las Vegas State: NV Zip: 89149

Telephone: 702-629-1522 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-835-9849 Contact Email: nicolle.gunn@uhsinc.com

Website: www.centennialhillshospital.com

Nevada Business License # (if applicable) NV19981003340

Supervising/Managing Pharmacist Name (NRS 639.220): Nicolle Gunn ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17890 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicolle Gunn	NV Pharmacist Registration #: 17890
Name: Andrew Jackson	NV Pharmacist Registration #: 16421
Name: Kyle Pierce	NV Pharmacist Registration #: 20201
Name: Chimezie Udom	NV Pharmacist Registration #: 14787
Name: Gisela Bettendorf	NV Pharmacist Registration #: 19752
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: DELAWARE

Parent Company (if any): UNIVERSAL HEALTH SERVICES

Corporation Name: VALLEY HEALTH SYSTEM LLC

Mailing Address: 367 SOUTH GULPH ROAD

City: KING OF PRUSSIA State: PA Zip: 19406-0958

Telephone: 610-768-3300 Email: uhscorpfilings@uhsinc.com

Contact Person Name: STEVE FILTON

Date of SEC Registration: 1981 | SEC Registration Number: 1-10765 | Stock Exchange Symbol: UHS

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGING PHARMACIST (title) for ER at West Craig, an Ext of Centennial Hills Hos (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Nicolle Gunn

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1.12.23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nicolle Gunn hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist (title) for ER at West Craig, an Ext of Centennial Hills Hos (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12th day of January, 2023

Notary Public

KELLY Y. WELLS
Notary Public, State of Nevada
Appointment No. 21-8270-01
My Appt. Expires Jul 23, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicolle Gunn Pharmacist Registration #: 17890

Pharmacy Name: ER at West Craig, an Extension of Centennial Hills Hospital

Initial each statement below to indicate you have read and agree with the following:

NG I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NG I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NG I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NG I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NG I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? *arrested, not charged*	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

1.12.23
Date

Nicolle Gunn
Centennial Hills Hospital Medical Center
6900 N Durango Dr
Las Vegas, NV 89149

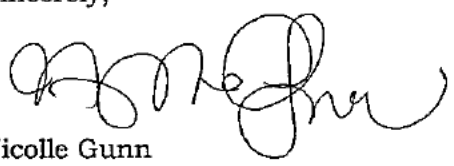
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Letter of Explanation for Misdemeanor Arrest

To Whom it May Concern:

I was living with my mother and her boyfriend, whom I got in an argument with on July 25th 2006. Words were exchanged and he tried to kick me out of the house, so I obliged and packed my belongings. However, I was not "fast enough" because he wanted me out of there as soon as possible. He was getting in my face while I packed, and, as a result, I shoved him away from me. He immediately called the cops on me, and when two police officers arrived, I was already in my car preparing to find a place to move to. The officers took my statement, but because I strive to uphold my integrity, I admitted to pushing him. As a part of their duty to protect and serve, they had to arrest me, even though they both stated that it was ridiculous for them to respond there in the first place. They assured me that nothing drastic would probably result from this and a judge might throw this case out since there was no physical harm done. I was held in jail for a few hours and was given a court date after my immediate release. When I went for my court appearance a month later, my name was not on the docket. I was informed that the case was denied/dismissed by the District Attorney's Office, and, according to the letter they provided, the office was not filing formal charges against me either. Enclosed is a copy of that letter, which I have previously furnished to the Board when I answered "YES" on a question on prior applications (technician renewal, intern license, new pharmacist license, first pharmacist renewal, and pharmacy application). Hopefully, this explanation and attached documentation are sufficient and, if there are any additional questions, contact me via phone at (702) [redacted]

Sincerely,



Nicolle Gunn

Enclosure: Letter from Office of the District Attorney

OFFICE OF THE DISTRICT ATTORNEY

Regional Justice Center • 200 Lewis Ave • PO Box 552212 • Las Vegas NV 89155-2212
(702) 671-2500

DAVID ROGER
District Attorney

Date: August 25, 2006

Name: Nicolle Dequzman

You were arrested on ~~or about~~ 08/25/2006 which resulted in the following charges being sent to the District Attorney's Office for consideration:

Charges: Battery domestic violence-no prior convictions

This letter is to inform you that our office has determined not to file formal charges against you. You do not have to appear in court on the date given to you when released from jail. If bail was posted at the Clark County Detention Center, or at the Las Vegas Justice Court, it will be returned to you, or to the person who posted it, by the court.

If this office receives additional information about these charges, we have the right to file these charges at a later time. If we subsequently file charges against you, you will be notified by mail of a new date to appear in court.

DAVID ROGER
District Attorney
Judy Olney

D.A. File No: 06M17773X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicolle Gunn

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1.1223

Date

Board Use Only	Date Received: 1.17.23	Amount: 500.00 CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VALLEY HEALTH SYSTEM LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/21/1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/12/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301123306118
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

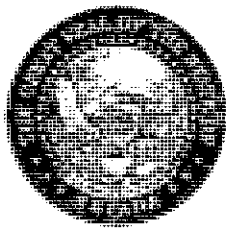
STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

VALLEY HEALTH SYSTEM LLC

Nevada Business Identification # NV19981003340
Expiration Date: 01/31/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202301093294239
You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/09/2023.

FRANCISCO V. AGUILAR
Secretary of State

FFN - #: 202211031014721 - Fees: $25.00 - 11/03/2022 01:43:56 PM - Receipt #: 1579496 - Filed By: MILLERKE - Pgs: 1 - LYNN MARIE GOYA, CLARK COUNTY CLERK

Certificate of Assumed or Fictitious Name
Registered Entities
Office of the Clark County Clerk
Lynn Marie Goya

Select Business Type:
- ☐ Corporation
- ☒ Limited-Liability Company
- ☐ Professional Corporation
- ☐ Professional Association

Select One: ☒ New Certificate ☐ Renewal Certificate

NOTE: A FILED CERTIFICATE FOR AN ASSUMED OR FICTITIOUS NAME UNDER WHICH A BUSINESS IS BEING CONDUCTED IN CLARK COUNTY, NEVADA, IS VALID FOR FIVE YEARS FROM THE FILING DATE.

ALL FIELDS REQUIRED UNLESS OTHERWISE STATED

Assumed or Fictitious Name: ER at West Craig Road, an Extension of Centennial Hills Hospital

Organization/Company Name: Valley Health System LLC
Exactly as it is registered with the Nevada Secretary of State

Business Contact Phone Number: (610) 382-3395

Business Contact Email Address: uhscorpfilings@uhsinc.com

Mailing Address: *(Address to receive the Notice of Renewal)*

367 S Gulph Rd	King of Prussia	PA	19406
Address	City	State	Zip

Name of Authorized Signer: Steve Filton

Signature: [signature] **Date:** 10/25/2022

Name of Authorized Signer: _____
(Use only if needed)

Signature: _____ **Date:** _____

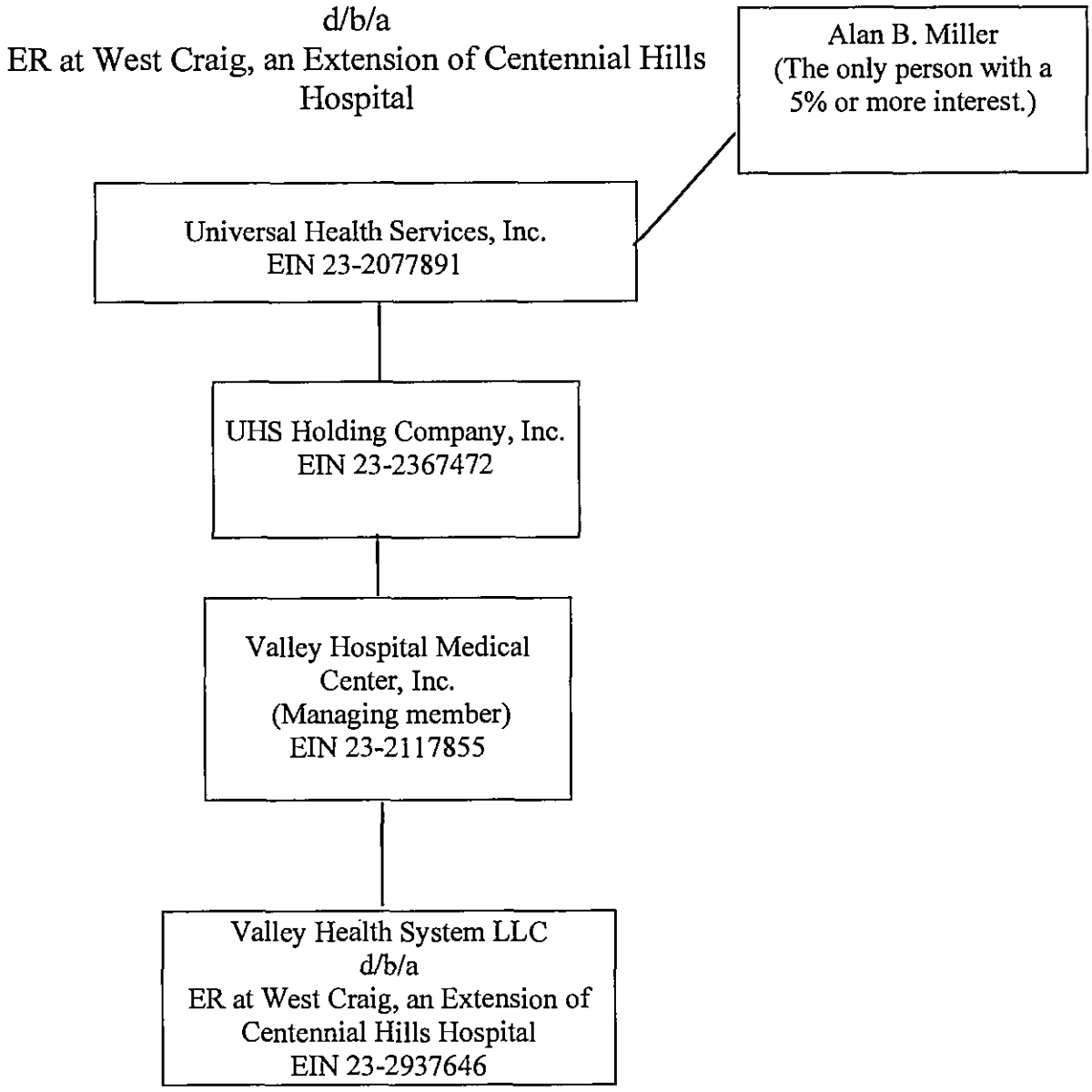
BY SIGNING ABOVE, THE SIGNER(S) DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT.

RECEIVED
NOV 03 2022
COUNTY CLERK
1574850

- List all Officers and Directors: NRS 639.231(2)(b), NAC 639.214(5)(a)
    - Edward Sim – President (Director)
    - Steve Filton – Vice President (Director)
    - Matthew Klein – Vice President, Secretary (Director)
    - George H. Brunner, Jr. – Assistant Secretary
    - Cheryl K. Ramagano – Treasurer
    - Robert Zurad – Assistant Treasurer

- List the top four stockholders and their percent ownership. NRS 639.231(3)
  For UHS, Inc.: Alan Miller – 11.9%; The Vanguard Group – 11.5%; FMR LLC – 8.1%; BlackRock, Inc. – 7.3%.

CORPORATE STRUCTURE CHART



Management Agreement between UHS of Delaware, Inc., and Valley Health System LLC.

Detailed Ownership Information

ER at West Craig, an Extension of Centennial Hills Hospital (the FED), is owned and operated by Valley Health System, LLC

Valley Hospital Medical Center, Inc. is the Sole Member of Valley Health System, LLC

Valley Hospital Medical Center, Inc. is owned by UHS Holding Company, Inc.

UHS Holding Company, Inc. is owned by Universal Health Services, Inc. (The Ultimate Parent Company)

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: RXCOMPOUNDSTORE.COM

Physical Address: 8950 SW 74th ct, Suite #101

City: Miami State: Florida Zip: 33156

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 786-803-8947 Toll Free # (NAC 639.708, NRS 639.23286): 833-792-6673

Fax: 844-875-0009 Contact Email: MARIO@RXCOMPOUNDSTORE.COM

Website: RXCOMPOUNDSTORE.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): SHIBU. N JOHN ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14862 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: SHIBU · N · JOHN	NV Pharmacist Registration #: 14862
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: MARIO·G·TABRAUE

Business Name: RXCOMPOUNDSTORE·COM LLC

Business Address: 8950 SW 74TH COURT, SUITE #101

City: MIAMI State: FL Zip: 33156

Telephone: 786-295-1084 Email: MARIO@RXCOMPOUNDSTORE·COM

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Rxcompoundstore.com (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MARIO · G· TABRAUE

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/9/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mario Tabraue hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager (title) for RxCompoundStore.com (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of January, 20 23

Notary Public

Notary Public State of Florida
Nury Del Busto
My Commission GG 299838
Expires 02/07/2023

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARIO. G. TABRAUE

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

01/09/2023

Date

Board Use Only	Date Received: 1.17.23	Amount: 500.00 cc

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ ~~MDEG~~/~~Wholesaler~~ Information

Name of Pharmacy/~~MDEG~~/~~Wholesaler~~ RxCompoundStore.com LLC

Pharmacy/~~MDEG~~/~~Wholesaler~~ License # (if applicable) PH 30412 (Florida)

Physical Address 8950 SW 74th Court, Suite 101

City Miami State FL Zip 33156

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 786-803-8947 Website www.rxcompoundstore.com

Licensing Company Email ORDERS@RXCOMPOUNDSTORE.COM

Section 2: Personal Information

First Mario Middle Guillermo Last Tabraue

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] SW 64th Lane

City Miami State FL Zip 33173

Telephone [redacted] Email mario@rxcompoundstore.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Immaculata La Salle High School		08/93-05/97	
Address	**City**	**State**	**Zip**
3601 S Miami Ave	Miami	FL	33129
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 - current	[redacted] SW 64th Lane	Miami	FL	33173
03/19 - 03/20	[redacted] SW 30th Street	Miami	FL	33155
08/18 - 03/19	[redacted] Collins Avenue, Unit [redacted]	Surfside	FL	33154
08/16 - 08/18	[redacted] SW 100th Avenue	Miami	FL	33176
10/14 - 08/16	[redacted] SW 6th Street	Coral Gables	FL	33134
04/14 - 10/14	[redacted] SW 68th Court Circle, Unit [redacted]	Miami	FL	33155
11/12 - 04/14	[redacted] SW 172nd Avenue	Miami	FL	33187
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Earth Science Tech Inc			04/22 - current
Business Address	**City**	**State**	**Zip**
10650 NW 29th Terrace	Doral	FL	33172
Phone	**Title**		
786-295-1084	President		
Description of Duties			
Business procurement			

Business Name			From - To (MM/YY – MM/YY)
Peaks Curative LLC			09/21 - current
Business Address	**City**	**State**	**Zip**
11291 SW 64th Lane	Miami	FL	33173
Phone	**Title**		
786-295-1084	Manager		
Description of Duties			
General management and business development			

Business Name			From - To (MM/YY – MM/YY)
RxCompoundStore.com LLC			09/20 - current
Business Address	**City**	**State**	**Zip**
8950 SW 74th Court, Suite 101	Miami	FL	33156
Phone	**Title**		
786-803-8947	Manager		
Description of Duties			
Oversee pharmacy operations and business development			

Business Name			From - To (MM/YY – MM/YY)
JCR Medical Equipment			11/19 - current
Business Address	**City**	**State**	**Zip**
10650 NW 29th Terrace	Doral	FL	33172
Phone	**Title**		
305-262-7004	Controller and Pharmacy Tech		
Description of Duties			
Oversee company finances and work as pharmacy tech on weekends			

Business Name			From - To (MM/YY – MM/YY)
Eller-ITO Stevedoring Company LLC			10/13 - current
Business Address	**City**	**State**	**Zip**
1007 N America Way, Ste 501	Miami	FL	33132
Phone	**Title**		
305-379-3700	Special Projects Manager		
Description of Duties			
Review and execute company projects and implement procedures			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Zoological Wildlife Foundation			11/12 - 10/13
Business Address	**City**	**State**	**Zip**
16225 SW 172nd Avenue	Miami	FL	33187
Phone	**Title**		
305-969-3696	General Manager		
Description of Duties			
Manage daily operations and schedules			

Business Name			From - To (MM/YY – MM/YY)
Ceres Marine Terminals			11/09 - 04/13
Business Address	**City**	**State**	**Zip**
2650 Port Blvd	Miami	FL	33132
Phone	**Title**		
321-799-9035	Operations Manager		
Description of Duties			
Manage all facets of cargo and cruise operations at the Port of Miami			

Business Name			From - To (MM/YY – MM/YY)
Eller-ITO Stevedoring Company LLC			09/02 - 11/09
Business Address	**City**	**State**	**Zip**
1007 N America Way, Ste 501	Miami	FL	33132
Phone	**Title**		
305-379-3700	Vessel Superintendent		
Description of Duties			
Oversee daily cargo and cruise vessel operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/21/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mario Tabraue

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/21/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Mario Tabraue, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/21/22

Date

Subscribed and Sworn to before me this 21 day of Dec, 2022.

Notary Public Signature

Notary Public State of Florida
Nury Del Busto
My Commission GG 298636
Expires 02/07/2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler RxCompoundStore.com LLC

Pharmacy/Wholesaler License # (if applicable) PH 30412 (Florida)

Physical Address 8950 SW 74th Court, Suite 101

City Miami State FL Zip 33156

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 786-803-8947 Website www.rxcompoundstore.com

Licensing Company Email ORDERS@RXCOMPOUNDSTORE.COM

Section 2: Personal Information

First Mario Middle Guillermo Last Tabraue

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] SW 64th Lane

City Miami State FL Zip 33173

Telephone [redacted] Email mario@rxcompoundstore.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Immaculata La Salle High School		08/93-05/97	
Address	**City**	**State**	**Zip**
3601 S Miami Ave	Miami	FL	33129
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 - current	[redacted] SW 64th Lane	Miami	FL	33173
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08/18 - 03/19	[redacted] Collins Avenue, Unit [redacted]	Surfside	FL	33154
08/16 - 08/18	[redacted] SW 100th Avenue	Miami	FL	33176
10/14 - 08/16	[redacted] SW 6th Street	Coral Gables	FL	33134
04/14 - 10/14	[redacted] SW 68th Court Circle, Unit 7	Miami	FL	33155
11/12 - 04/14	[redacted] SW 172nd Avenue	Miami	FL	33187
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
RxCompoundStore.com LLC			09/20 - current	
Business Address		**City**	**State**	**Zip**
8950 SW 74th Court, Suite 101		Miami	FL	33156
Phone	**Title**		**Number of Employed Hours**	
786-803-8947	Manager		4800	
Description of Duties				
Oversee pharmacy operations and business development				

Business Name			From - To (MM/YY – MM/YY)	
JCR Medical Equipment			11/19 - current	
Business Address		**City**	**State**	**Zip**
10650 NW 29th Terrace		Doral	FL	33172
Phone	**Title**		**Number of Employed Hours**	
305-262-7004	Controller and Pharmacy Tech		1900	
Description of Duties				
Oversee company finances and work as pharmacy tech on weekends				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/21/22
Date

I, Mario Tabraue, **certify that as the designated representative for**

RxCompoundStore.com LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MT I am at least 21 years of age;
3. MT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mario Tabraue

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/21/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mario Tabraue

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/21/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Mario Tabraue, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/21/22

Date

Subscribed and Sworn to before me this 21 day of Dec, 2022.

Nury Del Busto

Notary Public Signature

Notary Public State of Florida
Nury Del Busto
My Commission GG 299838
Expires 02/07/2023

(Seal)

RxCompoundStore.com
8950 Southwest 74th Court
Suite 101, Miami, FL 33156
PH: 786.803.8947
FAX: 844.875.0009
Email: orders@rxcompoundstore.com

12/22/22

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Self Attestation of Hours Worked

Good Day,

I, Mario Tabraue, have owned and operated RxCompoundStore.com since September 1, 2019. Since that time I have been directly involved with the pharmacy's daily operation, including but limited to Administration, operations and order fulfillment in capacity of a pharmacy technician as needed.

Since the time of my ownership in the pharmacy I have worked over 4500 hours in the capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Please feel free to contact me any time if you have any questions regarding the above.

Sincerely,

Mario Tabraue
Pharmacy Manager
RxCompoundStore.com
Mobile: [redacted]

JCR MEDICAL EQUIPMENT D/B/A
UNIFIED CARE SERVICES
10650 NW 29th Terrace
Miami, FL 33172
Phone (305) 262-7004
Fax (305) 262-7006

12/22/22

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Mario Tabraue, Designated Representative of RxCompoundStore.com

To Whom it may concern,

Please accept this letter as confirmation that Mario Tabraue has worked for JCR Medical Equipment and Unified Care Services since November of 2019. In that time Mario has work in several capacities, including many that involved the dispensing and record keeping of prescription drugs. Mario has completed at least 1900 hours of work in this capacity during his time with our company.

If you have any questions or concerns, please do not hesitate to contact me on my cell phone at any time, [redacted]

Regards,

Jose Rodriguez
President

AC#11070197

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/18/2022	PH 30412	130256

THE PHARMACY

QUALIFICATION(S):
Community Pharmacy

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2023**
RXCOMPOUNDSTORE.COM LLC
Rx Compound Store
8950 SW 74TH CT, SUITE 101
MIAMI, FL - 33156

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

State of Florida
Department of State

I certify from the records of this office that RXCOMPOUNDSTORE.COM, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 2, 2016, effective May 1, 2016.

The document number of this limited liability company is L16000086389.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on February 1, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eleventh day of January, 2023

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 0971865474CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 23995
Insp # 185610

NAME	PERMIT NUMBER	DATE OF INSPECTION
RXCompoundStore.com LLC	30412	06/16/2022
DOING BUSINESS AS		
RX COMPOUND STORE		
STREET ADDRESS	**TELEPHONE #**	**EXT**
8950 SW 74TH CT. SUITE 101		
CITY	**COUNTY**	**STATE/ZIP**
MIAMI	MIAMI-DADE	FL/33156

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 10:00 AM - 6:00 PM
Monday N	Monday Hours
Tuesday N	Tuesday Hours
Wednesday N	Wednesday Hours
Thursday N	Thursday Hours
Friday N	Friday Hours
Saturday N	Saturday Hours Closed
Sunday N	Sunday Hours Closed

Registered Pharmacist / Intern / Tech

License # PS 39084	Licensee Name Eduardo Hernandez
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FR0740224	

License Relations

Pharmacy Affiliate

TABRAUE, MARIO	License #

RX DPT MGR/COR/POR

HERNANDEZ, EDUARDO	License # 39084

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating. "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	N/A
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A

INV359 - Community Requirements

Insp # 185610 RXCompoundStore.com LLC File # 23995

Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	N/A
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	N/A
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	N/A
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	N/A
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	N/A
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	N/A
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	N/A
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]. [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *Wholesaler: Anda, Medisca, Darmerica,Fagron*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	Yes
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	Yes
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	Yes
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	Yes

INV359 - Community Requirements

Insp # 185610

RXCompoundStore.com LLC

File # 23995

If a controlled substance, the word "central fill" appears on the face of the original prescription.	Yes
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

This is a Change of Location Inspection.
Inspection was conducted with Eduardo Hernandez, PDM

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

COTO, SEIDY

Date:6/16/2022

Representative:

Eduardo Hernandez PDM

Date:6/16/2022

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

January 4, 2023

Shibu John
Rxcompoundstore.Com
8950 Sw 74Th Ct
Suite # 101
Miami, FL 33156

RE: License Certification for Rxcompoundstore.com Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH30412
ORIGINAL CERTIFICATION:	10/19/2016
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR0740224	04-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-25-2021

RXCOMPOUNDSTORE.COM LLC
RXCOMPOUNDSTORE.COM LLC
8950 SW 74TH CT STE 101
MIAMI, FL 331563172

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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8950 SW 74TH CT STE 101
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Form DEA-223 (9/2016)

Including DEA Regn but will not be Shipping Controls to NV

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Montecito Rx dba San Ysidro Pharmacy

Physical Address: 1498 E. Valley Rd, Montecito, CA 93108

Mailing Address: 1498 E. Valley Rd, Montecito, CA 93108

City: Montecito State: CA Zip Code: 93108

Telephone: 805 969-2284 Fax: 805 565-3174

Toll Free Number: 800 796 2452 (Required per NAC 639.708)

E-mail: [redacted]@aol.com Website: www.sanysidropharmacy.com

Managing Pharmacist: Scarlett Susan Eckert ✓ License Number: 23278 Temp

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☐ Hospital (# beds____)	☐	☑ Parenteral **
☐	☐ Internet	☐	☑ Parenteral (outpatient)
☐	☐ Nuclear	☐	☑ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☑	☐ Other: Compounding	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
		☐	☐ Mail Service Sterile Compounding **
		☐	☐ Other Services: _____

All boxes must be checked
For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Lara C Edington-Hove
Original Signature of Person Authorized to Submit Application, no copies or stamps

Lara C Edington Hove
Print Name of Authorized Person

10/27/21
Date

Board Use Only	Date Processed:	Amount: $500.00

MO: 2367546 7972

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Montecito Rx

Mailing Address: 1498 East Valley Rd.

City: Montecito State: CA Zip: 93108

Telephone: 805 969-2284 Fax: 805 565-3174

Contact Person: Lara C. Edington Hove

For any corporation non publicly traded, disclose the following:

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

a) Lara C. Edington Hove, [redacted] White Ave., Santa Barbara, CA 93109
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? 7500

4) What date did the corporation actually receive the cash assets? 5/18/21

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 3 pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Lara C. Edington Hove, CEO/President, 100%

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lara C. Edington Hove

Responsible Person of Montesito Rx dba San Ysidro Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Lara C. Edington-Hove

Original Signature of Person Authorized to Submit Application, no copies or stamps

Lara C. Edington Hove

Print Name of Authorized Person

10/27/21

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TRINH LUU

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10-21-21

Date

Board Use Only	Date Received: _____	Amount: [redacted]

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Santa Barbara) ss.
COUNTY)

I, Lara C Edington Hove, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO/President for Montecito Rx dba SanYsidro Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Lara C Edington Hove, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lara C Edington-Hove
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
27th day of October, 2021.

NOTARY PUBLIC

WILLIAM MULLEN
Notary Public - California
Santa Barbara County
Commission # 2328525
My Comm. Expires May 17, 2024

© GOES K02 LITHO, IN U.S.A.

May 06, 2020

MONTECITO RX

Authorized Capital Stock–100 Common Shares

This Certifies that Lara C. Edington-Hove is the registered holder of **** ONE HUNDRED **** Shares

transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed

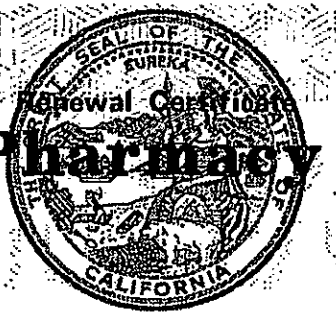
this 18th day of May A.D. 2021

Lara C. Edington-Hove
Lara C. Edington-Hove, CEO

Lara C. Edington-Hove
Lara C. Edington-Hove, SECRETARY

© GOES K02





CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 57904
RECEIPT NO. 20040373

VALID UNTIL MARCH 01, 2023

SAN YSIDRO PHARMACY
1498 EAST VALLEY RD
SANTA BARBARA CA 93108

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the first name herein is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

01/06/22
01/06/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM [illegible]

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 16, 2022

Nevada State Board of Pharmacy
Attn: Olivia Mora, Licensing Specialist
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: SAN YSIDRO PHARMACY

License Type: PHARMACY

License Number: PHY 57904

Status: ACTIVE

Issue Date: 03/04/2021

Expiration Date: 03/01/2023

Address of Record: 1498 EAST VALLEY RD SANTA BARBARA, CA 93108

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By Ann Altamirano

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/3/2022 Inspector: Ben Rustia

Firm: SAN YSIDRO PHARMACY Phone: (805) 969-2284

Address: 1498 EAST VALLEY RD City: SANTA BARBARA Zip: 93108

Ownership: CORPORATION

Permit #: PHY57904 Permit Exp: 3/1/2023 DEA#: FM0117297 DEA Exp: 1/31/2024

Date of Self Assessment Form: 6/28/2021 Other Permit #: N/A Date of DEA Inventory: 3/4/2021

Hours M-F: 9AM-6PM Hours Saturday 9AM-3PM Hours Sunday: CLOSED

PIC SCARLETT S ECKERT RPH36120 Administrator

RPH Consultant

Staff RPH Name:	License #:
PHILIP T KING	RPH26101
ANDREA DOMINIC	RPH35942

Staff Name:	License #:
AMILINDA M ONTIVEROS	TCH53416
CELENE URIBE	TCH152100
FAITH ELLINGTON-BAKER	CLERK
JEREMY A HERNANDEZ	TCH13859
LUCIA VASSALLO, NUTRITIO	CLERK
MOSE A SANCHEZ MORENO	TCH149859
NICOLE RAYNER MNGR	MANAGER
VANESSSA RIVERA	CLERK
VERONICA M ORTIZ	TCH184688

Inspector Remarks:

Independent pharmacy located in a business center.
Pharmacy provides compounded medications, deliveries, immunization.
Patient expired medication drop off box in place, DEA registered as Retail Pharmacy Collector.
Pharmacy Self-Assessment and Compounding Self-Assessment: reviewed

Policies and Procedures: In place
Quality Assurance; Impaired employee/Theft and diversion; Technician Job Description; Temporary absence of pharmacist.
Immunization P&P – CAIRS reporting

Reviewed recent DEA 222 Forms – endorsed; C II invoices –filed separately; POA – in place;
CIII-V daily printout compliant; CURES Transmitting; Quarterly Reconciliation of Schedule II CS: reviewed 3 quarters
Automated dispensing system - none
Drug acquisition: McKesson, Fagron, Letco, PCCA

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Outdates quarantined returned to Inmar
Notice to Consumer and Permits posted in public view.
ID badges worn by technicians
Consultation: None observed prior to inspection, observed during inspection.
Facility: Secure, clean and orderly, refrigerator and freezer clean, temperature log maintained, sink with hot and cold running water.
RX label – patient centered with physical description of drug
Interpretative services: Board language poster and telephonic
Pharmacy receives email notification from the Board.
Pharmacist does not provide hormonal contraceptive, emergency contraceptive, naloxone per protocol.

COMPOUNDING:
Pharmacy dispenses compounded products pursuant to a prescription. All products compounded are non-sterile preparations.
Oral, suppositories, and topical preparations; hormonal preparations.
Pharmacy has a negative pressure compounding room, air vented outside, for compounding hazardous drug preparations, with 2 powder hoods.

1. Compounding Limitation and Requirements:
- Maximum exp date given to compounded products: 180 days unless otherwise indicated on the master formula.
- Compounding Self assessment completed on 6/28/2021 was reviewed

2. Records for each compounded drug products
- Master formula and compounding logs in place.
- Components obtained from reliable source. COA - available

3. Labeling requirements
- Comply with 4076 and 1735.4
- Statement on container or receipt that the product was compounded drug in place.

4. Compounding Policies and Procedures in place and reviewed.

5. Compounding Facilities and Equipment
- Pharmacy has a hazardous drug compounding area for non-sterile compounding.
- Cleaning and calibration of equipment in place.

6. Training of compounding staff: reviewed.
- Process validated via observation and end product tested for potency.

7. Compounding Quality Assurance: samples sent out for testing for potency.

Licensee Remarks:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Scarlett Elkort PharmD

Pharmacist (print) Scarlett Elkort

Inspector (sign) B. R

Inspector (print) B. RUSTIA

Owner(sign) Lara C Edington-Hove

Owner(print) Lara C Edington-Hove

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

10000348 2/002846-1/1-0

214/504 1:7
MONTECITO RX
1498 E VALLEY RD
MONTECITO, CA 93108-1241

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM0117297	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY-COLLECTOR	03-31-2021

MONTECITO RX
DBA SAN YSIDRO PHARMACY
1498 E VALLEY RD
MONTECITO, CA 93108-1241

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM0117297	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY-COLLECTOR	03-31-2021

MONTECITO RX
DBA SAN YSIDRO PHARMACY
1498 E VALLEY RD
MONTECITO, CA 93108-1241

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM0117297	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY-COLLECTOR	03-31-2021

MONTECITO RX
DBA SAN YSIDRO PHARMACY
1498 E VALLEY RD
MONTECITO, CA 93108-1241

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Montecito Rx dba San Ysidro Pharmacy

Physical Address 1498 East Valley Road.

City Santa Barbara State CA Zip 93108

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 800 796-2452 Website www.Sanysidropharmacy.com

Licensing Company Email sanysidropharmacy@hotmail.com

Section 2: Personal Information

First SCARLETT Middle SUSAN Last ECKERT

Alias(es, nicknames, name changes, etc.) 'RANEY'

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] PORTESUELLO Ave

City Santa Barbara State CA Zip 93101

Telephone [redacted] Email [redacted] gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials SE

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
University of the Pacific	01/1974 - 1980
Address	**City** / **State** / **Zip**
3601 Pacific Ave	Stockton / CA / 95211
Diploma/Degree obtained, if any	
Doctor of Pharmacy (PharmD)	

School Name	From - To (MM/YY – MM/YY)
Dos Pueblos High School	9/1970 - 12/1974
Address	**City** / **State** / **Zip**
7266 Alameda Ave	Goleta / CA / 93117
Diploma/Degree obtained, if any	
High School Diploma	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/21 – Present	[redacted] Portesuello Ave	Santa Barbara	CA	93101
7/17 - 4/21	[redacted] W. Pedregosa #[redacted]	Santa Barbara	CA	93101
1/16 7/17	[redacted] Holiday Hill Rd	Goleta	CA	93117
4/14 - 1/16	[redacted] Natoma	Santa Barbara	CA	93109
10/12 - 4/14	[redacted] (?) Sagamore	Marlton	NJ	08053
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Montecito Rx dba Sawyside Pharmacy		03/21 - Present
Business Address	**City / State / Zip**	
1498 E Valley Rd	Santa Barbara CA 93108	
Phone	**Title**	**Number of Employed Hours**
805-969-2284	Pharmacist IN Charge	FTE
Description of Duties		
Dispensing, admintrative, compounding Non-Sterile HD + Non-HD, staff management		

Business Name		From - To (MM/YY – MM/YY)
University of San Francisco Medical Center		09/09 - 07/2012
Business Address	**City / State / Zip**	
505 Parnassus Ave	San Francisco CA 94143	
Phone	**Title**	**Number of Employed Hours**
415-476-1000	Asst Director of Pharmacy	FTE
Description of Duties		
Clinical review, admintrative, dispensing, Sterile + Non sterile compound Hazardous + Non Hazardous, Developed and managed production pharmacy		

Business Name		From - To (MM/YY – MM/YY)
Marian Medical Center		06/2005 - 03/2010
Business Address	**City / State / Zip**	
1400 E Church St	Santa Maria CA 93454	
Phone	**Title**	**Number of Employed Hours**
805-739-3000	Staff Pharmacist	FTE
Description of Duties		
Clinical review, anticoagulat management, data base mergement dispensing, Sterile compounding NON-HD + HD		

Business Name		From - To (MM/YY – MM/YY)
Saint Francis Medical Center		05/2000 - 06/2004
Business Address	**City / State / Zip**	
601 E. Micheltorena	Santa Barbara CA	
Phone	**Title**	**Number of Employed Hours**
—Closed—	DOP	FTE
Description of Duties		
Director of Pharmacy, dispensing, SNF Review etc		

Business Name		From - To (MM/YY – MM/YY)
Rehabilitation Institute of Santa Barbara		3/1990 - 3/1999
Business Address	**City / State / Zip**	
427 Camino Del Remedio	Santa Barbara CA 93110	
Phone	**Title**	**Number of Employed Hours**
805-6833788	DOP	
Description of Duties		
Director of Pharmacy, Interviewed PA, Med Rec, dispensing Non-HD Sterile compounding		

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

N/A

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Scarlett Susan Eckert, **certify that as the designated representative for** Montecito Rx dba San Ysidro Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

SCARLETT ECKERT

Print Name (First, Last)

Scarlett S Eckert

Original Signature (electronic, copies or stamps not accepted)

3-17-22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scarlett Eckert

Print Name (First, Last)

Scarlett Eckert — 3-17-22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Calif., ss. County of Santa Barbara

I, Scarlett Eckert, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Scarlett Eckert — 3-17-22

Original Signature — **Date**

Subscribed and Sworn to before me this 17 day of March.

Mary Ortega

Notary Public Signature

MARY L. ORTEGA
Notary Public - California
Santa Barbara County
Commission # 2268131
My Comm. Expires Dec 17, 2022

(Seal)

Applicant's initials

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 11/09/2022
Amount:
License #: 23278

Scarlett S. Eckert

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:11/09/2022
Expires:05/09/2023

Scarlett S. Eckert

License #
23278
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 05/09/2023
STATUS: Temporary

License Type: Pharmacist
License #: 23278
Effective Date:11/09/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Scarlett S. Eckert

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Montecito Rx dba San Ysidro Pharmacy

Physical Address 1498 East Valley Rd.

City Montecito State CA Zip 93108

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 805 969-2284 Website www.SanYsidroPharmacy.com

Licensing Company Email [redacted]@aol.com

Section 2: Personal Information

First Lara Middle C. Last Edington-Hove

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 1498 E. Valley Rd.

City Montecito State CA Zip 93108

Telephone [redacted] Email LHove@aol.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials leh

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: UCSB		From - To (MM/YY – MM/YY): – 06/90	
Address: 552 University Rd.	City: Santa Barbara	State: CA	Zip: 93106
Diploma/Degree obtained, if any: BA			
School Name: SBCC		From - To (MM/YY – MM/YY): 1990–1995	
Address: 721 Cliff Drive	City: Santa Barbara	State: CA	Zip: 93109
Diploma/Degree obtained, if any: Accounting Courses			
School Name: Chatsworth High School		From - To (MM/YY – MM/YY): – 06/84	
Address: 10027 Lurline Ave.	City: Chatsworth	State: CA	Zip: 91311
Diploma/Degree obtained, if any: HS diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/93 – present	[redacted] White Ave	Santa Barbara	CA	93109
09/91 – 07/93	[redacted] Glen Annie Rd.	Goleta	CA	93117
09/89 - 08/91	[redacted] Pasado Rd.	Goleta	CA	93117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: San Ysidro Pharmacy, Inc.			From - To (MM/YY – MM/YY): 04/04 – 2/21
Business Address: 1498 East Valley Road	City: Santa Barbara	State: CA	Zip: 93108.
Phone: 805 969-2284	Title: Bookkeeper		
Description of Duties: run payroll, pay bills, prepare financials, HR needs, etc.			

Business Name: City Pharmacy, Inc.			From - To (MM/YY – MM/YY): 10/98 – 03/04
Business Address: 1498 East Valley Rd.	City: Santa Barbara	State: CA	Zip: 93108
Phone: 805 969-2284	Title: Bookkeeper		
Description of Duties: run payroll, pay bills, prepare financials, HR needs.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials LeR

N/A.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Sara C Edington-Hove
Original Signature (electronic, copies or stamps not accepted)

12/8/21
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara C. Edington-Hove

Print Name (First, Last)

Lara C. Edington-Hove

Original Signature (electronic, copies or stamps not accepted)

3/17/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Santa Barbara

I, Lara C. Edington-Hove, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lara C. Edington-Hove

Original Signature

3/17/22

Date

Subscribed and Sworn to before me this 17 day of MARCH, 2022.

AARON MICHAEL FREEMAN
Notary Public - California
Santa Barbara County
Commission # 2311245
My Comm. Expires Nov 2, 2023

Notary Public Signature

(Seal)

Applicant's initials

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Accredo Health Group, Inc.

Physical Address: 4750 E 450 South Suite A

City: Whitestown State: IN Zip: 46075-8404

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 317-768-7700 Toll Free # (NAC 639.708, NRS 639.23286): 877-841-5249

Fax: 317-768-7950 Contact Email: tateachout@express-scripts.com

Website: www.accredo.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Tera Teachout ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21579 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Tera Teachout	NV Pharmacist Registration #: 21579
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Accredo Health, Inc.

Corporation/Organization Name: Accredo Health Group, Inc.

Mailing Address: One Express Way

City: St. Louis State: MO Zip: 63121

Telephone: 314-996-0900 Email: N/A

Contact Person Name: Dana Johnson

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary (title) for Accredo Health Group, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Victor Perini

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

9/9/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tera Teachout hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge (title) for Accredo Health Group, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8 day of August, 20 22

Notary Public

MATTHEW BENNETT
Notary Public - Seal
Johnson County - State of Indiana
Commission Number NP0735172
My Commission Expires Aug 1, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Victor Perini

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

V Perini

Original signature of Authorized Person (copies or stamps not accepted)

9/9/22

Date

Board Use Only	Date Received: _____ Amount: 500.00 CC ✓

Accredo Health Group, Inc.
One Express Way
St. Louis, MO 63121
FEIN #11-3358535

BOARD MEMBERS

Bradley Phillips – Sole Director

OFFICERS

Bradley Phillips President	Victor Perini Assistant Secretary	Scott Lambert Vice President & Treasurer
John Mimlitz Vice President	Geneva Brown Secretary	Mark Fleming Assistant Treasurer
Joanne Hart Assistant Treasurer		

Legal Entity	Location	Type of Permit	State of Action	Case No	Date of Action	Date of Resolution	Amount of Fine	Discipline Status	Description of Action
Accredo Health Group, Inc.	TN-Memphis	Pharmacy	TN	2014001271	11/19/2014	1/28/2015	$ 1,000.00	Final	The BOP alleges that medication shipments have been delayed or not received in a timely manner to "JH" between the dates of 5/12/2014-06/5/2014.
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	TX	K-16-002	12/16/2014	8/2/2016	$ 1,000.00	Final	BOP alleges violation of Sections 561.156(a) and 565.002(a)(3) and Sections 291.104(a)(15) and 291.106(1)
Accredo Health Group, Inc.	TN-Memphis	Pharmacy	MI	5315136820	5/15/2015	12/9/2015	$250.00	Final	MI BOP received notice of TN Case No. 2014001271 and alleged violation of section 17768(2)(d) of Public Health Code, 1978 PA 368 as amended; MCL 333.1101 et. seq
Accredo Health Group, Inc.	TN-Memphis	Pharmacy	TX	L-15-032	5/4/2016	8/2/2016	$0.00	Final	TX BOP received notice of TN Case No. 2014001271 and alleged violation of Sections 565.002(a)(3) and (13); 565.002 (c)
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	AL	16-L-0098	9/20/2016	2/21/2017	$ 1,000.00	Final	Board alleges pharmacy violated AL code based upon TX case K 16-002.
Accredo Health Group, Inc.	TN-Nashville	Pharmacy	KS	18-051	12/11/2017	4/9/2018	$500.00	Final	Board alleges pharmacy did not notify BOP of address change within 30 days.
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	TX	2018-06451	10/4/2019	11/25/2019	$0.00	Final	Board alleges failure to dispense prescription.
Accredo Health Group, Inc.	TN-Nashville	Pharmacy	ME	2019-PHA-16187	12/5/2019	4/13/2020	$ 250.00	Final	Board alleges that pharmacy failed to notify them of KS 18-051 within 10 days
Accredo Health Group, Inc.	IN-Indianapolis	Pharmacy	HI	PHA 2020-182-L	7/20/2021	1/5/2022	$ 500.00	Final	Based on Texas 2018-06451
Accredo Health Group, Inc.	DE-New Castle	Pharmacy	VA	212860	4/21/2022	5/31/2022	$500.00	Final	Alleged violaton of VA codes 54.1-3316(1) & (2), 54.1-3303(A) & (B), 18 VAC 110-20-25(10 & 18 VAC 110-20-270(B) by dispensing and shipping a prescription which had been cancelled by the prescriber.

Statement of Explanation

The table above summarizes discipline received by the owner of the applicant pharmacy. No discipline has been received by the applicant.

Dana Johnson
Legal compliance Director

RECEIVED
FEB 05 2015
By

BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:	)
	)
ACCREDO HEALTH GROUP, INC. (#3946)	)
1640 CENTURY CENTER PARKWAY	) **Case No. 2014001271**
SUITE 109	)
MEMPHIS, TN 38134	)

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (State), by and through the Office of General Counsel and Respondent, Accredo Health Group, Inc. (Respondent) and respectfully moves the Tennessee Board of Pharmacy (Board) for approval of this Consent Order affecting Respondent's pharmacy license in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act (Practice Act), Tennessee Code Annotated Section (TENN. CODE ANN. §) 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee (TENN. COMP. R. & REGS.), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Stipulations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a pharmacy in

the State of Tennessee, having been granted license number 3946 on October 6, 2003, which currently has an expiration date of December 31, 2015.

2. The Respondent, at all times pertinent hereto, was located in Memphis, Tennessee.

3. From May 12, 2014 until June 5, 2014, patient, "JH" attempted to obtain a refill of a prescription from the Respondent's facility.

4. Although several attempts were made by the Respondent to clarify a change with the prescription and thereafter system issues, the refilled prescription was not ready to be shipped until June 5, 2014.

III. Stipulated Grounds for Discipline

5. The State of Tennessee Board of Pharmacy has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-8-.01 [CIVIL PENALTIES].

6. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.

7. The facts stipulated in paragraphs 3 and 4 constitute grounds for which the Board may discipline a Respondent's license to practice pharmacy pursuant to Tenn. Comp. R. & Regs. Rule 1140-2-01(1) [PHARMACISTS AND PHARMACY INTERNS], the relevant portion of which reads as follows:

(1) A pharmacist shall hold the health and safety of patients to be the first consideration and shall render to each patient the full measure of the pharmacist's ability as an essential health practitioner.

IV. Stipulated Disposition

8. Without admitting to the truth of the allegations herein or to any alleged failure to comply with a lawful order or duly promulgated rule in violation(s) of Tenn. Code Ann. § 63-10-305(8) and for the purpose of avoiding further administrative actions with respect to this cause, Respondent agrees to the following:

(a) Respondent agrees to pay a one thousand dollar ($1,000.00) civil penalty immediately upon execution of this Consent Order.

(b) Respondent agrees to provide a corrective plan of action to be approved by the Executive Director, Board of Pharmacy.

(c) Respondent shall submit to the Board of Pharmacy quarterly reports for a period of two (2) years relative to the return and processing of prescription turn around times.

V. Notice

9. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their

disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

11. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

12. Furthermore, Respondent acknowledges that they understand that they have a right to a hearing under the provisions of the Uniform Administrative Procedures Act, TENN. CODE ANN. Title 4, Chapter 5, but that they hereby waive that right in order to enter into this proposed Consent Order.

13. A violation of this Order shall constitute a separate violation of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

Asst. Secretary

Representative of Accredo Health Group, Inc.
Pharmacy License No. 3946
Respondent

1-23-2015
DATE

Stefan Cange (BPR # 031057)
Assistant General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Dr., 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

1/29/15
DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 28th day of January, 2015.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

Nina Smathers
Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

From: (314) 692-4107
Legal Department
EXPRESS SCRIPTS, INC
One Express Way

St. Louis, MO 63121

Origin ID: ZSVA

FedEx Express

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Ship Date: 10FEB15
ActWgt: 1.0 LB
CAD: 4759653/INET3610

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SHIP TO: (615) 741-1611 BILL SENDER

Attn: Stefan Cange
Department of Health - General Cnsl
665 Maintstream Drive
2nd Floor
NASHVILLE, TN 37243

Ref # 906101
Invoice #
PO #
Dept #

WED - 11 FEB 10:30A
PRIORITY OVERNIGHT

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202647 LR9596 CHECK NO.
800-332-5455 6879523

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	2014001271RO	01.26.15	2014001271RO	1000.00	0.00	1000.00
				1000.00	0.00	1000.00

EPSFNCKU02 (09/04)

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One Express Way
St Louis, MO 63121

BANK OF AMERICA
Hartford, CT
51-44
119

CHECK NO.
6879523

DATE
01.26.15

AMOUNT
$ ********1,000.00

PAY ONE THOUSAND DOLLARS ONLY

TO THE ORDER OF
STATE OF TENNESSEE
665 Mainstream Dr.
Nashville TN US 37243

AUTHORIZED SIGNATURE

⑈06879523⑈ ⑆011900445⑆ 62880⑈

TEXAS STATE BOARD OF PHARMACY

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Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 19, 2016

ACCREDO HEALTH GROUP INC
C/O TERA TEACHOUT RPH
PHARMACIST IN CHARGE
2825 WEST PERIMETER ROAD SUITE 112
INDIANAPOLIS IN 46241

RE: In the Matter of Accredo Health Group, Inc.

Dear Ms. Teachout:

Enclosed is a copy of Agreed Board Order (ABO) #K-16-002 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 2, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, Accredo Health Group, Inc. (pharmacy license #28948) must pay an administrative penalty (fine) of $1,000.00. **This fine is due on or before November 30, 2016.** Please make your cashier's check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#K-16-002) on the cashier's check or money order. **Note:** TSBP will not accept partial payments. You must submit payment for the full amount by the due date.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #28948, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

> "Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #K-16-002, Accredo Health Group, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Accredo Health Group, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning August 2, 2016, and ending November 30, 2019.

If you have any questions about this Order, please contact Mary Newman, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Carol Fisher / jl

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:ng

Enclosure: Agreed Board Order #K-16-002

c: Accredo Health Group, Inc.
c/o Victor Perini
VP, Pharmacy Operations
2415 Heinz Road
Iowa City, IA 52240

Mark W. Bina
Quarles & Brady, LLP
300 North LaSalle Street, Suite 4000
Chicago, Illinois 60654

AGREED BOARD ORDER #K-16-002

RE: IN THE MATTER OF
ACCREDO HEALTH GROUP, INC.
(PHARMACY LICENSE #28948)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28948 issued to Accredo Health Group, Inc. (Respondent), 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241.

By letter dated January 29, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.156(a); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Sections 291.104(a)(15); and 291.106(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015), in that allegedly:

COUNT

From on or about December 16, 2014, through April 14, 2015, Accredo Health Group, Inc., 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license. As evidenced by pharmacy records, the pharmacy shipped 21 sterile preparations to two patients into Texas without a Class E-S license during the time period previously described.

On or about April 15, 2015, Accredo Health Group, Inc. became licensed with the Board as a Class E-S pharmacy.

An informal conference was held in the Board's office on April 13, 2016, with J. Christopher Meilinger, R.Ph., Senior Director, Specialty Pharmacy Practice, on behalf of Respondent; Tera Teachout, R.Ph., Pharmacist-in-Charge; Dennis K. McAllister, Director, Pharmacy Regulatory Affairs, Express Scripts; Rhonda Graack, Assistant General Counsel, Express Scripts; and Mark W. Bina, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Christopher M. Dembny, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline Hotchkiss, Assistant General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the informal conference, Respondent presented information that it provided notice to the Board on November 19, 2014, that it had begun compounding sterile preparations, and that it submitted its application for change of class on January 2, 2015. Respondent also presented information that it has, at all times relevant to the count referenced above, maintained its pharmacy license in Indiana in active and good standing and has passed sterile compounding inspections by the Indiana Board of Pharmacy, the California Board of Pharmacy, and an independent third party inspector.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of August, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Victor Perini, Vice President, Pharmacy Operations
For and on behalf of Accredo Health Group, Inc.

Mark W. Bina, Legal Counsel for Accredo Health Group, Inc.
Quarles & Brady, LLP
300 North LaSalle Street, Suite 4000
Chicago, Illinois 60654-3422

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ACCREDO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint (Complaint) was executed on May 15, 2015, charging Accredo Health Group, Inc. (Respondent Pharmacy) with violating section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violations of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint; therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ACCREDO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint (Complaint) was executed on May 15, 2015, charging Accredo Health Group, Inc. (Respondent Pharmacy) with violating section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violations of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Disciplinary Subcommittee) has reviewed the Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint; therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED $250.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Regulatory and Compliance Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number 53-15-135820.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to Mich Admin Code, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12-9-15

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

CONTINUED ON NEXT PAGE

SEP. 18. 2015 2:39PM 1620 NO. 318 P. 4

STIPULATION

1. The facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq. to require the Department of Licensing and Regulatory Affairs (Department) to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. Respondent and the Department further agree that this matter is a public record required to be published and made available to the public pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442, as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Nichole L. Penny, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 10/09/2015

AGREED TO BY:

Vic Perini, V.P. of Pharmacy Operations
Authorized Representative for
Accredo Health Group, Inc.
Respondent Pharmacy

Dated: 9/24/15

This is the final page of a Consent Order and Stipulation in the matter of Accredo Health Group, Inc., File Number 53-15-136820, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

TD

SEP. 18. 2015 2:40PM 1620 NO. 318 P. 6

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

Facsimile

DATE:	9/18/15	TOTAL PAGES (Including Cover): 6	
TO:	Name:	Sameh Garas, R. Ph.	
	Company:	Accredo Health Group	
	Telephone:	901-385-3672	Fax Number: 901-385-3777
FROM:	Name:	Tunishia Dankenbring, Analyst	
	Telephone:	517-335-1755	Fax Number: 517-241-9280

MESSAGE: Please find attached a copy of the previously mailed Consent Order and Stipulation. You may fax or email the signed Consent Order back to my attention to:
Fax: (517) 241-9280
Email: dankenbringt@michigan.gov

Thank you.

The information contained in this transmission is privileged and confidential. It is intended only for the use of the person or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or duplication of this communication is strictly prohibited. If you have received this communication in error, please contact the sender immediately. Thank you.

BUREAU OF PROFESSIONAL LICENSING
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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ACCREDO HEALTH GROUP, INC.
License Number: 53-01-007945

File Number: 53-15-136820

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs (Complainant) by Kim Gaedeke, Acting Director, Bureau of Health Care Services, files this Complaint against Accredo Health Group, Inc. (Respondent Pharmacy) as follows:

1. The Michigan Board of Pharmacy (Board) is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 17768 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent Pharmacy is currently licensed to practice as a pharmacy in the state of Michigan and has a current facility controlled substance license. Respondent Pharmacy has an address of record with Complainant of Memphis, Tennessee.

3. On January 28, 2015, the Tennessee State Board of Pharmacy (Tennessee Board) executed a Consent Order that ordered Respondent Pharmacy to pay a $1,000.00 civil penalty, provide a corrective plan of action, and submit quarterly

reports of processing prescription turn around times. The action was based on Respondent Pharmacy's failure to timely refill a prescription for patient J.H. (initials are used to protect the patient's identity). A copy of the Consent Order, marked Exhibit A, is attached and incorporated.

COUNT I

The action by the Tennessee Board, as set forth above, evidences a pharmacy, manufacturer, or wholesale distributor that has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty in violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, MCL 24.201 et seq.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Kim Gaedeke, Acting Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(9) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Kim Gaedeke, Acting Director
Bureau of Health Care Services

DATED: 05/15/2015

Attachments

This is the final page of an Administrative Complaint in the matter of Accredo Health Group, Inc., File Number 53-15-136820, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

TD

TEXAS STATE BOARD OF PHARMACY

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Christopher M. Dembny, R.Ph.
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Jenny Downing Yeakum, R.Ph.
Kilgore

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 18, 2016

ACCREDO HEALTH GROUP, INC.
C/O LYNETTE WASHINGTON RPH
PHARMACIST IN CHARGE
1620 CENTURY CENTER PARKWAY
MEMPHIS TN 38134

RE: In the Matter of Accredo Health Group, Inc.

Dear Ms. Washington:

Enclosed is a copy of Agreed Board Order (ABO) #L-15-032 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 2, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #L-15-032, the pharmacy license issued to Accredo Health Group, Inc. (pharmacy license #24884) is reprimanded.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #24884, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

> "Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-15-032, Accredo Health Group, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Accredo Health Group, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning August 2, 2016, and ending August 2, 2019.

If you have any questions about this Order, please contact Mary Newman, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:mn

Enclosure: Agreed Board Order #L-15-032

c: Accredo Healthcare Group, Inc.
c/o Victor Perini
Vice President, Pharmacy Operations
2825 W. Perimeter Rd. Ste. 112
Indianapolis, IN 46241

Adam C. Stacy
Express Scripts
1 Express Way
Saint Louis, MO 63121

AGREED BOARD ORDER #L-15-032

RE: IN THE MATTER OF
ACCREDO HEALTH GROUP, INC.
(PHARMACY LICENSE #24884)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 24884 issued to Accredo Health Group, Inc. (Respondent), 1620 Century Center Parkway, Suite 109, Memphis, Tennessee 38134.

By letter dated March 4, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015), as alleged in the Count below.

The conduct described in the Tennessee Board of Pharmacy Consent Order is substantially similar to conduct described in:

> Sections 565.001(a)(1), (2) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Section 281.7(a)(12) and (13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

COUNT

On or about January 29, 2015, the Tennessee State Board of Pharmacy entered a Consent Order against the Tennessee pharmacy license number 3946 held by Accredo Health Group, Inc. The Order was based on stipulations of fact that three weeks after a patient's initial request in May 2014, a prescription refill was prepared for delivery. The Order imposed a $1,000 penalty, and required the pharmacy provide a corrective plan of action and submit quarterly reports for two years.

An informal conference was held in the Board's office on June 2, 2016, with J. Christopher Meilinger, R.Ph., Senior Director, Specialty Pharmacy Practice, on behalf of Respondent; Dennis K. McAllister, Director, Pharmacy Regulatory Affairs, Express Scripts; and Adam C. Stacy and Jeanne Serra, Senior Legal Counsel, Express Scripts, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of:

Bradley A. Miller, Ph.T.R., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

AGREED BOARD ORDER #L-15-032

RE: IN THE MATTER OF
ACCREDO HEALTH GROUP, INC.
(PHARMACY LICENSE #24884)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 24884 issued to Accredo Health Group, Inc. (Respondent), 1620 Century Center Parkway, Suite 109, Memphis, Tennessee 38134.

By letter dated March 4, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015), as alleged in the Count below.

The conduct described in the Tennessee Board of Pharmacy Consent Order is substantially similar to conduct described in:

> Sections 565.001(a)(1), (2) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Section 281.7(a)(12) and (13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

COUNT

On or about January 29, 2015, the Tennessee State Board of Pharmacy entered a Consent Order against the Tennessee pharmacy license number 3946 held by Accredo Health Group, Inc. The Order was based on stipulations of fact that three weeks after a patient's initial request in May 2014, a prescription refill was prepared for delivery. The Order imposed a $1,000 penalty, and required the pharmacy provide a corrective plan of action and submit quarterly reports for two years.

An informal conference was held in the Board's office on June 2, 2016, with J. Christopher Meilinger, R.Ph., Senior Director, Specialty Pharmacy Practice, on behalf of Respondent; Dennis K. McAllister, Director, Pharmacy Regulatory Affairs, Express Scripts; and Adam C. Stacy and Jeanne Serra, Senior Legal Counsel, Express Scripts, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of:

Bradley A. Miller, Ph.T.R., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By signing this Order, Victor Perini, Vice President, Pharmacy Operations, Accredo Health Group, Inc., on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of August, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Victor Perini, Vice President, Pharmacy Operations
For and on behalf of Accredo Health Group, Inc.

Adam C. Stacy, Legal Counsel for Accredo Health Group, Inc.
Express Scripts
1 Express Way
Saint Louis, Missouri 63121

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

IN THE MATTER OF:	)	
ACCREDO HEALTH GROUP, INC.	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
Non-Resident Pharmacy Permit Number: 113447	)	**CASE NO: 16-L-0098**
and	)	
TERA ANN TEACHOUT	)	
License No: 18211	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Accredo Health Group, Inc. ("Accredo") and Tera Ann Teachout ("Teachout") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Accredo and Teachout through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Accredo has violated the provisions of law based upon the conduct set out in Counts One and Three of the Statement. Count Two of the Statement shall be dismissed with prejudice. These findings are as a result of the discipline imposed by the Texas State Board of Pharmacy described in the Statement.

2. As to Teachout, all Counts of the Statement shall be dismissed with

prejudice.

3. Accredo shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Accredo attempt to discharge the same.

4. Accredo and Teachout expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against them and any judicial review. Accredo and Teachout further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, Accredo and Teachout hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

6. Accredo and Teachout acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Accredo's permit and/or

Teachout's license to practice pharmacy, including, but not limited to revocation.

7. Accredo and Teachout acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. Accredo and Teachout acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 8 of June ,2017.

ACCREDO HEALTH GROUP, INC.

BY: Victor Perini

ITS: Vice President

~~Tera Ann Teachout~~ Vic Perini

Edward Rickert, attorney for Accredo Health Group, Inc.

Dated this 21 day of Feb, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Buddy Bunch, R.Ph., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
ACCREDO HEALTH GROUP, INC.	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
Non-Resident Pharmacy Permit Number: 113447	)	**CASE NO: 16-L-0098**
and	)	
TERA ANN TEACHOUT	)	
License No: 18211	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Accredo Health Group, Inc.
Tera Ann Teachout
2825 W. Perimeter Road
Suite 112
Indianapolis, Indiana 46241

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____ _____, 2016 at m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Accredo Health Group, Inc. should not be renewed, revoked, suspended or placed on probation or a monetary penalty imposed and/or why your license to practice pharmacy in this State should not be renewed, revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Accredo Health Group, Inc. have been guilty of

the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon unlawfully shipping twenty-one (21) sterile preparations into Texas without the required license to do so and/or the Agreed Board Order entered by the Texas State Board of Pharmacy on August 2, 2016, a copy of the same being attached hereto as Exhibit "A".

The Board alleges that each shipment is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FOUR

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

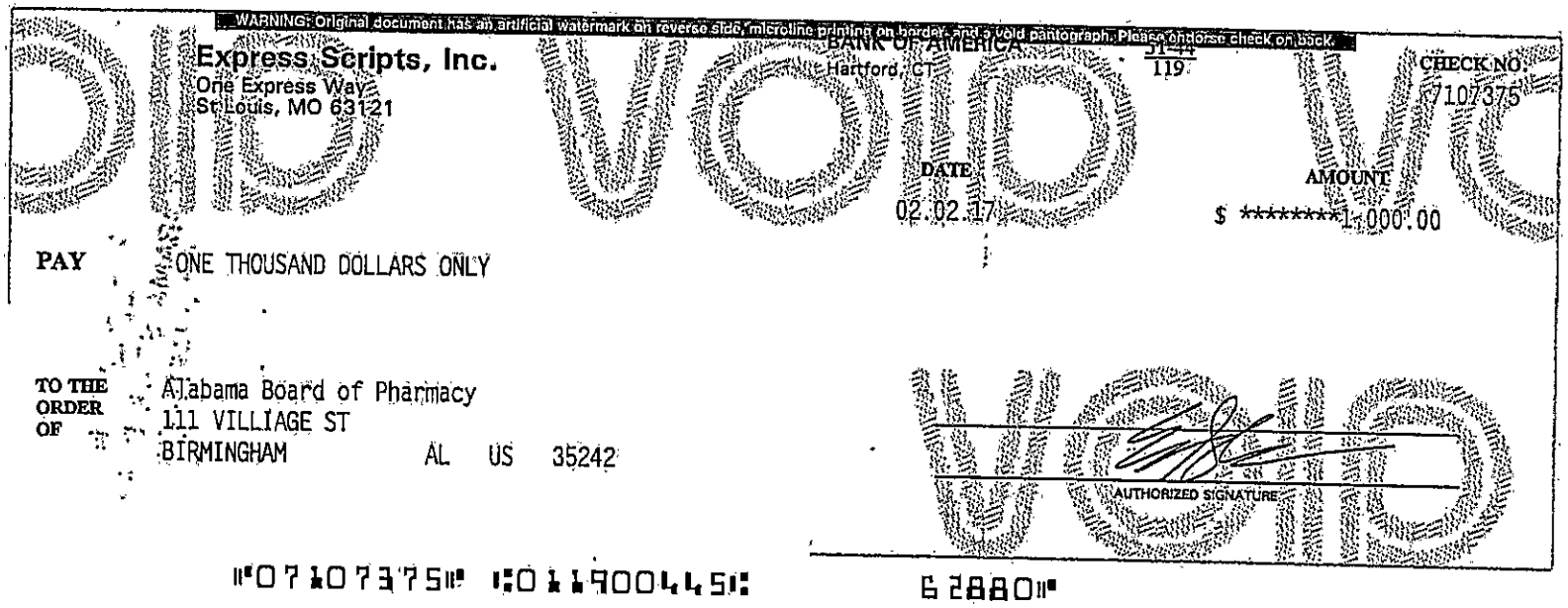
At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the _____ day of _____, 2016.

ALABAMA STATE BOARD OF PHARMACY

_____

By: Susan Alverson
Secretary



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Express Scripts, Inc.
One Express Way
St Louis, MO 63121

BANK OF AMERICA
Hartford, CT

31-44
119

CHECK NO.
7107375

DATE
02.02.17

AMOUNT
$ ********1,000.00

PAY ONE THOUSAND DOLLARS ONLY

TO THE ORDER OF
Alabama Board of Pharmacy
111 VILLIAGE ST
BIRMINGHAM AL US 35242

AUTHORIZED SIGNATURE

VOID VOID VOID

⑈0710737 5⑈ ⑆011900445⑆ 62880⑈

BEFORE THE KANSAS BOARD OF PHARMACY

Filed By
FEB 20 2018
KANSAS BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 18-051
Accredo Health Group, Inc.	)	
	)	
Registration No. 22-02552	)	

SUMMARY ORDER

NOW on this 20 day of February, 2018 comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Accredo Health Group, Inc. (22-02552) ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-02552 which entitles Respondent to operate as a non-resident pharmacy in the State of Kansas ("Respondent's Registration").

2. On December 11, 2017, the address of Respondent's facility was changed from 201 Great Circle Rd, Nashville, TN 37228 to 41 Rachel Drive, Suite 1, Nashville, TN 37214, effective immediately.

3. On January 25, 2018, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application, notifying of the change in address, and applying for a new non-resident pharmacy registration under the new address.

CONCLUSIONS OF LAW

4. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

5. Pursuant to K.S.A. 68-3-6(b), permit holders must submit change in address information within 30 days after any change in that information.

6. Respondent's failure to submit the complete change of address application to the Board until January 25, 2018 – 15 days past the January 10, 2018 deadline – is a violation pursuant to K.S.A. 68-3-6(b).

ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $500.00. Respondent has 30 days from the date of this order to pay the full $500.00.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 20 day of February, 2018 deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order, properly addressed to the following:

Accredo Health Group, Inc.
41 Rachel Drive, Suite 1
Nashville, TN 37214

and the original hand delivered to:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612

Joann Mc

Kansas Board of Pharmacy Staff

1 Express Way Saint Louis 63121-1824 MO 800-332-5455 7218899

OUR REFERENCE #	YOUR INVOICE #	INVOICE DATE	DESCRIPTION	INVOICE AMOUNT	DISCOUNT TAKEN	NET CHECK AMOUNT
	040918	04.09.18	991239-CF	500.00	0.00	500.00
				500.00	0.00	500.00

EPSFNCKU02 (09/04)

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Express Scripts
St Louis MO 63121

PNC Bank, N.A. 070

50-389
412

CHECK NO.
7218899

DATE
04.09.18

AMOUNT
$ **********500.00

PAY FIVE HUNDRED DOLLARS ONLY

TO THE ORDER OF
Kansas Board of Pharmacy
800 SW JACKSON, SUITE 1414
TOPEKA KS US 66612-1244

AUTHORIZED SIGNATURE

⑈0721889⑈ ⑆041203895⑆ 411647206⑈

TEXAS STATE BOARD OF PHARMACY

November 19, 2019

ACCREDO HEALTH GROUP, INC.
C/O TERA TEACHOUT RPH
PHARMACIST-IN-CHARGE
2825 W PERIMETER STE 112
INDIANAPOLIS, IN 46241

RE: In the Matter of Accredo Health Group, Inc.

Dear Ms. Teachout:

Enclosed is a copy of Agreed Board Order (ABO) #2018-06451 that was entered by the Texas State Board of Pharmacy (Board) concerning the above-referenced matter. The Board entered this Order on November 5, 2019. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #2018-06451, the pharmacy license issued to Accredo Health Group, Inc. (pharmacy license #28948) is reprimanded.

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Under the terms of this Order, Accredo Health Group, Inc. must develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include a peer review process that is in compliance with guidelines approved by the Board. I have enclosed a copy of the Board approved guidelines for your review.

To comply with Board Guidelines, the pharmacy's Continuous Quality Improvement Program must include the following five (5) essential elements:

(1) Purpose/Actions of the Peer Review Committee

As set forth in the Board Guidelines, the report regarding the pharmacy's quality improvement program must state that the Peer Review Committee will:

- review incident reports;
- determine what caused the error;
- make recommendations to correct the problem that caused the error; and
- monitor the changes to determine if the changes have improved the operation of the pharmacy and reduced errors.

(2) Composition of Peer Review Committee

The report regarding the pharmacy's quality improvement program must describe the makeup of the pharmacy's Peer Review Committee. Example:

Committee Chair: Pharmacist-in-Charge
Members: One Pharmacist, Two Technicians, and one Clerk

(3) Frequency of Peer Review Committee Meetings

The report regarding the pharmacy's quality improvement program must state that the Peer Review Committee will meet regularly. We require that the Peer Review Committee meet no less than quarterly

(4) Records of Peer Review Committee

The report regarding the pharmacy's quality improvement program must state that the Peer Review Committee will make a record which includes the following information:

- date of meeting;
- location of meeting;
- names of persons attending the meeting; and
- description of activities, such as:
  - discussion of any problems in the pharmacy's operation (e.g., work flow, dispensing process);
  - findings;
  - description of recommendations; and
  - review of actions or changes relating to individuals, systems, or processes that were made as a result of previous recommendations.

(5) Forms

Copies of the forms that the pharmacy is using to collect the data regarding errors committed at the pharmacy (i.e., incident report form) must be submitted to the Board, as well as any other peer review forms that have been developed by pharmacy [e.g., summary form(s) used by Peer Review Committees].

You, as Pharmacist-in-Charge of Accredo Health Group, Inc., are responsible for ensuring that the pharmacy complies with the terms of this Order. Either you or the pharmacy owner's designee must submit the report described above, within 120 days after the entry of this Order.

Accordingly, the report regarding the pharmacy's Continuous Quality Improvement Program, including the pharmacy's peer review process and procedures, must be submitted to the Board's office, Enforcement Division, on or before March 4, 2020.

Also please be advised that the records of the Peer Review Committee meetings must be maintained for two (2) years at Accredo Health Group, Inc. for inspection by Board employees.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #28948, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

> "Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #2018-06451, Accredo Health Group, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, an Accredo Health Group, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning November 5, 2019 and ending 36 months following the termination of all sanctions.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Robert Rivera
Enforcement Program Manager

RR: cg

Enclosure: Agreed Board Order #2018-06451

c: Accredo Health Group, Inc.
Bradley Earl Phillips
Corporate President
One Express Way
Saint Louis, Missouri 63121

AGREED BOARD ORDER #2018-06451

RE: IN THE MATTER OF
ACCREDO HEALTH GROUP, INC.
(PHARMACY LICENSE #28948)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 28948 issued to Accredo Health Group, Inc. (Respondent), 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241.

By letter dated October 4, 2019, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.7(a)(12) and (13); 291.31(1), (15), (16) and (17); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.32(c)(2)(B) and (D); 291.104(a)(15); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX ADMIN. CODE (2018), in that allegedly:

PREVIOUS HISTORY

On or about August 2, 2016, the Texas State Board of Pharmacy entered Agreed Board Order #K-16-002 in the matter of Accredo Health Group, Inc. The Order was based on evidence that on or about December 16, 2014, through on or about April 14, 2015, Accredo Health Group, Inc. shipped 21 sterile preparations to two patients into Texas without a Class E-S license. The Order imposed a $1,000 penalty.

COUNT

On or about August 2, 2018, a pharmacist of Accredo Health Group, Inc., 2825 West Perimeter Road, Suite 112, Indianapolis, Indiana 46241, dispensed cyclosporine (modified) 25 mg capsules with directions to "take 2 capsules twice daily (total dose 150 mg twice daily)" to R.B., a patient with a recent kidney transplant, on a new electronically transmitted prescription. The prescriber intended that patient R.B. also receive a new electronically transmitted prescription calling for cyclosporine (modified) 100 mg capsules with directions to "take 1 capsule by mouth twice daily," for a total dose of 150 mg twice daily. The pharmacy did not dispense the second (100 mg) prescription until on or about August 10, 2018. Patient R.B. took the medication as instructed by the first (25 mg) prescription's label for approximately one week and received subtherapeutic treatment during that time. The prescriptions were assigned prescription numbers 55575779870 and 55575838520, respectively.

By letter dated October 4, 2019, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Bradley Earl Phillips, Corporate President, Accredo Health Group, Inc., on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by Board staff. In addition, the policies and procedures for pharmacist peer review shall state that:

(a) The peer review committee will:

- review incident reports;
- determine what caused errors;
- make recommendations to correct the problem that caused the errors; and
- monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.

(b) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.

(c) The peer review committee will meet regularly, and no less than quarterly.

(d) The peer review committee will make a record indicating:

- date of meeting;
- location of meeting;
- names of persons attending the meeting;

- description of activities;
- discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
- findings;
- description of recommendations; and
- review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.

(3) Respondent shall submit a report and/or documentation of such policies and procedures to Board staff within one hundred twenty (120) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to Board staff, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (d) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Board employees.

(4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(5) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2019).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of November, 2019.

Donna Montemayor
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Bradley Earl Phillips, Corporate President, Accredo Health Group, Inc.
On behalf of Accredo Health Group, Inc.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

April 13, 2020

Sent via Email: edward.rickert@quarles.com

Quarles & Brady LLP
Attn: Edward D. Rickert
300 N LaSalle Street Suite 4000
Chicago, IL 60654-3422

Re: Complaint No. 2019-PHA-16187

Dear Mr. Rickert:

Enclosed please find the fully executed consent agreement between your client, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of the fine payment in the amount of $250.00. The fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact our office at (207) 624-8651 with any questions.

Sincerely,

Jessica Gowell

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Complaint Officer

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
Accredo Health Group, Inc.	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-16187	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Accredo Health Group, Inc., for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Accredo Health Group, Inc. ("Accredo"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since February 20, 2018, Accredo has been licensed in Maine as a mail order prescription pharmacy with a registered location of 41 Rachel Drive, Suite 1, Nashville, Tennessee (license number **MO40002360**).

2. On February 20, 2018, the Kansas Board of Pharmacy issued a Summary Order in Case No. 18-051 that imposed discipline against Accredo's Kansas pharmacy license (#22-02552).

3. Accredo then failed to report this disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On April 10, 2018, the Board received a letter from Accredo in which it submitted a copy of the Summary Order Case No. 18-051 and reported to the Board for the first time that its Kansas license had been disciplined by the Kansas Board of Pharmacy.

5. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

6. On November 3, 2018, Accredo submitted an application for the renewal of its license.

7. At its meeting on November 7, 2019, the Board reviewed the above information and voted to preliminarily deny Accredo's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer Accredo this Consent Agreement. Unless Accredo either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Complaint Division, Board of Pharmacy, 35 State House Station, Augusta, ME 04333, by **January 6, 2020,** the preliminary denial of Accredo 's application for licensure as a mail order prescription pharmacy will become final.

COVENANTS

8. Accredo admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11), and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

9. As discipline for the violation admitted to in paragraph 8 above, Accredo agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of two hundred fifty dollars ($250.00), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Complaint Division, Board of Pharmacy, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement;

10. Violation of any of the terms or conditions of this Consent Agreement by Accredo shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

11. The Board and Accredo agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Accredo fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Accredo, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Accredo. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Accredo.

12. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

13. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew Accredo's license contingent upon it meeting all other eligibility criteria.

15. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

17. Accredo acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 3/2/2020

ACCREDO HEALTH GROUP, INC.

By: _____

Print Name: Victor Perini

Title: Assistant Secretary

DATED: 3/18/2020

_____

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 4/3/2020

_____

ANDREW L. BLACK
Assistant Attorney General

STACIA M. SILVA 6760
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

2021 NOV -8 A 11:42

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 2021 Dec 28 p 03:06

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of ACCREDO HEALTH GROUP, INC., Respondent.	PHA 2020-182-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent ACCREDO HEALTH GROUP, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 902. The permit was issued on or about January 1, 2014. The permit is set to expire or forfeit on or about December 31, 2021.

2. Respondent's mailing address for purposes of this action is c/o Edward Rickert, Quarles & Brady LLP, 300 N. LaSalle Street, Suite 4000, Chicago, IL 60654-3406.

I HEREBYCERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

Jennifer Haida

3. On or about November 5, 2019, Respondent entered into an Agreed Board Order in #2018-06451 (hereinafter the "Texas Order"). The Texas Order was based on an alleged dispensing error and, as set forth in the Texas order attached here as Exhibit "1", Respondent's license was reprimanded and was ordered to implement a Continuous Quality Improvement (hereinafter "CQI") Program.

4. On or about November 29, 2019, Respondent reported the Texas Order to the Board.

5. RICO alleges Respondent was disciplined by the State of Texas.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is represented by Edward Rickert, Quarles & Brady LLP, 300 N. LaSalle Street, Suite 4000, Chicago, IL 60654-3406.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Texas Order.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

9. Respondent states in mitigation that this Settlement Agreement and any potential Petition for Disciplinary Action that could be filed by RICO is based solely on the Texas Order, and that there is no new conduct alleged by RICO that could give rise to discipline in Hawaii.

10. Respondent further states that the conduct giving rise to the Texas Order was an isolated event, caused by human error, and is not indicative of any ongoing, systemic issues at Respondent's pharmacy. The requirement contained in the Texas Order that Respondent implement a CQI Program was satisfied by a CQI Program that Respondent had in place prior to the incident alleged in the Texas Order, and that the CQI Program remains in place at each of Respondent's pharmacies.

11. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

12. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2020-182-L.

13. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS ($500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: St. Louis (City), MO (State), 11/1/2021 (Date).

ACCREDO HEALTH GROUP, INC.
Respondent

By: _____ (Signature)

Vic Persini (Print Name)

Its VP, Asst. Secretary (Print Title)

DATED: Honolulu, Hawaii, NOV – 4 2021.

for STACIA M. SILVA
Attorney for Department of Commerce
and Consumer Affairs

APPROVED AS TO FORM:

Edward D. Rickert

EDWARD RICKERT
Attorney for Respondent

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF ACCREDO HEALTH GROUP, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2020-182-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

	12/16/21
ALANNA ISOBE Chairperson	DATE
JULIE TAKISHIMA-LACASA Vice Chairperson	PATRICK ADAMS
MARK BROWN	CATALINA CROSS
Kent Kikuchi	Sheri Tokumaru
KENT KIKUCHI	SHERI TOKUMARU

PVL 07/2021

accredo®

Via Federal Express-Standard Overnight

November 1, 2021

Regulated Industries Complaints Office
Attn: Stacia M. Silva, Esq.
235 S. Beretania St., 9th Floor
Honolulu, Hi 96813

RE: Accredo Health Group, Inc.
2825 W. Perimeter Road, Suite 112
Indianapolis, IN 46241-3614
License Number PMP-902
Matter Number PHA 2020-182-L

Ms. Silva:

Enclosed please find the following documentation with respect to the above-referenced matter:

- The partially executed settlement agreement
- Check # 0014468460 for the amount of $500.00

Please return a copy of the fully executed order to my attention at the following address:

Dana Johnson
719 Lorillard St.
St. Peters, MO 63376

If you should have any questions or need additional information, please feel free to contact me at 314-684-6702 or at DLJohnson@express-scripts.com.

Sincerely,

Dana Johnson
Director, Regulatory Management
Express Scripts | One Express Way | Mailstop# HQ2E03 | St. Louis, MO 63121
t 314.684.6702 | f 800.417.8163 | express-scripts.com/corporate

Enclosures

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Cigna Health and Life Insurance Company
1601 Chestnut Street
Philadelphia, PA 19192-2141

Cigna.

1626

Please direct any questions to the following attention:
Accounts Payable TL14C
Customer Service
1.877.434.2729

DCCA COMPLIANCE RESOLUTION FUND
235 S BERETANIA STREET
HONOLULU HI 96813-2406

0000005.

Page 01

INVOICE NO.	DATE	VOUCHER NO.	DESCRIPTION	NET AMOUNT
PMP902DJDIS	20210CT22	0023656182	PMP902DJDIS	500.00

CHECK NUMBER	CHECK DATE	VENDOR NO.	VENDOR NAME	TOTAL AMOUNT
0014468460	10/27/2021	1477010	DCCA COMPLIANCE RESOLUTION FUND	500.00

C2156F 03/13/2014

TO REMOVE CHECK, FOLD AND TEAR ALONG THIS PERFORATION AND CASH IMMEDIATELY

Cigna Health and Life Insurance Company
1601 Chestnut Street
Philadelphia, PA 19192-2141

Cigna.

NA 0014468460

10/27/2021

51-44
119

PLEASE DEPOSIT OR CASH WITHIN 90 DAYS

Fleet National Bank
Hartford, CT

PAY FIVE HUNDRED DOLLARS AND 00 CENTS

xxxxxxx500.00x

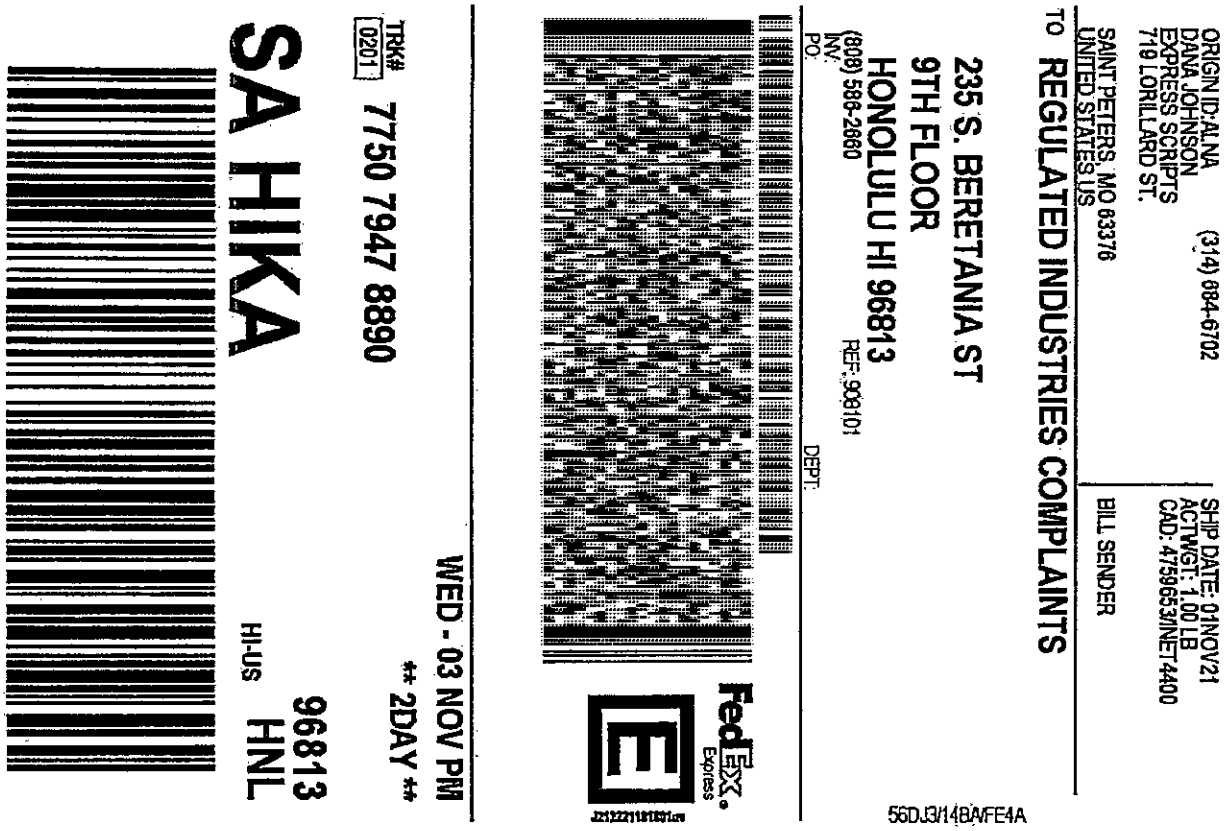
TO THE ORDER OF
DCCA COMPLIANCE RESOLUTION FUND
235 S BERETANIA STREET
HONOLULU HI 96813

Benjamin J. Chestnut

AUTHORIZED SIGNATURE

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⑈14468460⑈ ⑆011900445⑆ 4728⑈



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COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-527-4472 (fax)

May 24, 2022

Certified Article Number
9414 7266 9904 2198 7592 77
SENDER'S RECORD
Request return receipt

Ann Campagna, Pharmacist-in-Charge
Accredo Health Group, Inc.
2 Boulden Circle
Suite I
New Castle, DE 19720

RE: Case Number 212860

Dear Ann Campagna:

Enclosed is a certified true copy of the Consent Order entered by the Virginia Board of Pharmacy ("Board"), which resolves this matter. The informal conference that was scheduled in this matter has been cancelled and this matter is considered closed.

This Order will be forwarded to Rose Dematteo, Compliance Case Manager for the Board of Pharmacy. Ms. Dematteo will monitor your compliance with the terms of the Order on behalf of the Board. Please direct all questions, documents, and correspondence related to your compliance with your Order to Ms. Dematteo at (804) 367-4456 or directly to *Pronoun* by mail at the Board of Pharmacy, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463.

Should you have any questions regarding this matter, please contact our office at (804) 367-4456.

Sincerely,

Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

cc: Julia Bennet, Deputy Director, Administrative Proceedings Division
Jess Weber, Adjudication Specialist
Bryan Horowitz, Senior Investigator (Case Number 212860)
Rose Dematteo, Compliance Case Manager
Susan Brooks, Operations Manager, Administrative Proceedings Division
David E. Brown, D.C., Director, Department of Health Professions

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: ACCREDO HEALTH GROUP, INC.
Registration Number: 0214-001075
Case Number: 212860

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Accredo Health Group, Inc., as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting Accredo Health Group, Inc.'s registration to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On March 1, 2007, the Board issued Registration Number 0214-001075 to Accredo Health Group, Inc. to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said registration is scheduled to expire on March 31, 2023. At all times relevant hereto, said registration was in full force and effect.

2. Accredo Health Group, Inc., violated Virginia Code §§ 54.1-3316(1) and (2) and 54.1-3302(A) and (B) and 18 VAC 110-20-25(10) and 18 VAC 110-20-270(B) of the Regulations Governing the Practice of Pharmacy in that on March 26, 2021, it dispensed and shipped a prescription for Skyrizi to Patient A, though the prescription had been cancelled by the prescriber on March 12, 2021. The prescription was billed to Patient A's insurance for a total of $11,214.01, and Patient A was billed for a co-pay of $3,149.73.

2. Following an internal investigation into the dispensing of this cancelled prescription, Accredo Health Group, Inc., reversed the claim with Patient A's insurance and credited Patient A's account for the co-pay.

CONSENT

Accredo Health Group, Inc., by affixing the signature of a representative hereon to this Order, agrees to the following:

1. Accredo Health Group, Inc., has been advised to seek advice of counsel prior to signing this document.

2. Accredo Health Group, Inc., is fully aware that without its consent, no legal action can be taken against it or its registration except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*

3. Accredo Health Group, Inc., acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel.

4. Accredo Health Group, Inc., waives its right to an informal conference.

5 Accredo Health Group, Inc., admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party,

6 Accredo Health Group, Inc., consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows

1. Accredo Health Group, Inc., is assessed a MONETARY PENALTY of $500.00 This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2 Accredo Health Group, Inc., shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia

3 Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action

Pursuant to Virginia Code §§ 2 2-4023 and 54 1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Caroline D Juran
Executive Director
Virginia Board of Pharmacy

ENTERED 5/24/2022

SEEN AND AGREED TO.

NAME, representative for
Accredo Health Group, Inc

STATE of Missouri
~~COMMONWEALTH OF VIRGINIA~~
COUNTY/CITY OF St. Louis, TO WIT

Subscribed and sworn to before me, a notary public in and for the ~~Commonwealth of Virginia~~ County of St Louis at large, on this 19th day of May, 2022

NOTARY PUBLIC SEAL STATE OF MISSOURI
CARROLL TIMOTHY QUINN JR
My Commission Expires
July 18, 2022
St. Louis County
Commission #18046093

Notary Public Carroll T. Quinn

My commission expires. 7-18-2022

Registration No. 18046093

CERTIFIED TRUE COPY
BY:
VIRGINIA BOARD OF PHARMACY

accredo®

Via Federal Express-Standard Overnight

June 6, 2022

Virginia Department of Health
Board of Pharmacy
9960 Mayland Drive Suite 300
Henrico, VA 23233-1463

RE: Accredo Health Group, Inc.
2 Boulden Circle, Suite 1
New Castle, DE 19720
License Number 0214001075
Case Number 212860

Ms. Shinaberry:

Enclosed please find check number 0014505468 in the amount of $500.00 for case number 212860.

I have enclosed a copy of the fully executed agreement for reference.

Sincerely,

Dana Johnson
Director, Regulatory Management
Express Scripts | One Express Way | Mailstop# HQ2E03 | St. Louis, MO 63121
t 314.684.6702 | f 800.417.8163 | express-scripts.com/corporate

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Cigna Health and Life Insurance Company
1601 Chestnut Street
Philadelphia, PA 19192-2141

Cigna.

Please direct any questions to the following attention:
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1.877.434.2729

TREASURER OF VIRGINIA
9960 MAYLAND DRIVE SUITE 300
HENRICO VA 23233-1485

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INVOICE NO.	DATE	VOUCHER NO.	DESCRIPTION	NET AMOUNT
0214001075DJDIS	2022MAY10	0024444768	0214001075 DJ DIS 2022 05 10_8 89030-319-1801-98540	500.00

CHECK NUMBER	CHECK DATE	VENDOR NO.	VENDOR NAME	TOTAL AMOUNT
0014505468	05/20/2022	416801	TREASURER OF VIRGINIA	500.00

C2136F .03/13/2014

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Philadelphia, PA 19192-2141

Cigna.

NA 0014505468

05/20/2022

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Hartford, CT

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********500.00*

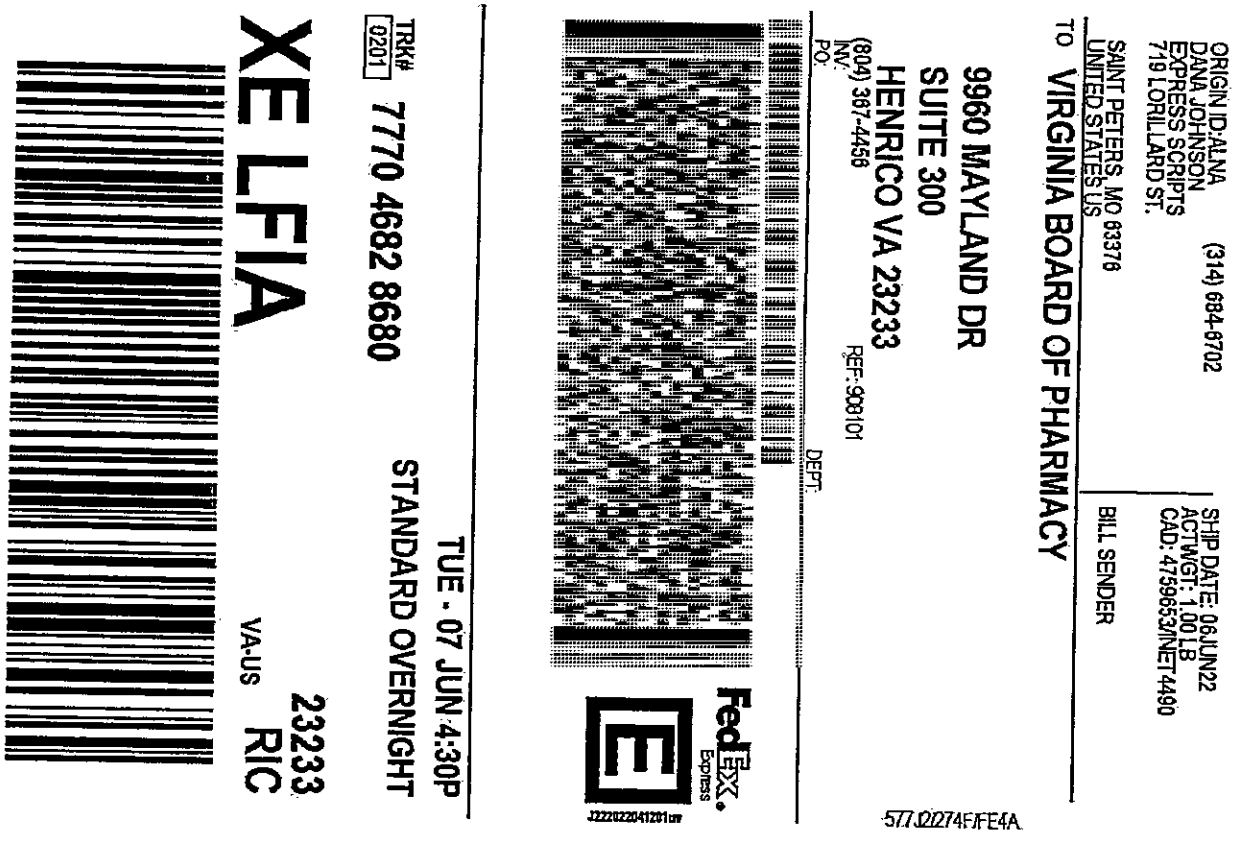
TO THE ORDER OF TREASURER OF VIRGINIA
9960 MAYLAND DRIVE SUITE 300
HENRICO VA 23233

Benjamin F. Chestnut

AUTHORIZED SIGNATURE

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[redacted]



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Corporate Organizational Structure

Cigna Corporation
900 Cottage Grove Rd
Bloomfield CT 06002
FEIN: 82-4991898
NYSE: (CI)
100% Ownership of Evernorth Health, Inc.

Evernorth Health, Inc.
One Express Way
Saint Louis, MO 63121
FEIN: 45-2884094
100% Ownership of Medco Health Solutions, Inc.

Medco Health Solutions, Inc.
One Express Way
Saint Louis, MO 63121
FEIN: 22-3461740
100% Ownership of Accredo Health, Inc.

Accredo Health, Inc.
One Express Way
Saint Louis, MO 63121
FEIN: 55-0894449
100% Ownership of Accredo Health Group, Inc.

Accredo Health Group, Inc.
One Express Way
Saint Louis, MO 63121
FEIN: 11-3358535
100% Ownership of provider

Revised 9/11/2020

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ACCREDO HEALTH GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 31, 1997, and was in existence or authorized to transact business in the State of Indiana on July 15, 2022.

I further certify this Foreign For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 15, 2022

Holli Sullivan

HOLLI SULLIVAN
SECRETARY OF STATE

1997040007 / 20222679814

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on August 14, 2022.

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Accredo Health Group, Inc
4750 E 450 South
Suite A
Whitestown IN 46075
Phone: 3177687700

LICENSE
License No: 60006805A
Profession: Pharmacy
License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	2/7/2022 12:00:00 AM
Result:	Pass

Remarks: Remodel Closed Door Specialty Pharmacy inspection conducted and approved by Compliance Officers (COs) Dianna Geier and Tim Thomas. Please contact CO Geier at DGeier@pla.in.gov or (317) 450-9438 with any questions of comments regarding the report. CO Geier met with Managing Pharmacist Amanda Prince and Staff Pharmacist Tera Teachout during the inspection. Only sections of the report pertaining to the remodel inspection have been completed. This pharmacy remodel has prepared the pharmacy (fulfillment construction) to start dispensing medications to customers. The remodel included transferring upstairs Express Scripts front end Therapeutic Resource Center (TRC) space to Accredo Health Group TRC space. The downstairs remodel consisted of installation of refrigerators, freezers, two controlled substance cages, pharmacist and technician stations (packaging), drug storage areas, roller tracks, warehouse storage areas including shipping, receiving, loading bays, and related pharmacy areas. Only sections of the report pertaining to the remodel inspection have been completed. No sterile or non-sterile compounding, nor immunizations conducted on-site. No CII dispensing is planned for the facility. Current plan is to dispense CIII drugs at this time. Facility is licensed to dispense to 9 states currently with plans to increase to 50 states plus Puerto Rico and US Virgin Islands. Prescription data entry and pharmacist inspect checks are done at another location. 13 entrances to facility including loading bays.

Checklist Results

Pharmacy General Information	
1.1 Type of Inspection	Remodel (RM)
1.5 County	Boone
1.6 Telephone number	(317) 768-7700
1.8 Is permit properly displayed?	Yes
1.9 Controlled Substance Registration (CSR) number	60006805B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12/31/2023
1.12 DEA registration number	FA1057531
1.13 DEA registration status	Active
1.14 DEA expiration date	6/30/2024
1.15 Qualifying pharmacist name	Amanda Prince #26022673A
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	24 - 40
1.16 Name of pharmacist-of-record at the time of inspection	Amanda Prince and Tera Teachout #26021741A
1.17 Name of district manager	Chris Meilienger
1.18 E-mail of district manager	cmeilienger@express-scripts.com
1.19 Size of company/number of pharmacies nationwide	Chain
1.21 Days and Times of operation?	M-F 8am-4pm; Closed Sat. & Sun.
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	40

Absence of Pharmacist

Staff Personnel	
3.1 How many pharmacists are employed by the pharmacy?	3
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	5
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	No
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	No
3.2d - What training does the pharmacy require of technicians?	Other Board approved program
3.2e - Are all technicians wearing a nametag stating their profession?	N/A
3.2f - Are all technicians engaging in legally permitted activities	N/A
3.3 How many interns are employed by the pharmacy?	0
3.3a - Do all interns possess a valid registration?	N/A
3.3b - Are any of the registrations on probation?	N/A
3.3c - Are any of the registrations "Valid to Practice While Being Reviewed"?	N/A
3.4 Does the pharmacy have ancillary personnel working in the licensed area?	Yes
3.4a - Are ancillary personnel engaging in permitted activities?	Yes
3.4b - How many ancillary personnel are working in the licensed area at the time of inspection?	Many Construction Contractors. Pharmacy is not dispensing yet per pass of this remodel inspection.
3.5 Are all licenses and certifications properly displayed?	Yes
3.6 Are the pharmacy technician files complete?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes
3.8 Do technicians properly answer the telephone stating to the caller they are a technician?	Not Observed
3.9 Does staff properly make an offer for counseling?	Not Observed

Pharmacy Equipment/Security	
4.1 Is the pharmacy area properly equipped, and include the following?	Yes
4.1a - Scale (if performing non-sterile compounding)?	N/A
4.1b - proper documentation from Department of Weights and Measures	N/A
4.1c - refrigeration	Operational
4.1d - sink (proper sewage outlet)	Operational
4.1e - hot and cold water	Operational
4.1f - stationary / immobile	Yes
4.1g - well lit	Yes
4.1h - ventilated	Yes
4.1i - sanitary	Yes
4.1j - proper temperature	Yes
4.3 Is the pharmacy properly secured?	Yes
4.3a - Does the pharmacy have a motion detector?	Yes
4.3b - Does the pharmacy have an alarm?	Yes
4.3c - Does the pharmacy have a camera(s)?	Yes
4.3d - Does the pharmacy have locking doors?	Yes
4.3e - Does the pharmacy have a panic button?	No
4.3f - Does the pharmacy have a locking cage/gate?	No
4.3g - List any additional security measures.	Live security staffed 24/7 at facility. Strict entry into the building and pharmacy.
4.4 What is the method of entry into the pharmacy?	Security Pass Code
4.5 Is the drive thru secure?	N/A
4.6 When closed, do non-authorized personnel have access to the perscription department?	No
4.7 What are the number of entrances to the pharmacy?	

References

Automated Medication Systems & Automatic Counting	
6.1 Does the pharmacy utilize a counting device(s)?	Yes
6.1a - Are policies and procedures in place?	Yes
6.1b - Are maintenance protocols followed and documented?	Yes
6.1c - Are quality assurance protocols followed and documented?	Yes
6.1d - Is there proper documentation of drugs dispensed?	Yes
6.2 Does the pharmacy utilize a cabinet(s)?	No
6.2a - Are policies and procedures in place?	N/A
6.2b - Are maintenance protocols followed and documented?	N/A
6.2c - Are quality assurance protocols followed and documented?	N/A
6.2d - Is the cabinet only accessible by authorized personnel?	N/A
6.2e - Is there proper documentation of drugs dispensed?	N/A
6.3 Does the pharmacy utilize an automated will-call machine?	No
6.3a - Are policies and procedures in place?	N/A
6.3b - Are maintenance protocols followed and documented?	N/A
6.3c - Are quality assurance protocols followed and documented?	N/A
6.3d - Is there proper documentation of drugs dispensed?	N/A
6.4 Does the pharmacy utilize another form of automation?	Yes
6.4a - Are policies and procedures in place?	Yes
6.4b - Are maintenance protocols followed and documented?	Yes
6.4c - Is there proper documentation for drugs dispensed?	N/A
6.4d - Are quality assurance protocols followed and documented?	Yes

AMS Automated Packaging Systems

Drug Storage/Labeling/Destruction

Dispensing/Records Retention	
9.1 Has the data processing system been approved by the Indiana Board of Pharmacy?	Yes
9.2 What type of software application does the pharmacy use?	Rx Home
9.3 Does the pharmacy scan a hard copy of prescriptions?	N/A
9.4 How does the pharmacy back up files?	Cloud
9.5 Does the pharmacy have internet access?	Yes
9.6 How does the pharmacy maintain daily dispensing records?	Board approved system
9.7 Does the pharmacy retain these records for five (5) years?	N/A
9.8 Are HIPAA logs verifying all drugs dispensed that day signed by the pharmacist-in-charge?	N/A
9.9 What type of auxiliary procedure does the pharmacy have in place during system down time?	The pharmacy does not dispense medications if the system goes down or during a power outage. Generator/Battery back up.
9.10 What type of filling system is used for prescriptions?	Three file
9.11 Does the pharmacy maintain digital copies of prescriptions?	Yes
9.11a - If yes, where are the records stored?	Off site server/database
9.11b - Is the data readily retrievable by the pharmacy?	Yes
9.11c - Who may access the data?	All Accredo locations.

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances	
13.1 Does the pharmacy maintain a perpetual inventory for controlled substances?	Yes
13.1a - If yes, which controlled substance schedules are inventoried perpetually?	All controlled substances
13.1b - If no, what is the date of last biennial inventory (Type II facilities and facilities without controlled substances are exempt).	12/28/2021 OOB
13.1c - Is inventory within 2 years of last biennial inventory?	Yes
13.1d - How is the inventory recorded?	Electronically
13.1e - Is the inventory signed by the pharmacist with date and time?	N/A
13.1f - Is the inventory complete?	N/A
13.1g - If incomplete, provide details.	N/A
13.2 Which controlled substances are stored in a locked cabinet?	CII-CV
13.2a - What is the method of storage?	Cage
13.2b - If method of storage is improper, provide explanation.	N/A
13.3 Who is your reverse distributor for destruction of controlled substances?	INMAR
13.3a - Does the pharmacy properly maintain reverse distribution receipts?	N/A
13.4 Are controlled substance records maintained separately from all other pharmacy records?	N/A
13.5 Who is your primary Wholesale Drug Distributor for Controlled	AmerisourceBergen (primary), McKesson,

DEA Forms

INSPECT

Sterile Compounding: Policies and Procedures

Sterile Compounding: Engineering Controls

Sterile Compounding: Personnel

Sterile Compounding: Labeling/Documentation

Non-sterile Compounding

Remote Locations (Type II only)

Emergency Drug Kits/Crash Carts

Quality-Related Events/Patient Own Medications

Special Medications

24.1 Does the pharmacy report the dispensing of clozapine within five (5) days to the CNR?	N/A
24.1a - Which method does the pharmacy use for reporting the dispensing of clozapine?	N/A
24.2 Has the pharmacy received authorization from the iPLEDGE program to dispense isotretinoin (Accutane)?	N/A
24.2a - Is the MedGuide included with the prescription?	N/A
24.2b - Does the pharmacy have a record of pharmacist training for the iPLEDGE program?	N/A
24.3 Is the authorization number on all prescriptions for Thalomid?	N/A
24.3a - Is the pharmacy registered in the STEPS program for dispensing?	N/A
24.4- Does the pharmacy dispense any other "special medications" with an RDDS program?	N/A
24.5 Does the pharmacy follow proper FDA and manufacturers practices for other "special" medications such as Ticocin?	Yes

Immunization Rule

Patient Confidentiality (HIPAA)

26.1 How does the pharmacy dispose HIPAA trash?	Third party service
26.1a - Is the dumpster locked and secure?	Yes
26.1b - What is the name of off-site HIPAA vendor?	Iron Mountain
26.3 Are employees HIPAA trained?	Yes
26.3a - Is there documentation of training?	Yes
26.4 Does the pharmacy have policies and procedures in place to protect health information?	Yes
26.5 Has the pharmacy had a complaint filed with DHHS?	No

Prescription Audit

understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	2/8/2022 10:53:17 AM	Signature of Owner/Representative
	Date/Time	

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Accredo Health Group, Inc
4750 E 450 South
Suite A
Whitestown IN 46075
Phone: 3177687700

LICENSE
License No: 60006805A
Profession: Pharmacy
License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	11/2/2021
Result:	Pass

Remarks: New Closed Door Specialty Pharmacy License 60006058B inspection conducted and approved by Compliance Officer (CO) Dianna Geier. Please contact CO Geier at DGeier@pla.in.gov or (317) 450-9438 with any questions or comments regarding the report. CO Geier met with Managing Pharmacist Amanda Prince (amanda_prince@express-scripts.com) and Staff Pharmacist Tera Teachout during the inspection. The pharmacy is still under construction and is within the Express-Scripts building. The "Go Live" date is projected for the end of November or beginning of December 2021. CSR for 60006805A license was issued in March 2021. CSR B was not applied for at that time. This CSR B inspection is due to facilities need for DEA license for contracts including out of state supplier and warehouse contracts for mail the order pharmacy. No controlled substance dispensing is planned for the current business model. No sterile, non-sterile compounding, or immunizations are planned for the facility. No medications have been ordered yet. Technicians have not been hired yet for the facility. Only report sections that apply to the business model or current operations have been completed.

Checklist Results

Pharmacy General Information	
1.1 Type of Inspection	New Store (NS)
1.5 County	Boone
1.6 Telephone number	(317) 768-7700
1.8 Is permit properly displayed?	Yes
1.9 Controlled Substance Registration (CSR) number	60006805A
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12/31/2021
1.12 DEA registration number	Pending
1.14 DEA expiration date	Pending
1.15 Qualifying pharmacist name	Amanda Prince
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	24 - 40
1.16 Name of pharmacist-of-record at the time of inspection	Amanda Prince #260
1.17 Name of district manager	Dana Johnson
1.18 E-mail of district manager	DLJohnson@xpress-scripts.com
1.19 Size of company/number of pharmacies nationwide	Chain
1.21 Days and Times of operation?	M-F 8am-4pm; Closed Sat & Sun
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	40

Absence of Pharmacist

Staff Personnel	
3.1 How many pharmacists are employed by the pharmacy?	2
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	0
3.2a - Do all technicians possess a valid certification?	N/A
3.2b - Are any of the certifications on probation?	N/A
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	N/A
3.2d - What training does the pharmacy require of technicians?	PTCB
3.2e - Are all technicians wearing a nametag stating their profession?	N/A
3.2f - Are all technicians engaging in legally permitted activities	N/A
3.3 How many interns are employed by the pharmacy?	0
3.3a - Do all interns possess a valid registration?	N/A
3.3b - Are any of the registrations on probation?	N/A
3.3c - Are any of the registrations "Valid to Practice While Being Reviewed"?	N/A
3.4 Does the pharmacy have ancillary personnel working in the licensed area?	No
3.4a - Are ancillary personnel engaging in permitted activities?	N/A
3.4b - How many ancillary personnel are working in the licensed area at the time of inspection?	0
3.5 Are all licenses and certifications properly displayed?	Yes
3.6 Are the pharmacy technician files complete?	N/A
3.7 Is the technician ratio proper (6 to 1)?	N/A
3.8 Do technicians properly answer the telephone stating to the caller they are a technician?	Not Observed
3.9 Does staff properly make an offer for counseling?	Not Observed

Pharmacy Equipment/Security	
4.1 Is the pharmacy area properly equipped, and include the following?	Yes
4.1a - Scale (if performing non-sterile compounding)?	N/A
4.1b - proper documentation from Department of Weights and Measures	N/A
4.1c - refrigeration	Operational
4.1d - sink (proper sewage outlet)	Operational
4.1e - hot and cold water	Operational
4.1f - stationary / immobile	Yes
4.1g - well lit	Yes
4.1h - ventilated	Yes
4.1i - sanitary	Yes
4.1j - proper temperature	Yes
4.3 Is the pharmacy properly secured?	Yes
4.3a - Does the pharmacy have a motion detector?	Yes
4.3b - Does the pharmacy have an alarm?	Yes
4.3c - Does the pharmacy have a camera(s)?	Yes
4.3d - Does the pharmacy have locking doors?	Yes
4.3e - Does the pharmacy have a panic button?	Yes
4.3f - Does the pharmacy have a locking cage/gate?	No
4.3g - List any additional security measures.	Security Guard at entrance, badge entry.
4.4 What is the method of entry into the pharmacy?	Security Card
4.5 Is the drive thru secure?	N/A
4.6 When closed, do non-authorized personnel have access to the perscription department?	No
4.7 What are the number of entrances to the pharmacy?	1

References	
5.1 How does the pharmacy access current Indiana pharmacy law?	internet
5.1a - Does the pharmacy have Facts and Comparisons either in digital or hard copy form?	Yes
5.1b - Does the pharmacy utilize Remington: The Science and Practice of Pharmacy?	No
5.1c - Does the pharmacy utilize PDR (Physician's Desk Reference)?	No
5.1d - Does the pharmacy utilize The Merck Manual?	No
5.1e - Does the pharmacy utilize other on-line subscriptions (Micromedex, Clinical Pharmacology, etc)?	Yes
5.1f - If pharmacy uses on-line service, are employees able to access?	Yes
5.2 For sterile compounding, does the pharmacy have at least one of the following reference materials?	N/A
5.2a - The Handbook on Injectable Drugs	N/A
5.2b - The King's Guide to Parenteral Admixtures	N/A
5.2c - another Board approved, printed or electronic database	N/A

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction

Dispensing/Records Retention	
9.1 Has the data processing system been approved by the Indiana Board of Pharmacy?	Yes
9.2 What type of software application does the pharmacy use?	RxHome
9.3 Does the pharmacy scan a hard copy of prescriptions?	Yes
9.4 How does the pharmacy back up files?	Cloud
9.5 Does the pharmacy have internet access?	Yes
9.6 How does the pharmacy maintain daily dispensing records?	Board approved system
9.7 Does the pharmacy retain these records for five (5) years?	Yes
9.9 What type of auxiliary procedure does the pharmacy have in place during system down time?	Generator/Battery Back Up for power. Pharmacy shuts down if system down, can't fill prescriptions.
9.10 What type of filling system is used for prescriptions?	Three file
9.11 Does the pharmacy maintain digital copies of prescriptions?	Yes
9.11a - If yes, where are the records stored?	Off site server/database
9.11b - Is the data readily retrievable by the pharmacy?	Yes
9.11c - Who may access the data?	Authorized staff.

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances	
13.1 Does the pharmacy maintain a perpetual inventory for controlled substances?	N/A
13.1a - If yes, which controlled substance schedules are inventoried perpetually?	N/A
13.1b - If no, what is the date of last biennial inventory (Type II facilities and facilities without controlled substances are exempt).	6/15/2021 COB
13.1c - Is inventory within 2 years of last biennial inventory?	N/A
13.1d - How is the inventory recorded?	Pen
13.1e - Is the inventory signed by the pharmacist with date and time?	Yes
13.1f - Is the inventory complete?	Yes
13.1g - If incomplete, provide details.	N/A
13.2b - If method of storage is improper, provide explanation.	N/A
13.3 Who is your reverse distributor for destruction of controlled substances?	INMAR
13.3a - Does the pharmacy properly maintain reverse distribution receipts?	N/A
13.4 Are controlled substance records maintained separately from all other pharmacy records?	N/A
13.5 Who is your primary Wholesale Drug Distributor for Controlled Substances?	AmerisourceBergen, Cardinal, and McKesson

DEA Forms

INSPECT

Sterile Compounding: Policies and Procedures

Sterile Compounding: Engineering Controls

Sterile Compounding: Personnel

Sterile Compounding: Labeling/Documentation

Non-sterile Compounding

Remote Locations (Type II only)

Emergency Drug Kits/Crash Carts

Quality-Related Events/Patient Own Medications

Special Medications	
24.1 Does the pharmacy report the dispensing of clozapine within five (5) days to the CNR?	N/A
24.1a - Which method does the pharmacy use for reporting the dispensing of clozapine?	N/A
24.2 Has the pharmacy received authorization from the iPLEDGE program to dispense isotretinoin (Accutane)?	N/A
24.2a - Is the MedGuide included with the prescription?	N/A
24.2b - Does the pharmacy have a record of pharmacist training for the iPLEDGE program?	N/A
24.3a - Is the pharmacy registered in the STEPS program for dispensing?	

Immunization Rule

Patient Confidentiality (HIPAA)	
26.1 How does the pharmacy dispose HIPAA trash?	Third party service
26.1a - Is the dumpster locked and secure?	Yes
26.1b - What is the name of off-site HIPAA vendor?	Iron Mountain
26.3 Are employees HIPAA trained?	Yes
26.3a - Is there documentation of training?	Yes
26.4 Does the pharmacy have policies and procedures in place to protect health information?	Yes
26.5 Has the pharmacy had a complaint filed with DHHS?	No

Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	11/2/2021 1:40:19 PM	Signature of Owner/Representative
	Date/Time	

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	Accredo Health Group, Inc
Address:	4750 E 450 South Suite A Whitestown, IN 46075
Owner Name:	

License Information

Number Issued:	60006805A
License Type:	Pharmacy - Closed Door (III)
Status:	Active
Issue date:	03/05/2021
Expiration Date:	12/31/2023
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Tue Oct 25 01:04:15 PM EST 2022

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Accredo Health Group, Inc

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Tue Oct 25 01:04:15 PM EST 2022

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006805A	12/31/2023

Accredo Health Group, Inc

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006805A	**12/31/2023**

Accredo Health Group, Inc

Signature _____

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR-Pharmacy

Registration Number	Expire Date
60006805B	12/31/2023

DRUG SCHEDULES

1	2	2N	3	3N	4	5
	Yes	Yes	Yes	Yes	Yes	Yes

Accredo Health Group, Inc

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR-Pharmacy

Registration Number	Expire Date
60006805B	12/31/2023

Accredo Health Group, Inc

Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1057531	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-27-2021

ACCREDO HEALTH GROUP, INC.
4750 E 450 S
SUITE A
WHITESTOWN, IN 460758404

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1057531	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-27-2021

ACCREDO HEALTH GROUP, INC.
4750 E 450 S
SUITE A
WHITESTOWN, IN 460758404

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Accredo Health Group, Inc

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 4750 East 450 South Suite A

City Whitestown State IN Zip 46075-8404

Mailing Address (if different from physical address) 4750 East 450 South Suite A

City Whitestown State IN Zip 46075-8404

Telephone 317-768-7700 Website www accredo com

Licensing Company Email TATeachout@express-scripts com

Section 2: Personal Information

First Tera Middle Ann Last Teachout

Alias(es, nicknames, name changes, etc) _____

Date of Birth 12[redacted] SSN or ITIN _____ Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Solace Ln

City Indianapolis State IN Zip 46280

Telephone [redacted] Email TATeachout@express-scripts com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2 Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Loveland High School		08/1994-5/1996	
Address	**City**	**State**	**Zip**
920 W 29th St	Loveland	CO	80538
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Nebraska Omaha		08/1998-05/2001	
Address	**City**	**State**	**Zip**
	Omaha	NE	
Diploma/Degree obtained, if any			
BS Biology			

School Name		From - To (MM/YY – MM/YY)	
University of Nebraska Medical Center		08/2001-05/2005	
Address	**City**	**State**	**Zip**
	Omaha	NE	
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Missouri St Louis		08/2013-05/2015	
Address	**City**	**State**	**Zip**
	St Louis	MO	
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17-current	[redacted] Solace Lane	Carmel	IN	46280
03/14-07/17	[redacted] N College Ave [redacted]	Indianapolis	IN	46204
05/12-03/14	[redacted] E Paradise Pkwy	Scottsdale	AZ	85251
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Accredo Health Group, Inc			04/22 - present
Business Address	**City**	**State**	**Zip**
4750 East 450 South Suite A	Whitestown	IN	46075-8404
Phone	**Title**	**Number of Employed Hours**	
317-768-7700	Pharmacist In Charge	1240	
Description of Duties			
Responsible for pharmacy practice and compliance with regulations for resident and non resident states.			

Business Name			From - To (MM/YY – MM/YY)
Accredo Health Group, Inc			02/14-03/22
Business Address	**City**	**State**	**Zip**
2825 W Perimeter Road Suite 112	Indianapolis	IN	46241-3614
Phone	**Title**	**Number of Employed Hours**	
(317) 240-8486	Pharmacist In Charge		
Description of Duties			
Responsible for pharmacy practice and compliance with regulations for resident and non resident states			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1 Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2 If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5 Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A.

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Tera Teachout, **certify that as the designated representative for**

Accredo Health Group, Inc 4750 East 450 South Suite A Whitestown, IN 46075-8404,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TT I am at least 21 years of age;
3. TT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tera Teachout

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/6/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Teri Teachout

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/6/22

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Johnson

I, Teri Teachout, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for

Original Signature

12/6/22

Date

Subscribed and Sworn to before me this 6 day of December.

Matthew Bennett

Notary Public Signature

MATTHEW BENNETT
Notary Public - Seal
Johnson County - State of Indiana
Commission Number NP0735172
My Commission Expires Aug 1, 2029

(Seal)

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Alumni Pharmacy of Loma Linda

Physical Address: 250 South G St

City: San Bernardino State: CA Zip: 92410-3320

Mailing Address (if different from physical address): 8881 Fletcher Pkwy, Ste 103

City: La Mesa State: CA Zip: 91942-3130

Telephone: 909-771-2990 Toll Free # (NAC 639.708, NRS 639.23286): 888-595-5950

Fax: 909-771-2889 Contact Email: alumnirx@gmail.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Amber Dawn Beltran Flores

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23126

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Amber Dawn Beltran Flores	NV Pharmacist Registration #: 23126
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): N/A

Corporation/Organization Name: GRADS INC.

Mailing Address: 8881 Fletcher Pkwy, Suite 103

City: La Mesa State: CA Zip: 91942-3130

Telephone: 909-771-2990 Email: alumnirx@gmail.com

Contact Person Name: Rolanfrancis Legaspi

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility – MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO/President (title) for Alumni Pharmacy of Loma Linda (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Rolanfrancis Legaspi

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/15/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Rolanfrancis Legaspi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO/President (title) for Alumni of Loma Linda (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of December, 2022

Notary Public

JASON BOUGHNER
Commission No. 2414126
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
Commission Expires August 29, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History—REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Amber Dawn Beltran Flores Pharmacist Registration #: 23126

Pharmacy Name: Alumni Pharmacy of Loma Linda

Initial each statement below to indicate you have read and agree with the following:

af I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

af I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

af I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

af I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

af I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12/15/22
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rolanfrancis Legaspi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12/15/2022

Date

Board Use Only	Date Received: 12-27-22	Amount: 500.00 CC 12/28/22

OWNERSHIP INTEREST OF GRADS, INC.

GRADS INC., DBA, "ALUMNI PHARMACY OF LOMA LINDA" IS 100% OWNER OF THE PHARMACY AS OF 08/25/2021

GRADS INC. OWNERSHIP STRUCTURE IS AS FOLLOWS:

ARAM PENARANDA (50% OWNERSHIP)
CHIEF FINANCIAL OFFICER
[redacted] N RIOS AVE
SOLANA BEACH, CA 92075
[redacted]

ROLANFRANCIS LEGASPI (20% OWNERSHIP)
CHIEF EXECUTIVE OFFICER
[redacted] ESTANCIA ST
CARLSBAD, CA 92009
[redacted]

DAVID PARK (20% OWNERSHIP)
SECRETARY
[redacted] WATERS END DR
CARLSBAD, CA 92011
[redacted]

GERARD RIVERA (5% OWNERSHIP)
SHAREHOLDER
[redacted] LATHROP DR
YORBA LINDA, CA 92886
[redacted]

STEPHEN HOM (5% OWNERSHIP)
SHAREHOLDER
[redacted] CRONESE RD
APPLE VALLEY, CA 92308
[redacted]



Alumni Pharmacy

California License Verifications:

California Pharmacy Law provides that information on the board's Web site can be accepted as verification of a license, per Business and Professions Code section 4106.

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58456

NAME: ALUMNI PHARMACY OF LOMA LINDA

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

250 SOUTH G ST
SAN BERNARDINO CA 92410
SAN BERNARDINO COUNTY

ISSUANCE DATE

APRIL 15, 2022

EXPIRATION DATE

APRIL 1, 2023

CURRENT DATE / TIME

DECEMBER 2, 2022
6:59:48 AM

LICENSE RELATIONSHIPS

NAME: FLORES, AMBER DAWN BELTRAN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 84707 **PRIMARY STATUS:** CLEAR

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 58456 ISSUE DATE APRIL 15, 2022

ALUMNI PHARMACY OF LOMA LINDA
250 SOUTH G ST
SAN BERNARDINO CA 92410

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
AMBER DAWN BELTRAN FLORES PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2023 RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	GRADS INC.
Entity No.:	4781913
Registration Date:	08/25/2021
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 01, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 026460731

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

INSPECTION REPORT

harmacy X Hospital Pharmacy Clinic Exempt Hospital Wholesaler Hypodermic

ate: 10/31/2022 Inspector: Michael Alavi

me: ALUMNI PHARMACY OF LOMA LINDA

ddress: 250 SOUTH 01ST Phone: (909) 771-2990

City: SAN BERNARDINO Zip: 92410

wnership: CORPORATION

ermit #: PHY58468 Permit Exp: 9/15/2022 DEA#: FA1287922 DEA Exp: 8/30/2024

ate of Self Assessment Form: 2/14/2022 Other Permit #: N/A Date of DEA Inventory: 4/14/2022

ours M-F: 8AM-5PM Hours Saturday: Closed Hours Sunday: Closed

IC AMBER DAWN B FLORES RPH84707 Administrator

PH Consultant

Staff RPH Names:	License #:	Staff Names:	License #:
DLANFRANCIS A LEGASPI	RPH57394	ALMA E SAENZ	TCH256656
RISHA AVELINO TUTHILL	RPH52663	LINDSEY B GOTTSCHALL	TCH116475
		YOMARA HERNANDEZ	TCH183924

spector Remarks:

utine Pharmacy Inspection Assisted by pharmacist in charge Amber Dawn Flores (RPH84707) retail Pharmacy dispenses an erage of 120 prescriptions/day, 50% of them being refills and 50% new prescriptions. Pharmacy does not do any compounding.
lotice to Consumers and Interpretive services posters posted
EA license, reviewed
EA invoices, CSOS used by owner RPH, PIC Flores in the process of getting his CSOS access. Requisition is done using the DEA222 m PIC Flores receives, acknowledeges and reconciles invoice with requisition. Records are filed away.
harmacy operating software: Pioneer Rx
ommunity Pharmacy & Compounding Self-Assessments
iennial Controlled Substance Inventory reviewed: reviewed
ledication reconciliation: reviewed
atient Centered Initial
terpretive Services: Language Lines ©
lentification badges & pharmacist to technician ratio observed
ot and cold running water and accessible restroom available
efrigerator and freezer temperature logs observed: remote monitoring is used when the pharmacy is closed for the weekend.
nox eLock:
onsultation observed for consultation
edication inventory & expired medications: biennial inventory reviewed
ducated PIC on the new laws
harmacist signs for delivered medications
ontrolled booklets reviewed

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Power of Attorney: discussed.
CII medications locked in a room and in a locked cabinet. CIII-CV in a locked room.
All pharmacists registered with CURES. PIC Flores logged on to PDMP website successfully
Quality assurance reporting.
Policies and procedures: QA for Medication Errors, Technician Job Description, Theft and Impairment, Immunizations, Temporary
service of the Pharmacist-maintained on-line
Wholesaler: Cardinal
Reverse Distributor: RX Reverse Distributor

Inclusion:
Pharmacy shelves are dusty need to be cleaned
CCR 1746.5/ BPC 4052.01 Protocol for pharmacists furnishing Naloxone
1159 Pre and Post exposure to HIV drugs: Increased access to once daily therapy. Pharmacist ability to furnish 30-60 days therapy.
3528 Controlled Substances, CURES database report to include CV - Discussed DCA waiver extension for pharmacists indepedently
iating and furnishing Paxlovid to individual patients. EDUCATIONAL TOPIC FOR DISCUSSION

- The Script: Available at [redacted] is the August 2022 The Script Newsletter.
- MonkeyPox Issues:
  - Waiver related to MPX Emergency: Dispensing Tecovirimat to ER Patients – Effective 8/3/2022 and Expires 90 days following the end of the declared emergency. Waives BPC 4068(a)(1); 4068(a)(5); 4068(a)(6), BPC 4076.5 and 4427.2(a) under specific conditions.
  - Interim guidance: Intradermal administration of JYNNEOS smallpox and monkeypox vaccine recommended to extend scarce supplies. Allow properly trained pharmacist and intern pharmacists only to administer intradermal doses of JYNNEOS pursuant to BPC 4052.8.
- COVID-19 Issues:
  - CDPH Issues Joint Statement on Authorization of Updated Moderna and Pfizer-BioNTech Boosters.
- Community Pharmacy Staffing Requirement – BPC 4113.5, CCR 1714.3
  - A community pharmacy shall not require a pharmacist employee to engage in the practice at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times. The pharmacist must request the assistance.
- Recently Approved Changes in Regulations:
  - CCR 1746.4 – Pharmacist initiating and administering vaccines. Effective 1/25/2022.
  - CCR 1704 – Providing addresses (Email). Effective 4/1/2022.
  - CCR 1715.6 – Reporting drug loss. Effective 4/1/2022.
  - CCR 1717.5 – Automatic Refill Programs. Effective 7/1/2022.
  - CCR 1715 – Self-Assessment of a pharmacy by the PIC. Revised and adopted 1/2022 version is available online at [redacted]. Effective 10/1/2022.
  - CCR 1708.1 – Notification of temporary closure. Effective 10/1/2022.
  - CCR 1715.65 – Inventory Activities and Inventory Reconciliation Reports of Controlled Substances. Effective 1/1/2023.
- Did you know:
  - The Board created a Standard of Care Ad Hoc Committee to review, as directed by the Legislature in its sunset bill, whether movement to a standard of care enforcement model is both appropriate and feasible. The meetings can be viewed online by webcast and Webex on [redacted]. The next meetings are scheduled for 10/26/2022 and 2/1/2023.
  - The Board also created a Medication Error Reduction and Workforce Ad Hoc Committee to review approaches on

10/02). PHY86456

NA

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-5100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

reducing medication errors, including a review of pharmacy workforce issues and staffing and whether such issues contribute to medication errors. The meeting can be viewed online by webcast and Webex on [redacted]. The next meetings are scheduled for 11/16/2022, 1/24/2023, 3/8/2023, and 6/7/2023.

* These Board and Committee meetings are occurring virtually through WebEx and the Board welcomes comments. If you want to have your voices heard on these issues, please plan on attending one or more of these meetings.

censed Remarks:

ve reviewed, discussed, understand and received a copy of this form.

Pharmacist (sign) [redacted]

Pharmacist (print) [redacted]

spector (sign) [redacted]

spector (print) [redacted]

Owner (sign) [redacted]

Owner (print) [redacted]

ditional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to mit for consideration may be sent on the attached form to my attention at the above address no later than 10 calendar days from the e above. Please include a copy of this form with any information that you submit.

thin 14 calendar days from the above date, please submit to me at the above address the following:

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1387922	06-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-19-2022

ALUMNI PHARMACY OF LOMA LINDA
250 S G ST
SAN BERNARDINO, CA 924103320

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1387922	06-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-19-2022

ALUMNI PHARMACY OF LOMA LINDA
250 S G ST
SAN BERNARDINO, CA 924103320

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Alumni Pharmacy of Loma Linda

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 250 S. G St.

City: San Bernardino State: CA Zip: 92410

Mailing Address (if different from physical address): 8881 Fletcher Pkwy, STE 103

City: 91942 State: CA Zip: 91942

Telephone: 909-771-2990 Website: N/A

Licensing Company Email: alumnirx@gmail.com

Section 2: Personal Information

First: Amber Dawn Middle: Beltran Last: Flores

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Vicilia St.

City: Garden Grove State: CA Zip: 92841

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Loma Linda University		09/17 - 05/21	
Address	**City**	**State**	**Zip**
11139 Anderson St	Loma Linda	CA	92350
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
California State University of Long Beach		08/12 - 05/16	
Address	**City**	**State**	**Zip**
1250 Bellflower Blvd	Long Beach	CA	90840
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
La Mirada High School		09/05 - 06/09	
Address	**City**	**State**	**Zip**
13520 Adelfa Dr	La Mirada	CA	90638
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21 - Present	[redacted] Vicilia St.	Garden Grove	CA	92841
11/19 - 11/21	[redacted] Richardson St	Loma Linda	CA	92354
7/17 - 11/19	[redacted] Prospect Ave	Loma Linda	CA	92354
4/00 - 7/17	[redacted] Ramsey Drive	Whittier	CA	90605
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Alumni Pharmacy of Loma Linda			11/21 - Current
Business Address	**City**	**State**	**Zip**
250 S. G St.	San Bernardino	CA	92410
Phone	**Title**		**Number of Employed Hours**
909-771-2990	Pharmacy Manager, PIC		1480

Description of Duties
Manage and maintain pharmacy to be compliant with applicable state and federal laws. Colloborate with various healthcare providers in clinic regarding clinical interventions to optimize patient therapy.

Business Name			From - To (MM/YY – MM/YY)
Rite Aid			08/21 - 11/21
Business Address	**City**	**State**	**Zip**
4322 Figueroa St.	Los Angeles	CA	90037
Phone	**Title**		**Number of Employed Hours**
323-235-3535	Pharmacist		850

Description of Duties
Provided coverage for multiple stores in the Los Angeles region. Administered COVID-19 and ancillary vaccinations. Performed MTM consultations to optimize patient care.

Business Name			From - To (MM/YY – MM/YY)
Kaiser - Sand Canyon Outpatient Pharmacy			03/21-5/21
Business Address	**City**	**State**	**Zip**
6670 Alton Pkwy	Irvine	CA	92618
Phone	**Title**		**Number of Employed Hours**
(833) 574-2273	Intern Pharmacist		520

Description of Duties
Counseled patients on discharge treatment and follow-up on clinical labs. Conducted prescription copies, transfers, and hospice orders under pharmacist supervision.

Business Name			From - To (MM/YY – MM/YY)
Newport Bay Hospital			12/20-7/21
Business Address	**City**	**State**	**Zip**
1501 E 16th St	Newport Beach	CA	92663
Phone	**Title**		**Number of Employed Hours**
(949) 650-9750	Intern Pharmacist		2560

Description of Duties
Performed anticoagulation therapy management protocol for warfarin dosing. Implemented therapeutic interchange for non-formulary patient home prescriptions. Performed antimicrobial stewardship with consideration to geriatric patients.

Business Name			From - To (MM/YY – MM/YY)
Newport Lido Pharmacy			05/12-04/14
Business Address	**City**	**State**	**Zip**
351 Hospital Rd #107	Newport Beach	CA	92663
Phone	**Title**		**Number of Employed Hours**
(949) 764-6580	Pharmacy Technician		3120

Description of Duties
Initiated prior authorizations for specialty medications. Bubble-packed prescriptions for HIV/AIDs patients and LTC Program. Trained newly hired technicians and residents with pharmacy workflow and operations.

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/22/22
Date

I, Amber Dawn Beltran Flores, **certify that as the designated representative for**

Alumni Pharmacy of Loma Linda,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ADF I am at least 21 years of age;
3. ADF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ADF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ADF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ADF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ADF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amber Dawn Beltran Flores
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/22/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amber Dawn Beltran Flores

Print Name (First, Last)

aflores — 12/22/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, Amber Dawn Flores, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

af — 12/22/22

Original Signature — **Date**

Subscribed and Sworn to before me this 22 day of December.

Notary Public Signature

LILIANA M. PULIDO
Notary Public - California
San Bernardino County
Commission # 2326308
My Comm. Expires Apr 10, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alumni Pharmacy of Loma Linda

Pharmacy/MDEG/Wholesaler License # (If applicable):

Physical Address: 250 South G Street

City: San Bernardino State: CA Zip: 92410-3320

Mailing Address (if different from physical address): 8881 Fletcher Pkwy, STE 103

City: La Mesa State: CA Zip: 91942-3130

Telephone: 909-771-2990 Website: N/A

Licensing Company Email: alumnirx@gmail.com

Section 2: Personal Information

First: Gerard Middle: Banjoe Samilin Last: Rivera

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Lathrop Dr

City: Yorba Linda State: CA Zip: 92886

Telephone: [redacted] Email: alumnirx@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Loma Linda University			
Address	**City**	**State**	**Zip**
24745 Stewart St	Loma Linda	CA	92350
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
University of California,Irvine			
Address	**City**	**State**	**Zip**
510 Aldrich Hall No-5	Irvine	CA	92697
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Sunny Hills High School		09/98-06/02	
Address	**City**	**State**	**Zip**
1801 Lancer Way	Fullerton	CA	92833
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional spaces needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Lathrop Dr.	Yorba Linda	CA	92886-1620
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
GRADS INC.		08/21-current
Business Address	**City / State / Zip**	
8881 Fletchr Pkwy, STE 103	La Mesa / CA / 91942-3130	
Phone	**Title**	
	Shareholder	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/industry/Entity	

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/15/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gerard Rivera

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Gerard Rivera, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/18/2022

Date

Subscribed and Sworn to before me this 15th day of December 2022

Notary Public Signature

SEE CALIFORNIA JURAT ATTACHED
INTL YES DATE 12.15.22

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 15th day of December, 2022, by Gerard Rivera,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VICTORIA E. STRUTT
COMM. # 2316254
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC. 17, 2023

(Seal)

Signature Victoria E Strutt

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alumni Pharmacy of Loma Linda

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 250 South G Street

City: San Bernardino State: CA Zip: 92410-3320

Mailing Address (if different from physical address): 8881 Fletcher Pkwy, STE 103

City: La Mesa State: CA Zip: 91942-3130

Telephone: 909-771-2990 Website: N/A

Licensing Company Email: alumnirx@gmail.com

Section 2: Personal Information

First: David Middle: TaeJoon Last: Park

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Waters End Dr

City: Carlsbad State: CA Zip: 92011-3252

Telephone: [redacted] Email: alumnirx@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		09/94 - 06/97	
Address	City	State	Zip
3601 Pacific Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
University of California, Irvine		09/89 - 06/94	
Address	City	State	Zip
260 Aldrich Hall	Irvine	CA	92697
Diploma/Degree obtained, if any			
B.S. Biology			
School Name		From - To (MM/YY – MM/YY)	
South Hills High School		09/85 - 06/89	
Address	City	State	Zip
645 Barranca St., West	Covina	CA	91791
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/03 - Present	[redacted] Waters End Dr.	Carlsbad	CA	92011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Rezcare Pharmacy Inc.			From - To (MM/YY – MM/YY): 03/11 - 09/22
Business Address: 3821 Calle Fortunada, suite D	City: San Diego	State: CA	Zip: 92123
Phone: 619-878-6188	Title: Director of Pharmacy		
Description of Duties: payroll, workflow, manage P.I.C and supervisors			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Park

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

12/16/2022

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN DIEGO

I, DAVID PARK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/16/2022

Date

Subscribed and Sworn to before me this 16th day of DECEMBER.

Notary Public Signature

LEVI P. HOPE
Notary Public - California
San Diego County
Commission # 2377029
My Comm. Expires Sep 30, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alumni Pharmacy of Loma Linda

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 250 South G Street

City: San Bernardino State: CA Zip: 92410-3320

Mailing Address (if different from physical address): 8881 Fletcher Pkwy, STE 103

City: La Mesa State: CA Zip: 91942-3130

Telephone: 909-771-2990 Website: N/A

Licensing Company Email: alumnirx@gmail.com

Section 2: Personal Information

First: Rolanfrancis Middle: Arellano Last: Legaspi

Alias(es, nicknames, name changes, etc.): Rolan

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Fletcher Pkwy, STE [redacted]

City: La Mesa State: CA Zip: 91942-3130

Telephone: [redacted] Email: alumnirx@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Southern California School of Pharmacy			09/00-06/05
Address	**City**	**State**	**Zip**
1985 Zonal Ave	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
University of California San Diego			12/96-06/99
Address	**City**	**State**	**Zip**
9500 Gilman Dr.	La Jolla	CA	92093
Diploma/Degree obtained, if any			
BS Biochemistry and Cellular Biology			

School Name			From - To (MM/YY – MM/YY)
Miramar Community College			09/94-12/96
Address	**City**	**State**	**Zip**
10440 Black Mountain Rd	San Diego	CA	92126
Diploma/Degree obtained, if any			
AA Liberal Arts			

School Name			From - To (MM/YY – MM/YY)
Mira Mesa High School			09/91-06/94
Address	**City**	**State**	**Zip**
10510 Marauder Way	San Diego	CA	92126
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/15-current	[redacted] Estancia St	Carlsbad	CA	92009-8322
01/12-01/15	[redacted] Angola Rd	San Diego	CA	92126

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
GRADS INC.			08/21-current
Business Address	**City**	**State**	**Zip**
8881 Fletcher Pkwy, STE 103	La Mesa	CA	91942-3130
Phone	**Title**		
858-560-1979	CEO/President/Director		
Description of Duties			
CEO/President/Director			

Business Name			From - To (MM/YY – MM/YY)
Paradise Pharmacy, Inc.			06/20-current
Business Address	**City**	**State**	**Zip**
502 Euclid Ave #100	National City	CA	91950
Phone	**Title**		
619-399-7581	President		
Description of Duties			
CEO/President/Owner			

Business Name			From - To (MM/YY – MM/YY)
Frost Medical Pharmacy			05/16-current
Business Address	**City**	**State**	**Zip**
8881 Fletcher Pkwy, STE 103	La Mesa	CA	91942-3130
Phone	**Title**		
858-560-9431	Director/Pharmacist in Charge		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
SavMart Pharmacy			07/08-12/13
Business Address	**City**	**State**	**Zip**
15721 Bernardo Heights Pkwy, STE 2	San Diego	CA	92128
Phone	**Title**		
858-451-2611	Pharmacist in Charge		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rolanfrancis Legaspi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Jason Boughner AS Rolanfrancis Legaspi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/15/2022

Date

Subscribed and Sworn to before me this 15th day of December 2022

Notary Public Signature

JASON BOUGHNER
Commission No. 2414126
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
Commission Expires August 29, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alumni Pharmacy of Loma Linda

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 250 South G Street

City: San Bernardino State: CA Zip: 92410-3320

Mailing Address (if different from physical address): 8881 Fletcher Pkwy, STE 103

City: La Mesa State: CA Zip: 91942-3130

Telephone: 909-771-2990 Website: N/A

Licensing Company Email: alumnirx@gmail.com

Section 2: Personal Information

First: Aram Middle: Kaleo Last: Penaranda

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] N Rios Ave

City: Solana Beach State: CA Zip: 92075-1250

Telephone: [redacted] Email: alumnirx@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		09/93 - 06/99	
Address	**City**	**State**	**Zip**
3601 Pacific Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Archbishop Riordan High		09/89 - 06/93	
Address	**City**	**State**	**Zip**
175 Frida Kahlo Way	San Francisco	CA	94112
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/11-present	[redacted] North Rios Ave	Sobra Beach	CA	92075
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: McKmara Inc			From - To (MM/YY – MM/YY): 12/06 - Present
Business Address: 333 c street suite 100	City: San Diego	State: CA	Zip: 92101
Phone: 619 232-8101	Title: CEO / pharmacist		
Description of Duties: Handle all financial obligations of the pharmacy and act as a pharmacist.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aram Penaranda

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Dec 15, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Aram Penaranda, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Dec 15, 2022

Date

Subscribed and Sworn to before me this 15th day of December.

See Attachment

Notary Public Signature

ALEXIS R. JOHNSON
Notary Public - California
San Diego County
Commission # 2387936
My Comm. Expires Dec 23, 2025

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 15th day of December, 2022, by CA DL Aram Penaranda, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ALEXIS R. JOHNSON
Notary Public - California
San Diego County
Commission # 2387936
My Comm. Expires Dec 23, 2025

(Seal)

Signature Alexis R. Johnson

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: PH 03744	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Quaker Community Pharmacy, LLC dba Better Dose Rx

Physical Address: 304 Village at Stones Crossing Road

City: Easton State: PA Zip: 18045

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (844) 716-4727 Toll Free # (NAC 639.708, NRS 639.23286): (844) 716-4727

Fax: (610) 871-1672 Contact Email: betterdosepharm@gmail.com

Website: https://quakerrx.com/

Nevada Business License # (if applicable) PH03744

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Ireland ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23117 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Thomas Ireland	NV Pharmacist Registration #: 23117
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Michigan

Parent Company (if any): _____

Corporation/Organization Name: Specialty Medical Equipment Inc

Mailing Address: 52040 Van Dyke Ave

City: Shelby Township State: MI Zip: 48316

Telephone: 254-221-9943 Email: betterdosepharm@gmail.com

Contact Person Name: Robin Soblick

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Quaker Community Pharmacy, LLC dba Better Dose Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Robin Soblick
Print Name of Authorized Person

Robin S

Original signature of Authorized Person (copies or stamps not accepted)

Oct 17 2022
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Thomas Ireland hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Quaker Community Pharmacy, LLC dba Better Dose Rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

→ Thomas Ireland
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21 day of October, 2022

Notary Public

AMANDA LEE
Notary Public - State of Florida
Commission # HH 227193
My Comm. Expires Feb 9, 2026
Bonded through National Notary Assn.

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

	Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
A	• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
	• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
	• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
	• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
B	• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
C	• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
D	• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
	• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
E	• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
F	• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
G	• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
H	• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
	• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
	• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robin Soblick

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Robin Soblick — Oct 17 2022

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: 10-27-22	Amount: 500.00 cc

A

Ownership Information

Specialty Medical Equipment, Inc owns 100% of Quaker Community Pharmacy, LLC

Specialty Medical Equipment Inc

Owner Entity

52040 Van Dyke Avenue , Shelby Township , Michigan 48316

Ph: (254) 221-9943

Fx: (313) 221-5543

Email: robins@specialtyhme.com

Taxid#: 26-3611004

Incorporated in Michigan

EntityId#: 02073M

Date of Inc: 10/24/2008

Percentage Owned: 100%

Robin Soblick owns 100% of Specialty Medical Equipment, Inc

Robin Soblick

President

[redacted] Shaddock Lane, Boca Raton, FL 33487

Ph: [redacted]

Email: robins@specialtyhme.com

DOB: [redacted]

SSN: [redacted]

Percentage Owned: 100%

B

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SPECIALTY MEDICAL EQUIPMENT, INC.

was validly incorporated on October 27 , 2008 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau
TUEBOR
CIRCUMSPICE

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of August , 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22080128310

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUAKER COMMUNITY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUAKER COMMUNITY PHARMACY, LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6003910 8300

SR# 20223104044

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204240997

Date: 08-24-22

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	QUAKER COMMUNITY PHARMACY, LLC
Request Type:	Certificate of Registration
Request No.:	005819224
Receipt No.:	274945
Filing Type:	Foreign Limited Liability Company
Filing Subtype:	Limited Liability Company
Initial Filing Date:	July 21, 2016
Status:	Active

Issuance Date: December 04, 2022
File No: 0006432571

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

QUAKER COMMUNITY PHARMACY, LLC

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

Leigh M. Chapman

Leigh M. Chapman
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCTOBER 08, 2022

BETTER DOSE RX
304 VILLAGE AT STONES CROSSING
EASTON, PA 18045-5085

Dear Provider:

This letter is to inform you that a change or addition has been made to your provider record. Please check the information provided. This is the information currently in the provider file. The provider number listed below must be used exactly as shown on all claim submissions and correspondence.

Please contact our office if any information shown is incorrect.

For additional information regarding the programs administered by The Pennsylvania Department of Human Services, please access our website at www.dhs.pa.gov.

Sincerely,

Provider Enrollment

cc: Provider File

Provider ID:	103480912 0001
NPI Number:	1770038804
Taxonomy Code(s):	333600000X
Service Location Zip Code:	18045-5085
Provider Medicare Number:	
Required Revalidation Date:	01/12/2023

Updated Information

Updated Field:	Provider Name
Original Information:	QUAKER COMMUNITY PHARMACY LLC
Updated Information:	BETTER DOSE RX

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:

Robin Soblick
Name
304 Village at Stones Crossing,
Address
Easton | PA | 18045
City | State | Zip Code

☐ Return document by email to: _____

Registration of Fictitious Name
DSCB:54-311
(rev.2/2017)

311

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $70.00

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. **The fictitious name is:**

   Better Dose Rx

2. **A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:**

   Community Retail Pharmacy

3. **The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):**

304 Village at Stones Crossing,	Easton	PA	18045	Northampton
Number and street	City	State	Zip	County

4. **The name and address, including number and street, if any, of each individual interested in the business is:**

Name	Number and Street	City	State	Zip
Robin Soblick	304 Village at Stones Crossing , Easton , Northampton , PA , United States , 18045			

DO NOT COPY

PENN File: July 20, 2022

DSCB: 54-311-2

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Specialty Medical Equipment Inc	Business Corporation	MI

52040 Van Dyke Avenue, Shelby Township, Out Of State, MI, United States, 48316

Principal Office Address

PA Registered Office, if any

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to be executed this

20th day of July , 2022 .

Robin Soblick

Individual Signature

Specialty Medical Equipment Inc

Entity Name

Robin Soblick

Signature

President

Title

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Quaker Community Pharmacy, LLC dba Better Dose Rx

Pharmacy/Wholesaler License # (if applicable) PP482710

Physical Address 304 Village at Stones Crossing Road

City Easton State PA Zip 18045

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-716-4727 Website https://quakerrx.com/

Licensing Company Email betterdosepharm@gmail.com

Section 2: Personal Information

First Thomas Middle _____ Last Ireland

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]eanette Ln

City Milford State NJ Zip 08848

Telephone [redacted] Email betterdosepharm@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

C

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers University - College of Pharmacy		9/8/1960-5/16/1965	
Address	**City**	**State**	**Zip**
160 Frelinghuysen Rd	Piscataway	NJ	08805
Diploma/Degree obtained, if any			
Bachelor of Science and Bachelor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Bound Brook High School		9/6/1956-6/15/1960	
Address	**City**	**State**	**Zip**
111 W Union Ave	Bound Brook	NJ	08805
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/15/1971-Current	[redacted]eanette Lane Milford	Milford	NJ	08848
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

C

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Quaker Community Pharmacy			7/1/17-Current
Business Address	**City**	**State**	**Zip**
304 Village at Stones Crossing	Easton	PA	18045
Phone	**Title**		**Number of Employed Hours**
(844) 620-7839	Pharmacist in Charge		44 per week
Description of Duties			
Supervising all pharmacy operations including Rx Processing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

C

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

C

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

C

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

→ Thomas Ireland
Original Signature (electronic, copies or stamps not accepted)

10/21/2022
Date

C

I, Thomas Ireland, **certify that as the designated representative for**

Quaker Community Pharmacy, LLC dba Better Dose Rx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

→ 1. T.I. I am at least 21 years of age;
→ 3. T.I. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
→ 4. T.I. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
→ 5. T.I. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
→ 6. T.I. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
→ 7. T.I. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Ireland
Print Name (First, Last)

→ Thomas Ireland
Original Signature (electronic, copies or stamps not accepted)

10/21/2022
Date

C

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Ireland

Print Name (First, Last)

→ Thomas Ireland

Original Signature (electronic, copies or stamps not accepted)

10/21/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Northampton

I, Thomas Ireland, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

→ Thomas Ireland

Original Signature

10/21/2022

Date

Subscribed and Sworn to before me this 21 day of October.

Agee

Notary Public Signature

AMANDA LEE
Notary Public - State of Florida
Commission # HH 227193
My Comm. Expires Feb 9, 2026
Bonded through National Notary Assn.

(Seal)

D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Quaker Community Pharmacy, LLC dba Better Dose Rx

Pharmacy/MDEG/Wholesaler License # (if applicable) PP482710

Physical Address 304 Village at Stones Crossing Road

City Easton State PA Zip 18045

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (844) 716-4727 Website https://quakerrx.com/

Licensing Company Email betterdosepharm@gmail.com

Section 2: Personal Information

First Robin Middle _____ Last Soblick

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Shaddock Lane

City Boca Raton State FL Zip 33487

Telephone [redacted] Email betterdosepharm@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

D

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CW POST University		1976-1978	
Address	City	State	Zip
720 Northern Blvd	Greenvale	NY	11548
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Fashion Institute of Technology		1973-1976	
Address	City	State	Zip
227 W 27th St	New York	NY	10001
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
High School James Madison		1969-1973	
Address	City	State	Zip
3787 Bedford Ave	Brooklyn	NY	11229
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-Current	[redacted] Shaddock Lane	Boca Raton	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010-2020	[redacted] Avenue Le Rivage	Boca Raton	FL	33496
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Specialty Medical Equipment Inc			From - To (MM/YY – MM/YY): 1/22/2016-Current
Business Address: 52040 Van Dyke Ave	City: Shelby Township	State: MI	Zip: 48316
Phone: 254-221-9952	Title: Operations Manager (Owner)		
Description of Duties: Oversee process and make sure policies procedure and compliance are being followed			

Business Name: AJT Diabetic Incorporated			From - To (MM/YY – MM/YY): 4/1/2014-Current
Business Address: 8500 Almeda Genoa Road Ste 112A	City: Houston	State: TX	Zip: 77075
Phone: 254-221-9952	Title: Operations Manager(Owner)		
Description of Duties: Oversee process and make sure policies procedure and compliance are being followed			

Business Name: Quality Medical Products, LLC			From - To (MM/YY – MM/YY): 2012-3/1/2015
Business Address: 5180 W Atlantic Ave, Suite 105	City: Delray Beach	State: FL	Zip: 33484
Phone: n/a	Title: Operations Manager		
Description of Duties: Oversee process and make sure policies procedure and compliance are being followed			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

D

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Oct 17 2022
Date

D

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robin Soblick
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Oct 17 2022
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Robin Soblick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Oct 17 2022
Date

Subscribed and Sworn to before me this 17 day of October 2022.

Notary Public Signature

FELISHA TOLEDO NOTARY PUBLIC MY COMMISSION EXPIRES 10-30-2026 STATE OF FLORIDA COMMISSION NUMBER HH 283769

(Seal)

E

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

QUAKER COMMUNITY PHARMACY LLC

304 VILLAGE AT STONES CROSSING

Easton, Pennsylvania, 18045

Phone:

Owner: QUAKER COMMUNITY PHARMACY LLC

LICENSE

License No: PP482710

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 06/06/2022

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

WILLIAM ZUPKO	6/6/2022 2:19:13 PM	Thomas William Ireland - RP 027164L
Signature of Inspector	Date/Time	Signature of Owner/Representative

E

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

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Owner: QUAKER COMMUNITY PHARMACY LLC

LICENSE

License No: PP482710

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 06/06/2022

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

3238 F

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482710

Expiration Date
08/31/2023

Active

QUAKER COMMUNITY PHARMACY, LLC DBA BETTER DOSE RX
304 VILLAGE AT STONES CROSSING
EASTON, PA 18045

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

QUAKER COMMUNITY PHARMACY, LLC DBA BETTER DOSE RX
304 VILLAGE AT STONES CROSSING
EASTON, PA 18045

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

22 0218895

License Type
Pharmacy

QUAKER COMMUNITY PHARMACY, LLC DBA BET
THOMAS WILLIAM IRELAND
304 VILLAGE AT STONES CROSSING
EASTON, PA 18045

License Status
Active

Initial License Date
03/06/2017

Expiration Date
08/31/2023

License Number
PP482710

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Thomas William Ireland

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911

G

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

10/11/2022

icense Information

QUAKER COMMUNITY PHARMACY, LLC DBA BETTER DOSE RX

304 VILLAGE AT STONES CROSSING
EASTON, Pennsylvania 18045

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/06/2017
LicenseType:	Pharmacy	Issue Date:	03/06/2017
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2023
License Number:	PP482710	Last Renewal:	08/05/2021
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
THOMAS WILLIAM IRELAND	Business Relationship	Pharmacist	RP027164L	Active	03/06/2017	09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

3251 F

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacist

License Number
RP027164L

Expiration Date
09/30/2024

Active

THOMAS WILLIAM IRELAND
2 JEANETTE LN
MILFORD, NJ 08848

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

THOMAS WILLIAM IRELAND
2 JEANETTE LN
MILFORD, NJ 08848

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

22 0153665

License Type
Pharmacist

THOMAS WILLIAM IRELAND
2 JEANETTE LN
MILFORD, NJ 08848

License Status
Active

Initial License Date
07/25/1972

Expiration Date
09/30/2024

License Number
RP027164L

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Thomas William Ireland

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§ 4911

G

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

10/11/2022

icense Information

THOMAS WILLIAM IRELAND

MILFORD, New Jersey 08848

Board/Commission:	State Board of Pharmacy	Status Effective Date:	
LicenseType:	Pharmacist	Issue Date:	07/25/1972
Specialty Type:		Expiration Date:	09/30/2024
License Number:	RP027164L	Last Renewal:	09/01/2022
Status:	Active		

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FQ6673239	04-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-16-2020

QUAKER COMMUNITY PHARMACY, LLC DBA BETTER DOSE RX
304 VILLAGE AT STONES CROSSING
EASTON, PA 18045

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FQ6673239	04-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-16-2020

QUAKER COMMUNITY PHARMACY, LLC DBA BETTER DOSE RX
304 VILLAGE AT STONES CROSSING
EASTON, PA 18045

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Form DEA-223 (9/2016)

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CARE-FILL LTC, INC.

Physical Address: 343 Mercer Rd

City: GREENVILLE State: PA Zip: 16125

Mailing Address (if different from physical address): same as physical

City: _____ State: _____ Zip: _____

Telephone: 855-925-2374 Toll Free # (NAC 639.708, NRS 639.23286): 855-925-2374

Fax: 844-308-1485 Contact Email: mshellenbarger@wfprx.com

Website: www.carefillltc.com, www.carefillpack.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Stacey Beise ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 13773 ✓

Type of Pharmacy (check all applicable)

- ☒ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☒ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Stacey Beise	NV Pharmacist Registration #: 13773
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials: n/a	%: n/a
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: PA

Parent Company (if any): _____

Corporation/Organization Name: CARE-FILL LTC, INC.

Mailing Address: 343 Mercer Rd

City: GREENVILLE State: PA Zip: 16125

Telephone: 855-925-2374 Email: mshellenbarger@wfprx.com

Contact Person Name: Matthew Shellenbarger, Director of Pharmacy Operations

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for CARE-FILL LTC, INC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Bretton Walberg

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/22/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bretton Walberg hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for CARE-FILL LTC, INC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of June, 2022

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Shirley Hughes, Notary Public
Mercer County
My commission expires June 28, 2025
Commission number 1075882
Member, Pennsylvania Association of Notaries

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bretton Walberg, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 9/22/22

9/7/22

Board Use Only	Date Received: _____	Amount: 500.00 MO-2817809 3812

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

JAN 9 2023

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Care-Fill LTC

Pharmacy/Wholesaler License # (if applicable): NA

Physical Address: 343 Mercer Rd

City: Greenville State: PA Zip: 16125

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-925-2374 Website: https://www.carefillpack.com

Licensing Company Email: mshellenbarger@wfprx.com

Section 2: Personal Information

First: Stacey Middle: L Last: Beise

Alias(es, nicknames, name changes, etc.): Stacey Adzima

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Stoney Brook Blvd

City: Greenville State: PA Zip: 16125

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Duquesne University			09/92-05/97	
Address		City	State	Zip
600 Forbes Ave		Pittsburgh	PA	15282
Diploma/Degree obtained, if any				
Bachelors of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Greenville High School			09/88-06/92	
Address		City	State	Zip
9 Donation Rd		Greenville	PA	16125
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/15- present	[redacted]Stoney Brook Blvd	Greenville	PA	16125
05/01-01/15	[redacted]Chesapeake Ct	Hermitage	PA	16148

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Walberg Family Pharmacies			08/08- present	
Business Address		**City**	**State**	**Zip**
343 Mercer Rd		Greenville	PA	16125
Phone	**Title**		**Number of Employed Hours**	
724-588-6337	Pharmacist		29,120	
Description of Duties				
working as a retail pharmacist, filling prescriptions				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/1999	1999	PA	Sharon	Mercer
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08-54-01043		Mercer County		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
NA			NA	
Name of Business/Industry/Entity				
NA				

Provide explanation below:

DUI Arrest in 1999. No incidents or issues related to drinking since.

Original Signature (electronic, copies or stamps not accepted)

01/04/2023
Date

I, Stacey Beise, **certify that as the designated representative for**

Care-Fill LTC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Stacey Beise

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stacey Beise

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2023

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of MERCER

I, Stacey Beise, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-4-23

Date

Subscribed and Sworn to before me this 4th day of January 2023

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
CHRISTINE M. CSONKA, Notary Public
Mercer County
My Commission Expires May 14, 2025
Commission Number 1040447

(Seal)

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History—REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Stacey Beise Pharmacist Registration #: 13773

Pharmacy Name: CARE-FILL LTC, INC.

Initial each statement below to indicate you have read and agree with the following:

SB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

SB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
(1) Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
(2) Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	X	
(3) Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
(4) Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Suspension / Probation	PA	See attached	11-51-07472

Criminal Action:	State:	Date:	Case #:	County:	Court:
DUI	PA	4/12/99	000018299	Mercer	Mercer County Court

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

6-27-22
Date

On June 15, 1999 I was charged with driving while under the influence of alcohol. As a result of this my license in PA was suspended from October 15, 2003 to June 24, 2008. I served a probationary period from June 24, 2008 until August 3, 2011 at which time my probation ended and my license was restored to non-probationary status. I changed my lifestyle during my suspension which included earning a degree in computer networking with a 4.0 GPA and getting married. It has been over 20 years since the DUI and I have no problems with alcohol abuse.

Stacey Beise

6-27-22

PROTHONOTARY
2011 AUG -3 AM 8:30
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of the Application for	:	**Docket No. 1421-54-2011**
Reinstatement of the License to Practice	:	**File No. 11-51-07472**
Pharmacy of Stacey Leigh Beise	:	
Respondent	:	**Previous File No. 08-54-01043**

FINAL ORDER REINSTATING RESPONDENT'S LICENSE

AND NOW, August 3, 2011, the State Board of Pharmacy (Board), upon consideration of Respondent's Petition for Reinstatement to Unrestricted Status together with supporting documentation that Respondent has successfully completed all the terms and conditions of the Disciplinary Monitoring Unit (DMU) Board Order of June 24, 2008, which placed Respondent's pharmacy license on probation subject to certain terms and conditions pertaining to Professional Health Monitoring Program (Unit 2) monitoring, abstention, evaluation/treatment, support group attendance, urine/blood screening and supervised practice, and noting the Respondent's case manager concurs with Respondent's petition and the Commonwealth's prosecuting attorney does not oppose reinstatement, the Board hereby determines that Stacey L. Beise, has successfully completed the terms and conditions of her probation. It is hereby **ORDERED** that Respondent's probation is terminated, and Respondent's pharmacy license, license number RP-043564-L, is hereby reinstated to unrestricted, non-probationary status. This order shall take effect immediately.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Katie True

KATIE TRUE
COMMISSIONER

STATE BOARD OF PHARMACY

Richard R. Smiga R.Ph

RICHARD R. SMIGA, R.PH.
CHAIRPERSON

Respondent's Address: 611 Chesapeake Court
Hermitage, PA 16148

Prosecuting Attorney: Juan A. Ruiz, Esquire

Board Counsel: David M. Green, Esquire

Date of Mailing: Aug. 3, 2011

COPY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

BEFORE THE STATE BOARD OF PHARMACY

IN THE MATTER OF THE
PETITION FOR REINSTATEMENT OF THE
LICENSE TO PRACTICE PHARMACY OF
STACEY L. BEISE, R.PH.
PETITIONER

DOCKET NO. 0222-54-08
FILE NO. 08-54-01043

FINAL ADJUDICATION AND ORDER

BASIL L. MERENDA, COMMISSIONER
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

MICHAEL A. PODGURSKI, R.PH.,
CHAIRMAN
STATE BOARD OF PHARMACY

2008 JUN 24 AM 10: 35
Department of State
PROTHONOTARY

2601 North Third Street
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649

CLC

HISTORY

This case comes before the State Board of Pharmacy (Board) upon a Petition for Reinstatement of the License to Practice Pharmacy by Petitioner, Stacey L. Beise, filed on or about February 4, 2008. On February 4, 2008, the Board issued an order scheduling a hearing before the Board on March 18, 2008. On that date, a formal hearing was held before the Board in this matter. Petitioner appeared *pro se*, and presented her husband, Shane Beise as a witness on her behalf. Juan A. Ruiz, Esquire represented the Commonwealth. A quorum of the Board was present at the hearing and deliberated at the close of testimony.

Petitioner's license was suspended for at least three years retroactive to October 15, 2003, by a June 30, 2004, Board order that made final a preliminary order entered on October 15, 2003. Petitioner's license was suspended for failure to comply with the terms of the Board order issued on July 18, 2001. The Board's October 15, 2003 order required Petitioner to demonstrate that she has been in documented recovery from drug and alcohol abuse for at lest three years and that she is fit to practice. Petitioner now seeks the reinstatement of her license to practice pharmacy.

FINDINGS OF FACT

1. Petitioner holds a license to practice pharmacy in the Commonwealth of Pennsylvania, License, No. RP-043564-L. (Board Records)
2. At all times relevant to these proceedings Petitioner held a license to practice pharmacy in the Commonwealth of Pennsylvania. (Board Records)
3. Petitioner's last address known to the Board is 611 Chesapeake Court, Hermitage, PA 16148. (Board Records; Petition)
4. On or around June 8, 2001, Petitioner signed a Consent agreement ("VRP Agreement"), which was approved by the Board on July 18, 2001. (Exhibit B-2, VRP agreement).
5. In the VRP Agreement, Petitioner admitted that she suffered from chemical abuse or dependence. (Exhibit B-2, VRP agreement ¶ 3(c)).
6. In the VRP Agreement, Petitioner's license was suspended for no less than 3 years, with the suspension stayed in favor of no less than 3 years of probation, during which time Petitioner agreed to completely abstain from the use of controlled substances, mood altering drugs, and the abuse of alcohol in any form. (Exhibit B-2, VRP agreement, ¶¶ 7(d) and 7(d)(xviii)).
7. In the VRP agreement, petitioner agreed to fully and completely comply and cooperate with the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Program, VRP agents and employees in their monitoring of Petitioners impairment. (Exhibit B-2, VRP agreement, ¶ 7(d)(i)).

8. Petitioner's entry into the VRP agreement was precipitated by a single DUI conviction in 1999, and she was a social drinker. (N.T.10, 13).

9. While participating in the VRP program, Petitioner tested positive for alcohol in urine screens on August 27, 2001, January 24, 2002, and October 1, 2002, and admitted these violations of her VRP Agreement. (Exhibit B-2, Petition for Appropriate Relief ¶ 6(1)).

10. Petitioner failed to submit when requested to an unannounced and observed body fluid toxicology screen on December 21, 2001. (Exhibit B-2, Petition for Appropriate Relief ¶ 6(2)).

11. On or around October 15, 2003, and based upon the violations noted above, the Commonwealth filed a Petition for Appropriate Relief, requesting that the stay of Petitioners suspension be lifted, and that her license be suspended pursuant to the VRP agreement. (Exhibit B-2, Petition for Appropriate Relief).

12. On or about October 15, 2003, the Board issued a Preliminary Order granting the Petition for Appropriate Relief, and activating the suspension of Petitioner's license for a period not less than 3 years. (Exhibit B-2, Preliminary Order).

13. On or about June 30, 2004, the Board issued a Final Order making the Preliminary Order Final. (Exhibit B-2, Final Order).

14. On or about February 4, 2008, Petitioner filed a Petition for Reinstatement of her license. (Exhibit B-1).

15. On or about February 4, 2008, the Board entered an order scheduling a hearing for March 18, 2008 concerning the reinstatement of the Petitioner's license. (Order Scheduling Hearing Before Board).

16. Petitioner appeared at the hearing *pro se*, and brought her husband, Shane Beise as a witness. (N.T. at page 1; Board Records).

17. Petitioner and her husband confirm that she has abstained from drinking alcohol since fall 2003. (Exhibit B-1; N.T. 14, 28, and 29).

18. Petitioner had a stroke in 2004, and is now fully recovered. (N.T. 14).

19. The medication Petitioner takes as a result of her stroke would interact badly with alcohol, and cause serious risk to Petitioner's health. (N.T. 28, 37, 38).

20. Petitioner submitted to an evaluation by SARPH, who stated that she is "full sustained remission" and that there are no current symptoms and alcohol use has been discontinued. (Exhibit B-1).

21. In the time that Petitioner's license to practice pharmacy has been suspended, she has completed a computer networking degree with a 4.0 GPA and gotten married. (N.T. 22, 26, 28).

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact Nos. 1, 2)
2. Petitioner was given an opportunity to be heard in accordance with Section 504 of the Administrative Agency Law, 2 Pa. C.S. §504. (Findings of Fact No. 14, 15, 16)
3. Petitioner is eligible to have her license to practice pharmacy reinstated. (Findings of Fact Nos. 17-20)

DISCUSSION

Petitioner came before the Board to request the reinstatement of her license to practice pharmacy. In 1999, Petitioner, a social drinker, was convicted of a DUI. (Finding of Fact no. 10). She reported this DUI when she applied to renew her license, which led her to enter a VRP agreement. Petitioner violated the VRP agreement by testing positive for alcohol in urine screens on August 27, 2001, January 24, 2002, and October 1, 2002, and by failing to submit to an unannounced and observed body fluid toxicology screen on or about December 21, 2001. Petitioner's license was suspended on October 15, 2003, for at least three years based on violating the terms of a consent agreement and order that placed her in the Voluntary Recovery Program (VRP).

In the VRP agreement, Petitioner agreed that if her license was suspended for a violation of that agreement, that in order to have her license restored, she would be required to make an affirmative showing that she had at least 36 months of sustained documented recovery, a VRP-approved provider's evaluation that she is fit to safely practice, and verification that Licensee had abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania, and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth, and had not practiced pharmacy during her suspension.

Petitioner submitted a VRP approved provider's evaluation that she is fit to safely practice, and verification that she had not practiced pharmacy while her license was suspended. She made an affirmative showing that she had abstained from alcohol for a period of at least three years, however her recovery was not documented. Petitioner's recovery was confirmed by her husband who testified that she cannot drink with her

stroke medication. Petitioner's suspension was for a term not less than three years, and her license has now been suspended for more than four and a half years. In the time that Petitioner's license has been suspended, she completed a computer networking degree with a 4.0, which lends some credence to statements that she has not been abusing alcohol during this time. During the suspension of her license, Petitioner has gotten married, and she testified that this has resulted in a change in her lifestyle, and in her maturing significantly and becoming more responsible. In 2004, Petitioner suffered a stroke, from which she is now fully recovered. The medications that Petitioner must take as a result of this stroke would interact badly with alcohol, and could lead to serious health risks for Petitioner. This tends to confirm that Petitioner now has the necessary motivation to abstain from drinking alcohol. To further support Petitioner's claim of sobriety, SARPH had no further treatment recommendations for Petitioner.

Although Petitioner did not have a lot of documentary evidence, the Board is persuaded that Petitioner is fit to resume the practice of pharmacy. The testimony presented by both Petitioner and her husband was convincing to the Board that she has abstained from alcohol for at least three years. Petitioner's practice as a pharmacist will give her access to a large number of controlled substances. Because of this, and because Petitioner's recovery has not been fully documented, the Board believes that in order to protect the public Petitioner should be monitored for a period of time upon her return to practice. The Board will require Petitioner be monitored through the Disciplinary Monitoring Unit.

Thus the following order will issue:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE BOARD OF PHARMACY

In the Matter of the	:	
Petition for Reinstatement	:	
Of the License to Practice Pharmacy of	:	
Stacey Leigh Beise, R.Ph.,	:	**Docket No. 0222-54-08**
Petitioner	:	**File No. 08-54-01043**
	:	

FINAL ORDER

AND NOW, this 24th day of June, 2008 upon consideration of Petitioner's Petition for Reinstatement, review of the pleadings and record, and review of the evidence presented at the hearing on March 18, 2008, Petitioner's request to reinstate her license to practice pharmacy in Pennsylvania, No. RP-043564-L, is **GRANTED**. Petitioner's license shall be reactivated upon filing the proper forms and paying the necessary fees. Petitioner's license shall be placed on **PROBATIONARY** status to run for at least **THREE YEARS** from the date of reinstatement of Petitioner's license. Petitioner must complete at least sixty (60) hours of ACPE-accredited continuing education and submit certificates of completion to the Board Counsel listed below before her license may be reinstated.

The probationary terms are as follows:

1. Petitioner shall not be a pharmacist-manager of any pharmacy licensed by this Commonwealth.
2. Petitioner shall fully and completely comply and cooperate with the Bureau of Professional and Occupational Affairs, Professional Health Monitoring Program (PHMP) and its agents and employees in their monitoring of Petitioner under this Order.

3. Petitioner shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions and all rules and regulations and laws pertaining to the practice of the profession in this Commonwealth or any other state or jurisdiction in which Petitioner holds a license to practice a health care profession. Summary traffic violations shall not constitute a violation of this Order.
4. Petitioner shall at all times cooperate with the PHMP and its agents and employees in the monitoring, supervision and investigation of Petitioner's compliance with the terms and conditions of this Order, including requests for, and causing to be submitted at Petitioner's expense, written reports, records and verifications of actions that may be required by the PHMP.
5. Petitioner's failure to fully cooperate with the PHMP shall be deemed a violation of this Order.
6. Petitioner shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Order.
7. Petitioner may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Petitioner seeks and receives prior written permission from the PHMP subject to any additional terms and conditions required by the PHMP.
8. Petitioner shall notify the PHMP in writing within five (5) days of the filing of any criminal charges against Petitioner, the initiation of any legal action pertaining to Petitioner's practice of the profession, the initiation of charges, action, restriction or limitation related to Petitioner's practice of the profession by

a professional licensing authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice, or any investigation, action, restriction or limitation related to Petitioner's privileges to practice the profession at any health care facility.

9. Petitioner shall notify the PHMP by telephone within 48 hours and in writing within five (5) days of any change of Petitioner's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the PHMP under this subsection due to the PHMP office being closed is not an excuse for not leaving a voice mail message with this information.

10. In the event Petitioner relocates to another jurisdiction, within five days (5) days of relocating Petitioner shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Order sent to the Pennsylvania PHMP, or if the other jurisdiction has no impaired professional program, Petitioner shall notify the licensing board of the other jurisdiction that Petitioner is impaired and enrolled in this Program. In the event Petitioner fails to do so, in addition to being in violation of this Order, the periods of suspension and probation shall be tolled.

11. Petitioner shall cease or limit his/her practice if the PHMP case manager directs that Petitioner do so.

EVALUATION - TREATMENT

12. If an assessment/treatment evaluation has not been done by a PHMP-approved provider within thirty (30) days prior to the effective date of this Order, or within

thirty (30) days subsequent to the effective date of this Order, Petitioner shall have forwarded to the PHMP-DMU, P.O. Box 10569, Harrisburg, PA 17105-0569, (717) 783-4857, a written evaluation by a PHMP-approved provider assessing Petitioner's fitness to actively practice the profession. If the provider determines that Petitioner is not fit to practice, Petitioner shall immediately cease practicing the profession and not practice until a PHMP-approved provider and the PHMP case manager determine that Petitioner is fit to resume practice with reasonable skill and safety to patients.

13. Petitioner shall provide the PHMP-approved provider with a copy of any prior evaluations and counseling records and a copy of this Order.

14. Petitioner shall authorize, in writing, the PHMP to have a copy of the PHMP-approved provider's written evaluation reports.

15. If the PHMP provider's evaluation includes recommendations that Petitioner obtain treatment, Petitioner must fully comply with those recommendations as part of these probationary requirements.

16. Petitioner shall arrange and ensure that written treatment reports from all PHMP-approved providers are submitted to the PHMP upon request or at least every sixty (60) days after the effective date of this Order. The reports shall contain at least the following information:

    (a) Verification that the provider has received a copy of this Order and understands the conditions of this probation;

    (b) A treatment plan, if developed;

(c) Progress reports, including information regarding compliance with the treatment plan;

(d) Physical evaluations, if applicable;

(e) The results of any testing;

(f) Modifications in treatment plan, if applicable;

(g) Administration or prescription of any drugs to Petitioner; and

(h) Discharge summary and continuing care plan at discharge.

17. Petitioner shall identify a primary care physician who shall send written notification to the Petitioner's PHMP case manager certifying Petitioner's health status as requested.

SUPPORT GROUP ATTENDANCE

18. Petitioner shall attend and actively participate in any support group programs recommended by the provider or the PHMP case manager at the frequency recommended by the provider, but no less than twice a week.

19. Petitioner shall provide written verification of any and all support group attendance to the PHMP on at least a monthly basis or as otherwise directed by the PHMP.

ABSTENTION

20. Petitioner shall completely abstain from the use of controlled substances, mood altering drugs or drugs of abuse including alcohol in any form, including alcohol in food or beverages, medications, chemical solutions,

cleaning solutions, gasoline, hand sanitizers, or other skin preparations, except under the following conditions:

(a) Petitioner is a bona fide patient of a licensed health care practitioner who is aware of Petitioner's impairment and participation in the PHMP;

(b) Such medications are lawfully prescribed by Petitioner's treating practitioner and approved by the PHMP case manager; and

(c) Petitioner provides the PHMP, within 48 hours of receiving the medication, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification.

MONITORED PRACTICE

21. "Practice" includes employment in any position requiring the maintenance of a current professional license.

22. Licensee shall not work in any practice setting without workplace monitoring as required by PHMP.

23. If Petitioner is practicing, Petitioner shall give any employer and supervisor a copy of this Order within five (5) days of the effective date of this Order.

24. Licensee shall give any prospective employer and supervisor a copy of this Order when applying for employment in the practice of the profession.

25. Petitioner shall provide the PHMP by telephone within 48 hours, and in writing within five (5) days of the effective date of this Order of obtaining employment, notification of the following:

(a) Name and address of workplace monitor if a workplace monitor is required by PHMP;

(b) The name(s) and address(es) of the place(s) at which Petitioner will practice the profession and a description of Petitioner's duties and responsibilities at such places of practice; and

(c) Any restrictions on Petitioner's practice.

26. Petitioner shall ensure that Petitioner's supervisor submits to the PHMP the following information in writing:

(a) Verification that the employer and supervisor have received a copy of this Order and understand the conditions of this probation;

(b) An evaluation of Petitioner's work performance on a 60-day or more frequent basis as requested by the PHMP; and

27. Immediate notification of any suspected violation of this probation by Petitioner.

BODY FLUID TOXICOLOGY SCREENING

28. Petitioner shall submit to random unannounced and observed body fluid toxicology screens for the detection of substances prohibited under this Order as

directed by the PHMP. A positive result on a body fluid toxicology screen shall constitute an irrefutable violation of this Order unless Petitioner has complied with the provisions of this Order pertaining to the use of drugs. Failure to provide a specimen when requested will be considered a violation of this Order.

29. Petitioner shall avoid all foods that contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen. **Petitioner shall avoid all substances containing alcohol including alcohol in food, chemical solutions, gasoline, medications, cleaning solutions hand sanitizers, or other skin preparations. Incidental use of alcohol will not be accepted as a valid explanation for a positive drug test.**

REPORTING/RELEASES

30. Petitioner, Petitioner's providers, supervisor(s), employers or other persons required to submit reports under this Order shall cause such reports, data or other information to be filed with the PHMP, unless otherwise directed, at:

PHMP-DMU
Box 10749
Harrisburg, PA 17105-0749

31. Petitioner consents to the release by the PHMP of any information or data produced as a result of this probation, including written provider evaluations, to any treatment provider, supervisor, Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Order.

32. Petitioner shall sign any required waivers or release forms requested by the PHMP for any and all records, including medical or other health-related and psychological records, pertaining to treatment and monitoring rendered to Petitioner during this probation and any corresponding criminal probation, as well

as any employment, personnel, peer review or review records pertaining to Petitioner's practice of the profession during this probation, to be released to the PHMP, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Order.

COSTS

33. Petitioner shall be responsible for all costs incurred in complying with the terms of this Order, including but not limited to psychiatric or psychotherapy treatments, PHMP-required toxicology screens prior to each screen's being conducted, and reproduction of treatment or other records.

BUREAU/PHMP EVALUATIONS

34. Upon request of the PHMP, the Petitioner shall submit to mental or physical evaluations, examinations or interviews by a PHMP-approved treatment provider or the PHMP. Petitioner's failure to submit to such an examination, evaluation or interview shall constitute a violation of this Order.

VIOLATION OF THIS ORDER

35. Notification of a violation of the terms or conditions of this Order shall result in the, **TERMINATION** of the period of probation, and **ACTIVATION** of a period of suspension of Petitioner's license to practice the profession in the Commonwealth of Pennsylvania as follows:

(a) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates that

Petitioner has violated any terms or conditions of this Order.

(b) Upon a probable cause determination by the Committee that Petitioner has violated any of the terms or conditions of this Order, the Committee shall, without holding a formal hearing, issue a preliminary order terminating this probation and suspending Petitioner's license for the remaining period of probation.

(c) Petitioner shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first class mail, postage prepaid, sent to the Petitioner's last registered address on file with the Board, or by personal service if necessary.

(d) Within twenty (20) days of mailing of the preliminary order, Petitioner may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Petitioner's violation of probation, in which Petitioner may seek relief from the preliminary order activating the suspension. Petitioner shall mail the original answer and request for hearing to the Department of State Prothonotary, 2601 North Third Street, Harrisburg, PA 17110, and a copy to the prosecuting attorney for the

Commonwealth, as well as all subsequent filings in the matter.

(e) If the Petitioner submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Petitioner's request for a formal hearing.

(f) Petitioner's submission of a timely answer and request for a hearing shall not stay the suspension of Petitioner's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again and reactivating the probation.

(g) The facts and averments in this Adjudication and Order shall be deemed admitted and uncontested at this hearing.

(h) If the Board or hearing examiner after the formal hearing makes a determination against Petitioner, a final order will be issued sustaining the suspension of Petitioner's license and imposing any additional disciplinary measures deemed appropriate.

(i) If Petitioner fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting

attorney, shall issue a final order affirming the suspension of Petitioner's license.

(j) If Petitioner does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Petitioner sustaining the suspension of Petitioner's license, Petitioner may petition the Board for reinstatement based upon an affirmative showing through a PHMP-approved provider's evaluation that Petitioner is fit to safely practice, and verification that Petitioner has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

36. Petitioner's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

37. After successful completion of the minimum period of probation, Petitioner may petition the Board to reinstate Petitioner's license to unrestricted, non-probationary status upon an affirmative showing that Petitioner has successfully completed the requirements of the DMU. Petitioner shall be required to remain in compliance with all terms and conditions of this Order until the Board issues an order terminating Petitioner's probationary status.

This order shall take effect immediately.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Basil L. Merenda

Basil L. Merenda
Commissioner

STATE BOARD OF PHARMACY

Michael A. Podgurski

Michael A. Podgurski, R.Ph.
Chairman

Petitioner: Stacey L. Beise, R.Ph.
611 Chesapeake Court
Hermitage, PA 16148

Prosecuting Attorney: Juan A. Ruiz, Esquire
2601 North Third Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Board Counsel: Carole L. Clarke, Esquire
2601 North Third Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Date of Mailing: June 24, 2008

OWNERSHIP DETAILS

Name: Stacey Walberg, Treasurer
Percent Ownership: 50
Phone: [redacted]
Email: swalberg@wfprx.com
address : [redacted] Donation Rd Greenville PA 16125

Name: Bretton Walberg, President
Percent Ownership: 50
Phone: [redacted]
Email: bwalberg@wfprx.com
address : [redacted] Donation Rd, Greenville PA 16125

02/10/2017 16:29 FAX 724 981 2007 Ekker, Kuster, McConnell

Entity#: 6510785
Date Filed : 02/10/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:
RONALD P. MCCALL, ESQUIRE
Name
ONE EAST STATE STREET, SUITE 300
Address
SHARON PA 16146
City State Zip Code
☑ Return document by email to: tld@ekmolaw.com

Articles of Incorporation - For Profit

TFA170211TC0284

Read all instructions prior to completing. This form may be submitted online at https://www.corporations.pa.gov/.

Fee: $125

Check only one:
☑ Business-stock (§ 1306)
☐ Business-nonstock (§ 2102)
☐ Business-statutory close (§ 2303)
☐ Management (§ 2703)
☐ Professional (§ 2903)
☐ Insurance (§ 3101)
☐ Benefit (§ 3303)
☐ Cooperative (§ 7102)

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation *(corporate designator required, i.e., "corporation," "incorporated," "limited," "company," or any abbreviation thereof. "Professional corporation" or "P.C." permitted for professional corporations)*:
CARE-FILL LTC, INC.

2. *Complete part (a) or (b)—not both:*

(a) The address of this corporation's proposed registered office in this Commonwealth is: *(post office box alone is not acceptable)*

260 DONATION ROAD	GREENVILLE	PA	16125	MERCER
Number and Street	City	State	Zip	County

(b) The name of this corporation's commercial registered office provider and the county of venue is:

c/o:
Name of Commercial Registered Office Provider — County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. Check and complete one:
☐ The corporation is organized on a nonstock basis.
☑ The corporation is organized on a stock share basis and the aggregate number of shares authorized is:
1,000

PA DEPT. OF STATE
FEB 10 2017

DSCB:15-1306/2102/2303/2702/2903/3101/3303/7102 – 2

5. The name and address, including number and street, if any, of each incorporator *(all incorporators must sign below)*:

Name	Address
BRETTON C. WALBERG	260 DONATION ROAD, GREENVILLE, PA 16125
STACEY L. WALBERG	260 DONATION ROAD, GREENVILLE, PA 16125

6. The specified future effective date, if any: upon filing
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a *et seq.*)

9. *For Cooperative Corporation Only.*
Check and complete one:
____ The corporation is a cooperative corporation and the common bond of membership among its members is: _____
____ The corporation is a cooperative corporation and the common bond of membership among its shareholders is: _____

10. *Benefit corporations only:* ~~This corporation shall have the purpose of creating general public benefit.~~

Strike out if inapplicable: ~~This corporation shall have the purpose of creating the enumerated specific public benefit(s):~~ _____

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this 10th day of FEBRUARY, 2017.

Signature

Signature

Signature

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Care-Fill LTC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 343 Mercer Road

City: Greenville State: PA Zip: 16125

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 724-588-6337 Website: www.carefillltc.com

Licensing Company Email: mshellenbarger@wfprx.com

Section 2: Personal Information

First: Bretton Middle: Clark Last: Walberg

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]Donation Road

City: Greenville State: PA Zip: 16125

Telephone: [redacted] Email: bwalberg@wfprx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Greenville Senior High School		08/88-06/92	
Address	**City**	**State**	**Zip**
9 Donation Road	Greenville	PA	16125
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Grove City College		08/92-05/93	
Address	**City**	**State**	**Zip**
100 Campus Drive	Grove City	PA	16127
Diploma/Degree obtained, if any			
Transferred			
School Name		**From - To (MM/YY – MM/YY)**	
Ohio Northern University		08/93-05/98	
Address	**City**	**State**	**Zip**
525 S Main Street	Ada	Ohio	45810
Diploma/Degree obtained, if any			
BS Pharmacy BS Business Administration			
School Name			
Address			
Diploma/Degree obtained, if any			
School Name			
Address			
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate sheet of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/10-12/22	[redacted]Donation Road	Greenville	PA	16125
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: WFP Holdings, LLC			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	ZIP: 16125
Phone: 724612.2131	Title: President		
Description of Duties: Payroll company, over seeing proceedings of the Limited Liability Corporation			

Business Name: Greblaw Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	ZIP: 16125
Phone: 724.612.2131	Title: President		
Description of Duties: Pharmacist Over seeing proceedings of the Corporation			

Business Name: Statton Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	ZIP: 16125
Phone: 724.612.2131	Title: President		
Description of Duties: Pharmacist Over seeing proceedings of the Corporation			

Business Name: Wallier Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 DOnation Road	City: Greenville	State: PA	ZIP: 16125
Phone: 724.612.2131	Title: President		
Description of Duties: Pharmacist Over seeing proceedings of the Corporation			

Business Name: SBW Pharmacy Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	ZIP: 16125
Phone: 724.612.2131	Title: President		
Description of Duties: Pharmacist Over seeing proceedings of the Corporation			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY) – (MM/YY)
Petrolia Pharmacy Inc		01/10-12/22
Business Address	**City**	**State** **Zip**
260 Donation Road	Greenville	PA 16125
Phone	**Title**	
724.612.2131	President	
Description of Duties		
Pharmacist Over seeing proceedings of the Corporation		

Business Name		From - To (MM/YY) – (MM/YY)
NC Pharmacy Inc		01/10-12/22
Business Address	**City**	**State** **Zip**
260 Donation Road	Greenville	PA 16125
Phone	**Title**	
724.612.2131	President	
Description of Duties		
Pharmacist Over seeing proceedings of the Corporation		

Business Name		From - To (MM/YY) – (MM/YY)
Altoona Pharmacy Inc		01/10-12/22
Business Address	**City**	**State** **Zip**
260 Donation Road	Greenville	PA 16125
Phone	**Title**	
724.612.2131	President	
Description of Duties		
Pharmacist Over seeing proceedings of the Corporation		

Business Name		From - To (MM/YY) – (MM/YY)
Clarion Pharmacy Inc		01/10-12/22
Business Address	**City**	**State** **Zip**
260 Donation Road	Greenville	PA 16125
Phone	**Title**	
724.612.2131	President	
Description of Duties		
Pharmacist Over seeing proceedings of the Corporation		

Business Name		From - To (MM/YY) – (MM/YY)
Mercer Pharmacy Inc		01/10-12/22
Business Address	**City**	**State** **Zip**
260 Donation Road	Greenville	PA 16125
Phone	**Title**	
724.612.2131	President	
Description of Duties		
Pharmacist Over seeing proceedings of the Corporation		

Make copies of this page OR use a separate piece of paper if additional space is needed

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever been refused a business license?		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered your license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bretton Walberg

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12.29.2022

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of MERCER

I, BRETTON WALBERG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12.29.2022

Date

Subscribed and Sworn to before me this 29th day of December 2022

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
CHRISTINE M. CSONKA, Notary Public
Mercer County
My Commission Expires May 14, 2025
Commission Number 1040447

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Care-Fill LTC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 343 Mercer Road

City: Greenville State: PA Zip: 16125

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 724-588-6337 Website: www.carefillltc.com

Licensing Company Email: mshellenbarger@wfprx.com

Section 2: Personal Information

First: Stacey Middle: Lynn Last: Walberg

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐

Mailing Address: [redacted] Donation Road

City: Greenville State: PA Zip: 16125

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes" answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Westmont Hilltop High School		08/88-06/92	
Address	**City**	**State**	**Zip**
200 Fair Oaks Drive	Westmont	PA	15905
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Grove City College		08/92-05/96	
Address	**City**	**State**	**Zip**
100 Campus Drive	Grove City	PA	16127
Diploma/Degree obtained, if any			
BS Business Marketing /Managment Minor in Sociology			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/10-12/22	[redacted] Donation Road	Greenville	PA	16125
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			
From - To (MM/YY – MM/YY)	Address			

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: WFP Holdings, LLC			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	Zip: 16125
Phone: 724612.2131	Title: Secretary		
Description of Duties: Payroll company, Secretarial duties of the Limited Liability Corporation			

Business Name: Greblaw Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	Zip: 16125
Phone: 724.612.2131	Title: Secretary		
Description of Duties: Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name: Statton Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	Zip: 16125
Phone: 724.612.2131	Title: Secretary		
Description of Duties: Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name: Wallier Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 DOnation Road	City: Greenville	State: PA	Zip: 16125
Phone: 724.612.2131	Title: Secretary		
Description of Duties: Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name: SBW Pharmacy Inc			From - To (MM/YY – MM/YY): 01/10-12/22
Business Address: 260 Donation Road	City: Greenville	State: PA	Zip: 16125
Phone: 724.612.2131	Title: Secretary		
Description of Duties: Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Petrolia Pharmacy Inc			01/10-12/22
Business Address	**City**	**State**	**Zip**
260 Donation Road	Greenville	PA	16125
Phone	**Title**		
724.612.2131	Secretary		
Description of Duties			
Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name			From - To (MM/YY – MM/YY)
NC Pharmacy Inc			01/10-12/22
Business Address	**City**	**State**	**Zip**
260 Donation Road	Greenville	PA	16125
Phone	**Title**		
724.612.2131	Secretary		
Description of Duties			
Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name			From - To (MM/YY – MM/YY)
Altoona Pharmacy Inc			01/10-12/22
Business Address	**City**	**State**	**Zip**
260 Donation Road	Greenville	PA	16125
Phone	**Title**		
724.612.2131	Secretary		
Description of Duties			
Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name			From - To (MM/YY – MM/YY)
Clarion Pharmacy Inc			01/10-12/22
Business Address	**City**	**State**	**Zip**
260 Donation Road	Greenville	PA	16125
Phone	**Title**		
724.612.2131	Secretary		
Description of Duties			
Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Business Name			From - To (MM/YY – MM/YY)
Mercer Pharmacy Inc			01/10-12/22
Business Address	**City**	**State**	**Zip**
260 Donation Road	Greenville	PA	16125
Phone	**Title**		
724.612.2131	Secretary		
Description of Duties			
Secretary Over seeing proceedings of the Corporation All Marketing Functions			

Make copies of this page OR use a separate piece of paper if additional space is needed

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stacey Walberg

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12.29.2022

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of MERCER

I, STACEY L. WALBERG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-29-2022

Date

Subscribed and Sworn to before me this 29th day of December 2022

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
CHRISTINE M. CSONKA, Notary Public
Mercer County
My Commission Expires May 14, 2025
Commission Number 1040447

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

NOV 14 2022

NEVADA STATE BOARD

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler CARE-FILL LTC, INC.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 343 Mercer Rd

City GREENVILLE State PA Zip 16125

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855-925-2374 Website www.carefillltc.com, www.carefillpack.com

Licensing Company Email mshellenbarger@wfprx.com

Section 2: Personal Information

First Matthew Middle Sean Last Shellenbarger

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 343 Mercer Rd

City GREENVILLE State PA Zip 16125

Telephone 855-925-2374 Email mshellenbarger@wfprx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Lake Erie College of Osteopathic Medicine, School of Pharmacy			9/03-6/06	
Address		City	State	Zip
1858 W Grandview Blvd		Erie	PA	16509
Diploma/Degree obtained, if any	Doctor of Pharmacy			
School Name			From - To (MM/YY – MM/YY)	
Thiel College			9/02-6/03	
Address		City	State	Zip
75 College Ave		Greenville	PA	16125
Diploma/Degree obtained, if any	N/A			
School Name			From - To (MM/YY – MM/YY)	
Penn State, The Behrend College			9/01-6/02	
Address		City	State	Zip
4651 College Dr		Erie	PA	16510
Diploma/Degree obtained, if any	N/A			
School Name			From - To (MM/YY – MM/YY)	
Reynolds High School			9/97-6/01	
Address		City	State	Zip
531 Reynolds Rd		Greenville	PA	16125
Diploma/Degree obtained, if any	High School Diploma			
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/11-current	[redacted]Wise Rd	Greenville	PA	16125
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Walberg Family Pharmacies			2/11-Current
Business Address	**City**	**State**	**Zip**
343 Mercer Rd	Greenville	PA	16125
Phone	**Title**		**Number of Employed Hours**
724-854-0458	Pharmacy Manager then Director of Pharmacy Operations		Approx 20,000
Description of Duties			
Managed a single pharmacy, then managed the group of 12 independent pharmacies as a district manager type position			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 9/8/22

I, Matthew Shellenbarger, **certify that as the designated representative for**

CARE-FILL LTC, INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Shellenbarger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/8/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Shellenbarger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date 9/9/22

Please have this section completed in the presence of a Notary Public.

State of PA., ss. County of PA

I, Matthew Shellenbarger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — Date 9/9/22

Subscribed and Sworn to before me this 9 day of September 2022

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Lori Anne Peterson, Notary Public
Mercer County
My commission expires March 7, 2024
Commission number 1128407
Member, Pennsylvania Association of Notaries

(Seal)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

06/17/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CARE-FILL LTC, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220617080124-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

COPY

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

21 0123041

License Type
Pharmacy

CARE-FILL LTC
LESLI JO HILLS
343 MERCER ROAD
GREENVILLE, PA 16125

License Status
Active

Initial License Date
10/18/2017

Expiration Date
08/31/2023

License Number
PP482755

Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.S. 4911

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

CARE-FILL LTC

343 MERCER ROAD

GREENVILLE, Pennsylvania, 16125

Phone:

Owner: CARE-FILL LTC INC

LICENSE

License No: PP482755

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 04/22/2022

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

STEVEN ZAHN	4/22/2022 11:59:45 AM	Lesli Jo Hills - RP449368
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

CARE-FILL LTC

343 MERCER ROAD

GREENVILLE, Pennsylvania, 16125

Phone:

Owner: CARE-FILL LTC INC

LICENSE

License No: PP482755

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 04/22/2022

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	YES
Is the automated medication systems properly validated?	YES
Are there policies and procedures for the operation of the automated medication systems?	YES
Is there a program for quality assurance for the automated medication systems?	YES
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO



CARE-FILL LTC
343 MERCER RD
GREENVILLE, PA 16125-9773

DEA# FC7176781
(855) 925-2374

RX# 2099952
TEST PATIENT
Date Filled: 08/07/2020
RPH: MATTHEW SHELLENBARGER

TAKE ONE CAPSULE BY MOUTH
EVERY MORNING

OMEPRAZOLE 20MG CAP
Substituted for Prilosec **Qty 30**
gold white oblong capsule SIDE 1: KU SIDE 2:
WD: 07/31/2020 Mfg:Kre
Dr. Test, Doctor
NO REFILLS

Do not chew or crush before swallowing.

May sprinkle capsule contents on unheated applesauce. Swallow mixture immediately without chewing.

Use this medication before a meal. Read label carefully for how many times to use each day.

Rx

10006714.1/000018-1/1-0

0: 1
18/46
CARE-FILL LTC
343 MERCER RD
GREENVILLE, PA 16125-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC7176781	08-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-31-2020

CARE-FILL LTC
343 MERCER RD
GREENVILLE, PA 16125-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC7176781	08-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-31-2020

CARE-FILL LTC
343 MERCER RD
GREENVILLE, PA 16125-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Credena Health LLC

Physical Address: 7376 SW Durham Road

City: Portland State: OR Zip: 97224

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 503-962-1700 Toll Free # (NAC 639.708, NRS 639.23286): 855-360-5476

Fax: 503-962-1750 Contact Email: HomeServices3@providence.org

Website: https://www.providence.org/credena-health

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Clay Parkel ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22549 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Sheryl Blodgett	NV Pharmacist Registration #: 10532
Name: Nhung Do	NV Pharmacist Registration #: 19935
Name: Clay Parkel	NV Pharmacist Registration #: 22549
Name: Kevin Maza	NV Pharmacist Registration #: 22532
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Oregon

Parent Company (if any): Providence Health & Services - Oregon (100% Owner)

Corporation/Organization Name: Credena Health LLC

Mailing Address: 1801 Lind Ave. SW Ste. 9016

City: Renton State: WA Zip: 98057

Telephone: 425-366-7190 Email: HomeServices3@providence.org

Contact Person Name: Deborah Kelly

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Officer - Secretary (title) for Credena Health LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Tamara Collins Pierce

Print Name of Authorized Person

Tamara Pierce

Original signature of Authorized Person (copies or stamps not accepted)

12 Aug 22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tamara Pierce hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Officer- Secretary (title) for Credena Health LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Tamara Pierce

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12 day of August, 2022

Heather A. Breiling

Notary Public

OFFICIAL STAMP
HEATHER A BREILING
NOTARY PUBLIC - OREGON
COMMISSION NO. 1023739
MY COMMISSION EXPIRES APRIL 11, 2026

CredenaHealth

CREDENA HEALTH LLC: OFFICERS and BOARD OF DIRECTORS

As of 07-27-22.

NAME	TITLE
David Thomas Underriner	Director; Officer: Chair
Tamara Collins Pierce, RPh	Officer: Secretary
Glenn Winston Wachter	Officer: Treasurer
Elie Bahou	Director
Todd Jay Czartoski, MD	Director
Kevin Donald Olson, MD	Director

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓ x		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓ x	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓ Pending	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓ X	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tamara Collins Pierce

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12 Aug 22

Date

Board Use Only	Date Received: 9-12-22	Amount: 500.00 CK-80325006

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Credena Health LLC

Physical Address: 7376 SW Durham Road

City: Portland State: OR Zip: 97224

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 503-962-1700 Website: https://www.providence.org/credena-health

Licensing Company Email: HomeServices3@providence.org

Section 2: Personal Information

First: Clay Middle: Addison Last: Parkel

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] SW Durham Road

City: Portland State: OR Zip: 97224

Telephone: [redacted] Email: Clay.Parkel@providence.org

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials CAP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		08/1984-05/1987	
Address	**City**	**State**	**Zip**
601 SW 17th Street	Corvallis	OR	97331
Diploma/Degree obtained, if any			
B.S. in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Oregon		08/1982-05/1984	
Address	**City**	**State**	**Zip**
1585 E 13th Avenue	Eugene	OR	97403
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Roseburg High School		08/1979-05/1982	
Address	**City**	**State**	**Zip**
400 W. Harvard Ave.	Roseburg	OR	97470
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/1999-Present	[redacted] NW Henry Court	Portland	OR	97229
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Walgreen Mail Service/Walgreen Specialty/AllianceRx Walgreens Prime			09/1999-06/2021	
Business Address		City	State	Zip
9505 SW Gemini Dr		Beaverton	OR	97008
Phone	Title		Number of Employed Hours	
No Longer in Business	Pharmacist In Charge		Approx. 45,760	
Description of Duties				
Member of pharmacy leadership team across five AllianceRx sites. Hire and train all pharmacists and coach/mentor pharmacy staff. Manage team of 16 specialty pharmacists including scheduling, monthly one on one reviews, monitoring				

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			09/2021-12/2021	
Business Address		City	State	Zip
8145 SE 17th Ave		Portland	OR	97202
Phone	Title		Number of Employed Hours	
503-382-2253	Float Pharmacist		Approx. 520	
Description of Duties				
Dispensed prescriptions in retail CVS pharmacies.				

Business Name			From - To (MM/YY – MM/YY)	
Credena Health LLC			12/2021- 01/23/2022	
Business Address		City	State	Zip
6348 NE Halsey Street, Suite A		Portland	OR	97213
Phone	Title		Number of Employed Hours	
503-962-1700	Pharmacist In Charge		Approx. 900	
Description of Duties				
Manage pharmacy, schedule staff, supervise workflow, verify prescriptions, interview prospective employees, track caregiver licensing, attend quality control meetings, develop policies.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	✓	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/22/1999	02/10/2000	OR	Portland	Washington County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
99-0297		Oregon Board of Pharmacy		
Reason/Charge				
Reprimand against pharmacist lciense				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Clay Parkel		N/A		
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

The Oregon Board of Pharmacy reprimanded the pharmacy license of Clay Parkel due to a dispensing strength error, which occurred on October 22, 1999. Approximately 23 years ago, Pharmacist Parkel dispensed Tambocor 100mg to a patient instead of Tambocor 50mg. Pharmacist Parkel was employed at Certifax Pharmacy in Beaverton, Oregon. See Attachment.

Clay Parkel

Original Signature (electronic, copies or stamps not accepted)

8-11-2022

Date

Applicant's initials CP

I, Clay Addison Parkel, **certify that as the designated representative for**

Credena Health LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Clay Parkel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-11-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Clay Parkel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 8-11-2022

Please have this section completed in the presence of a Notary Public.

State of Oregon, ss. County of Multnomah

I, Clay A. Parkel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 8-11-2022

Subscribed and Sworn to before me this 11th day of August 2022.

Notary Public Signature

OFFICIAL STAMP
BOBBY EARL ROBERTS
NOTARY PUBLIC - OREGON
COMMISSION NO. 1020610
MY COMMISSION EXPIRES JANUARY 12, 2026

(Seal)

Applicant's initials CAP

POLSINELLI

600 Third Avenue, 42nd Floor, New York, NY 10016 · (212) 684-0199

August 5, 2022

Erica Beacom
202-772-1487
ebeacom@polsinelli.com

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Attachment to Out-Of-State Pharmacy Application (New Facility Application) – Explanation of Disciplinary Actions

To Whom it May Concern,

I am writing on behalf of Credena Health LLC ("Credena") to provide additional information with its Out-Of-State Pharmacy Application (New Facility Application). Credena indicated "Yes" in response to the question, "Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?" Please accept this letter as further explanation of Credena's response.

The Oregon Board of Pharmacy reprimanded the pharmacy license of Credena's current pharmacist-in-charge, Clay Parkel, due to a dispensing strength error, which occurred on October 22, 1999, approximately 23 years ago. Tambocor 100 mg was dispensed to a patient instead of Tambocor 50 mg. At the time, Mr. Parkel was a pharmacist employed at Certifax Pharmacy in Beaverton, Oregon. He has not had any Pharmacy Board action taken against him following this action. A copy of the Board's 2000 consent order is attached.

Please feel free to contact me if you have any questions.

Sincerely,

Erica Beacom

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of CLAY A. PARKEL, R.PH., Licensee.	)	Case No. 99-0297 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice of Proposed Disciplinary Action together with a Notice of Rights was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice of Proposed Disciplinary Action without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice of Proposed Disciplinary Action are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

///

///

NOW THEREFORE THE FOLLOWING DISCIPLINE IS HEREBY ORDERED:

1. The licensee is reprimanded.

RECEIVED
FEB 10 2000
BOARD OF PHARMACY

DATED this 10th day of ~~January~~ February, 2000.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

BY: _____
Steven J. Schulte, R.Ph.
Compliance Director

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice of Proposed Disciplinary Action and Notice of Rights and the terms of the Consent Order. I agree to the Board entering the Consent Order.

2-8-00
Date

_____
Clay A. Parkel, R.Ph.
Licensee

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License of CLAY A. PARKEL, R.PH., Licensee.	)	Case No. 99-0297 NOTICE OF PROPOSED DISCIPLINARY ACTION

The Oregon Board of Pharmacy proposes to reprimand you pursuant to ORS 689.445 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On October 22, 1999 while you were employed at Certifax Pharmacy located at 9775 SW Gemini Dr, Beaverton OR 97008, you dispensed Tambocor 100mg tablets to patient V.H. in place of Tambocor 50mg tablets in violation of OAR 855-041-0065, which is grounds for discipline pursuant to ORS 689.405(1)(e)(B).

DATED this 26th day of January, 2000.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

BY: _____
Steven J. Schulte, R.Ph.
Compliance Director

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Clay Parkel Pharmacist Registration #: 22549

Pharmacy Name: Credena Health LLC

Initial each statement below to indicate you have read and agree with the following:

x	I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.
x	I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.
x	I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.
x	I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).
x	I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**
Reprimand	Oregon	1999	99-0297

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Clay Parkel

Original signature of Managing Pharmacist (copies or stamps not accepted)

8-11-2022

Date

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 917S786Z5

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

CREDENA HEALTH LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

3/30/2022

OREGON BOARD OF PHARMACY

RETAIL DRUG OUTLET REGISTRATION WITH CONTROLLED SUBSTANCE

LICENSE NUMBER: RP-0003801-CS

This license is valid from
07/07/2022-03/31/2023

ISSUED TO:

CREDENA HEALTH LLC
7376 SW DURHAM RD
PORTLAND OR 97224

Executive Director
Issuing Authority: **ORS 475 & 689**

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - **NOT TRANSFERABLE**

CREDENA HEALTH LLC
7376 SW DURHAM RD
PORTLAND OR 97224

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC2012932	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-29-2022

CREDENA HEALTH LLC
7376 SW DURHAM RD
PORTLAND, OR 972247307

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC2012932	08-31-2025	$888

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CREDENA HEALTH LLC
7376 SW DURHAM RD
PORTLAND, OR 972247307

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Oregon
Kate Brown, Governor

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: (971) 673-0001
Fax: (971) 673-0002
pharmacy.board@bop.oregon.gov
oregon.gov/pharmacy

Attn: State Boards of Pharmacy or Commissions

9/19/2022

As of 7/1/2021, the Oregon Board of Pharmacy has transitioned to biennial inspections, the inspection cycle is now from 7/1 to 6/30. We have returned to in-person inspections and will complete pharmacy inspections during the 21-23 cycle.

Please review the following outlet information:

OR Registration #	Name	Address	Date of Inspection	Inspection Results
RP-0003109 RP-0003109-CS	Credena Health LLC	6348 NE Halsey St STE A Portland, OR 97213	9/27/2021	Passed

OR Registration #	Name	Address	Date of Inspection	Inspection Results
RP-0003801 RP-0003801-CS	Credena Health LLC	7376 SW Durham RD Portland, OR 97224	• N/A • Will be inspected by 6/30/2023	TBD

Please note we do not require pharmacy outlet inspections prior to engaging in the practice of pharmacy. If a pharmacy has appropriate registration with the Oregon Board of Pharmacy, they may provide pharmacy services as defined in ORS 689.005(30)(31) and will be inspected in the applicable pharmacy inspection cycle depending on the date of receiving registration.

Please feel free to reach out directly if you need any additional information.

Thank you.

Best Regards,

Brianne Efremoff, Pharm.D., R.Ph.

Compliance Director

Brianne.Efremoff@Bop.Oregon.Gov
Oregon Board of Pharmacy
800 NE Oregon St, Suite 150
Portland, OR 97232-2142
P: (971)-673-0001 | F: (971)-673-0002

Olivia Mora

From: Erica Beacom <EBeacom@Polsinelli.com>
Sent: Wednesday, January 18, 2023 12:51 PM
To: Olivia Mora
Subject: RE: Credena Health Durham-Nevada: Pharmacy Application - Need additional information
Attachments: OR BOP Inspection Letter 9 29 22 (85498914v1)-c.pdf

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

Ms. Mora –

I hope this email finds you well. We represent Credena Health LLC ("Credena") and are in receipt of your correspondence dated November 8, 2022, indicating additional questions regarding Credena's application for its location at 7376 SW Durham Road Portland, Oregon. We would be happy to provide any additional information you require, but would like to clarify Credena's ownership. Credena (the applicant) is a LLC with one member. This member, Providence Health & Services – Oregon is the sole owner of the applicant. Credena does not have any shareholders.

Regarding the inspection report, I have attached the Oregon Board of Pharmacy's correspondence to Credena for your review.

I am happy to answer any questions you may have, please feel free to contact me at ebeacom@polsinelli.com or by telephone at 402-981-7963. Thank you.

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Tuesday, November 8, 2022 10:00 AM
To: OR REG HOME SERVICES <HomeServices3@providence.org>
Subject: [EXTERNAL] Pharmacy Application - Credena Health LLC- Portland, OR - Need more information

You don't often get email from o.mora@pharmacy.nv.gov. Learn why this is important

Caution: This email originated from outside of the Providence family of organizations.
Do not click links or open attachments unless you recognize the sender and know the content is safe. If you suspect this email is phishing or a scam, use the report button in the Outlook toolbar to report it to Providence Cybersecurity.

To whom it may concern:

We received the Pharmacy Application for Credena Health LLC. Can you please provide the following information.

- Copy of most recent inspection.
- Personal History Records Application for the top 4 shareholder/stockholders.
- List of Top 4 stockholders and their percentage.

Can you please provide? We can attach it to your application and work to process this request.

Please let me know if you have any questions.
Regards,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov

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

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4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☐ Retail/Community
☒ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☒ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☒ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Koala Pharmacy Boston LLC

Physical Address: 179 South St Ste 100

City: Boston State: MA Zip: 02111

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-445-6252 Toll Free # (NAC 639.708, NRS 639.23286): 866-445-6252

Fax: 866-284-1273 Contact Email: HELLO@KOALA.HEALTH

Website: www.koala.health or www.koala.pharmacy

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): BENJAMIN NADEAU ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23034 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: BENJAMIN NADEAU	NV Pharmacist Registration #: 23034
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DELAWARE

Parent Company (if any): KOALA PET HEALTH SERVICES LLC

Corporation/Organization Name: KOALA PHARMACY BOSTON LLC

Mailing Address: 179 SOUTH ST STE 100

City: BOSTON State: MA Zip: 02111

Telephone: 866-445-6252 Email: HELLO@KOALA.HEALTH

Contact Person Name: BENJAMIN NADEAU

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the DIRECTOR OF PHARMACY / PHARMACIST-IN-CHARGE (title) for KOALA PHARMACY BOSTON LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

BENJAMIN NADEAU

Print Name of Authorized Person

Benjamin Nadeau

Original signature of Authorized Person (copies or stamps not accepted)

10-12-22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, BENJAMIN NADEAU hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the DIRECTOR OF PHARMACY / PHARMACIST-IN-CHARGE (title) for KOALA PHARMACY BOSTON LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14th day of October, 2022

Notary Public

KRISTINA M COGSWELL
NOTARY PUBLIC
Commission Expires
07-14-2026
NEW HAMPSHIRE

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BENJAMIN NADEEM

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10-12-22

Date

Board Use Only	Date Received: 10-24-22	Amount: 500.00CC ✓

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

1

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler KOALA PHARMACY BOSTON LLC

Pharmacy/Wholesaler License # (if applicable) N/A / pending

Physical Address 179 SOUTH ST STE 100

City BOSTON State MA Zip 02111

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 866-445-6252 Website www.koala.health

Licensing Company Email HELLO@KOALA.HEALTH

Section 2: Personal Information

First BENJAMIN Middle MICHAEL Last NADEAU

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] WHITE PLAINS RD

City WEBSTER State NH Zip 03303

Telephone [redacted] Email BEN@KOALA.HEALTH

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MASSACHUSETTS COLLEGE OF PHARMACY + HEALTH SCIENCES		09/2005 - 09/2008	
Address	**City**	**State**	**Zip**
19 FOSTER ST	WORCESTER	MA	01608
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			
School Name		From - To (MM/YY – MM/YY)	
PROVIDENCE COLLEGE		09/96-05/00, 09/02-05/05	
Address	City	State	Zip
1 CUNNINGHAM SQ	PROVIDENCE	RI	02918
Diploma/Degree obtained, if any			
BA ENGLISH			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2016 – present	[redacted] WHITE PLAINS RD	WEBSTER	NH	03303
07/2015 - 04/2016	[redacted] 8TH ST #3B	BROOKLYN	NY	11215
07/2010 - 07/2015	[redacted] BROOKWOOD LANE	CONTOOCOOK	NH	03229
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
KOALA PHARMACY BOSTON LLC			02/2022 – present
Business Address	**City**	**State**	**Zip**
179 SOUTH ST STE 100	BOSTON	MA	02111
Phone	**Title**		**Number of Employed Hours**
866-445-6252	DIRECTOR OF PHARMACY		1440 + COUNTING
Description of Duties			
PHARMACIST, ADMINISTRATIVE			

Business Name			From - To (MM/YY – MM/YY)
PILLPACK BY AMAZON PHARMACY			04/2016 – 02/2022
Business Address	**City**	**State**	**Zip**
250 COMMERCIAL ST STE 2012	MANCHESTER	NH	03101
Phone	**Title**		**Number of Employed Hours**
855-745-5725	PHARMACIST		12,000
Description of Duties			
PHARMACIST			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5-14-2009	8-25-2009	NH	MANCHESTER	HILLSBOROUGH
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
456-2009-CR-05281		9TH CIRCUIT - DISTRICT DIVISION - MANCHESTER		
Reason/Charge				
DRIVING OR OPERATING UNDER INFLUENCE OF DRUGS/LIQUOR; EXCESS ALCOHOL CONCENTRATION				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
BENJAMIN NADEAU			DWI 1ST OFFENSE	
Name of Business/Industry/Entity				
MANCHESTER POLICE DEPARTMENT				

Provide explanation below:

I HAD A DWI IN MAY 2009 AFTER VISITING A FRIEND'S HOUSE. IT WAS A TERRIBLE MISTAKE AND ONE I WILL NOT REPEAT.

Original Signature (electronic, copies or stamps not accepted)

10-12-22
Date

I, BENJAMIN NADEAU, **certify that as the designated representative for**

KOALA PHARMACY BOSTON LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BN I am at least 21 years of age;
3. BN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

BENJAMIN NADEAU
Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

10-12-22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BENJAMIN NADEAU
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-14-2022
Date

Please have this section completed in the presence of a Notary Public.

State of New Hampshire, ss. County of Merrimack

I, BENJAMIN NADEAU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-14-22
Date

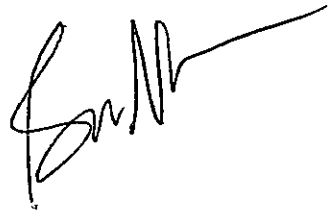
Subscribed and Sworn to before me this 14th day of October, 2022.

Notary Public Signature

KRISTINA M COGSWELL
Commission Expires
NOTARY PUBLIC
07-14-2026
NEW HAMPSHIRE
(Seal)

Benjamin Nadeau (PIC) response to Question 2 of the Personal and Professional History part of section 11 of the Nevada Pharmacy Application:

I had a DUI in May 2009 in Manchester, NH. It was a terrible mistake and one that I will not repeat. I have included a copy of the Case Summary from the District Court. Please let me know if you need any further information.



CASE SUMMARY

CASE NO. 456-2009-CR-05281

State Vs. Nadeau, Benjamin 10-24-78

§ Location: **9th Circuit - District Division - Manchester**
§ Filed on: **05/14/2009**
§ Appear by: **05/14/2009**
§

CASE INFORMATION

Offense	Statute	Deg	Date		
Jurisdiction: **Manchester**				Case Type:	**DWI 1st Offense**
1. Driving or Operating Under Influence of Drugs/Liquor; Excess Alcohol Concentration ACN: 007025J094560528101 Arrest: 05/14/2009	265-A:2	MISDB	05/14/2009	Case Status:	**08/25/2009 Closed**

Related Cases
456-2009-CR-05280 (Cross Reference)

PARTY INFORMATION

Defendant **Nadeau, Benjamin**
[redacted] *Bodwell Road, Apt.* [redacted]
Manchester, NH 03109
DOB: 10/24/1978 Age: 30

Officer - Local Police **Manchester Police Department**
351 Chestnut St.
Manchester, NH 03101

DATE	EVENTS & ORDERS OF THE COURT	INDEX
05/14/2009	**Arraignment on Complaint** (Judicial Officer: Converted, No Judge in Sustain) *Date Sched: 5/14/2009*	
05/14/2009	Memo from Case Screen *09-CR-05281: DWI; Case Filing Type: Original Filing; Orig. Case Type: 102; Arresting PD: MPD*	
08/25/2009	**Trial** (Judicial Officer: Converted, No Judge in Sustain) *Date Sched: 6/12/2009*	
08/25/2009	**Disposition** (Judicial Officer: Converted, No Judge in Sustain) 1. Driving or Operating Under Influence of Drugs/Liquor; Excess Alcohol Concentration Nolle Prossed	

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: BENJAMIN NADEAU Pharmacist Registration #: 23034

Pharmacy Name: KOALA PHARMACY BOSTON LLC

Initial each statement below to indicate you have read and agree with the following:

BN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10-12-22
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Koala Pharmacy Boston LLC

Physical Address 179 South St, STE 100

City Boston State MA Zip 02111

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (866) 445-6252 Website www.koala.health

Licensing Company Email licensing@koala.health

Section 2: Personal Information

First Dane Middle Christopher Last Osmanski

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Bartlett St

City Charlestown State MA Zip 02129

Telephone [redacted] Email dane@koala.health

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DCO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		09/2008-06/2014	
Address	City	State	Zip
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Doctor of Pharmacy, BS Pharmaceutical Science			
School Name		From - To (MM/YY – MM/YY)	
Comsewogue High School			
Address	City	State	Zip
565 N Bicycle Path	Port Jefferson Station	NY	11776
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21-12/22	[redacted]Bartlett St	Charlestown	MA	02129
From To (MM/YY – MM/YY)	Address	City	State	Zip
07/21-11/21	[redacted]Cedar St	Quincy	MA	02170
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16-07/21	[redacted]Bartemus Trail	Nashua	NH	03063
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14-05/16	[redacted]Deerwood Dr	Nashua	NH	03063
From - To (MM/YY – MM/YY)	Address	City	State	Zip
??/10-06/14	[redacted]Gainsborough St #102W	Boston	MA	02115
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DCO

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Koala Health Inc.			03/21-12/22	
Business Address		**City**	**State**	**Zip**
26 1st St		Melrose	MA	02176
Phone	**Title**			
(866) 445-6252	Head of Operations			
Description of Duties				
Development and management of Koala operations.				

Business Name			From - To (MM/YY – MM/YY)	
PillPack LLC			08/16-02/21	
Business Address		**City**	**State**	**Zip**
250 Commercial St, Ste 2012		Manchester	NH	03101
Phone	**Title**			
(855) 745-5725	Pharmacist, Product Manager, Sr. Manager of Quality			
Description of Duties				
Process prescriptions accurately, guide development of pharmacy software, evaluate, manage, and prevent the occurence of quality related events.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens			09/14-08/16	
Business Address		**City**	**State**	**Zip**
217 Daniel Webster Hwy		Nashua	NH	03060
Phone	**Title**			
(603) 891-2907	Staff Pharmacist			
Description of Duties				
Accurately process and fill prescriptions, counsel patients				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/12/2022

Date

Applicant's initials DCO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dane, Osmanski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/12/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Dane Cristopher Osmanski, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Dane Christopher Osmanski

Original Signature

12/13/2022

Date

Subscribed and Sworn to before me this 13th day of December 2022.

Samer Gorrin Vazquez

Notary Public Signature

Signer provided a MA DL.

SAMER GORRIN VAZQUEZ
Notary Public - State of Florida
Commission # HH17982
Expires on July 6, 2024

Notarized online using audio-video communication

(Seal)

Applicant's initials DCO

KOALA PHARMACY BOSTON LLC

Dane Osmanski, Sole Officer (100% Ownership)
Business address: 179 South St STE 100 Boston, MA 02111
Business phone: 866-445-6252

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

October 5, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

KOALA PHARMACY BOSTON LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 27, 2021**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **DANE OSMANSKI**

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:HN

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 800-414-0168
Fax: 617-973-0983
TTY: 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Koala Pharmacy Boston LLC
Dane Christopher Osmanski
179 South Street
Suite 100
Boston MA 02111

May 2, 2022

Certified Statement of Registration

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a **Retail Drug Store Permit**.

Name of Licensee:	**Koala Pharmacy Boston LLC**
License Number:	**DS90363**
Issue Date:	**07/23/2021**
License Status:	**Current**
Expiration Date:	**12/31/2023**
Disciplinary Actions:	**None**

David Sencabaugh
Director
Board of Registration in PHARMACY

SEAL

Registration verification can be obtained at https://madph.mylicense.com/Verification.
The information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement.' Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

NEVADA PHARMACY APPLICATION - KOALA PHARMACY BOSTON
DEA CERTIFICATION COPY

1:2 33/525

KOALA PHARMACY BOSTON
179 SOUTH STREET
SUITE 100
BOSTON, MA 02111-0000

10001414 : 2/000041 - 1/1 - 0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK0666238	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	08-09-2021

KOALA PHARMACY BOSTON
179 SOUTH STREET
SUITE 100
BOSTON, MA 02111-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FK0666238	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	08-09-2021

KOALA PHARMACY BOSTON
179 SOUTH STREET
SUITE 100
BOSTON, MA 02111-0000

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Form DEA-223 (9/2016)

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Retail Drug Store Permit

Koala Pharmacy Boston LLC
Benjamin Michael Nadeau
179 South Street
Suite 100
Boston MA 02111

Signature

LICENSE NO.	EXPIRATION DATE	SERIAL NO.
DS90363	12/31/2023	1371394

Fold, Then Detach Along All Perforations

Koala Pharmacy Boston LLC Pharmacy Licenses

State	License	Number	Issue Date	Expiration Date
Alabama	Non-Resident Pharmacy	115131	8/10/2022	12/31/2022
Alaska	Out-of-State Pharmacy	187972	11/26/2021	6/30/2024
Arizona	Pharmacy Permit - Independent (Mail Order, Veterinarian)	Y009064	10/5/2021	10/31/2024
Arkansas	Retail Pharmacy License	OS03145	6/10/2022	12/31/2023
California	Nonresident Pharmacy Permit	NRP2772	9/20/2022	1/17/2023
Colorado	Prescription Drug Outlet-Out-of-State	OSP.0007582	8/16/2021	10/31/2024
Connecticut	Nonresident Pharmacy	PCN.0004018	10/28/2021	8/31/2023
Delaware	Non Resident Pharmacy	A9-0012757	12/3/2021	9/30/2024
Florida	Non-Resident Pharmacy	PH33566	9/24/2021	2/28/2023
Georgia	Non-Resident Pharmacy	PHNR002201	10/20/2021	6/30/2023
Hawaii	Miscellaneous Permit	PMP-1931	6/26/2022	12/31/2023
Idaho	Out of State Mail Service Pharmacy	65652MS	3/9/2022	12/31/2022
Illinois	Licensed Pharmacy	54.022144	12/17/2021	3/31/2024
Iowa	Non Resident Pharmacy	5518	6/27/2022	12/31/2022
Kansas	Non-Resident Pharmacy	22-118036	6/21/2022	6/30/2023
Louisiana	Pharmacy - Non-Resident	PHY.008491-NR	6/15/2022	12/31/2022
Maine	Mail Order Pharmacy	MO40003109	1/14/2022	12/31/2022
Maryland	Pharmacy	P08589	5/19/2022	5/31/2024
Massachusetts	Retail Drug Store Permit	DS90363	7/23/2021	12/31/2023
Michigan	Pharmacy License	5301012794	12/22/2021	12/22/2023
Minnesota	Pharmacy License	266414	8/30/2021	6/30/2023
Mississippi	Pharmacy - Non-Resident	18421 / 7.1	4/29/2022	12/31/2022
Missouri	Pharmacy, Class A, K	2022035941	9/6/2022	10/31/2023
Nebraska	Non Resident Pharmacy	1598	7/5/2022	7/1/2023
New Hampshire	Non-Resident Pharmacy	NR2258	11/18/2021	12/31/2023
New Jersey	Out of State Pharmacy	28RO00229200	4/19/2022	6/30/2023
New Mexico	Pharmacy Non-Resident	PH00005345	1/20/2022	12/31/2023
New York	Pharmacy Not NYS	039217	10/25/2021	9/30/2024
North Carolina	Pharmacy	15013	10/3/2022	12/31/2022
North Dakota	Pharmacy Class G - Out of State	Phar1886	11/22/2021	6/30/2023
Ohio	Terminal - Non-Resident Pharmacy - Category 3	242000328	10/21/2021	3/31/2023
Oklahoma	Non-Resident Pharmacy	99-9254	6/21/2022	6/30/2023
Oregon	Retail Drug Outlet Registration with Controlled Substance	RP-0003805-CS	7/28/2022	3/31/2023
Pennsylvania	Nonresident Pharmacy	NP001883	12/13/2021	8/31/2023
South Dakota	Nonresident Pharmacy	400-2256	11/24/2021	6/30/2023
Tennessee	Pharmacy License	0000007195	4/6/2022	4/30/2024
Utah	Pharmacy - Class D	12582584-1708	12/14/2021	9/30/2023
Vermont	Non-Resident Pharmacy	036.0134585	11/29/2021	7/31/2023
Virginia	Non-Resident Pharmacy	214002531	10/13/2022	10/31/2023
Washington	Pharmacy Non Resident License	PHNR.FO.61251843	12/8/2021	5/31/2023
West Virginia	Mail Order Pharmacy / Controlled Substance Permit	MO0561772	4/25/2022	12/31/2022
Wyoming	Non-Resident Retail Pharmacy	NR-52060	12/30/2021	6/30/2023

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Koala Pharmacy Boston LLC

Nevada license number: pending

Websites in use or intended to be used: www.koala.health

Affiliated websites (websites that link to or otherwise direct users to your website):

www.koala.pharmacy

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

* As a pharmacy servicing only companion animals (specifically cats + dogs), we are not eligible for VIPPS. We are a Pharmacy verified through NABP, however.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

10-12-22
Date

Koala Pharmacy Boston - Policy 002 - Scope of Practice

Scope of Practice	Policy Number: 002
Effective Date:	June 7, 2021
Last Revision Date:	October 17, 2022
Last Reviewed Date:	October 17, 2022
Policy Owner(s):	Dane Osmanski, Head of Operations

Policy Purpose:

This policy is intended to outline Koala Pharmacy Boston's (KPB) scope of practice as it relates to the population served, products dispensed, and regulations outlined by licensing bodies.

Definitions:

Companion Animal: domesticated or domestic-bred animals whose physical, emotional, behavioral and social needs can be readily met as companions in the home, or in close daily relationships with humans.

Customer: A customer of KPB is the owner of a companion animal for which KPB provides or may prospectively provide prescription and non-prescription medications as well as other pet products.

Practice Scope:

1. KPB is a pharmacy intended to specifically service the prescription and over the counter medication needs of companion animals, specifically cats and dogs.
2. KPB does not service a human population beyond the provisioning of medications to be administered to their pets.
    a. Exception to this exclusion is that KPB complies with MA Policy No. 2018-04 and will maintain a supply of Naloxone as part of a Naloxone Rescue Kit.
3. KPB will maintain an account hierarchy such that there is an animal-owner relationship and prescription profiles are only maintained for animals.
4. KPB will maintain the confidentiality of both the customers' and their animals' profile information which will only be shared on a need-to-know basis between care providers and pharmacy staff.
5. Prescriptions will only be accepted from licensed veterinarians operating within a valid veterinarian-client-patient-relationship (VCPR).
6. KPB does not dispense or administer vaccinations for pets or their owners.

Scope of Offering:

1. KPB will accept and dispense valid prescriptions issued pursuant to a VCPR relationship with the following exceptions:
    a. KPB does not accept or dispense prescriptions for medications federally classified in schedule II.

b. KPB does not perform any sterile or non-sterile compounding.
c. KPB does not dispense medications or preparations in the following categories:
    i. Buprenorphine containing products for the purpose of opioid dependency
    ii. REMS medications
    iii. OTC Precursors without prescription
    iv. Immunizations
d. KPB does not perform the repackaging of OTC medications without a valid prescription.
e. All customers wanting to receive prescriptions dispensed in a customized medication pack will first need to acknowledge a waiver to the Poison Prevention Packaging Prevention Act. This waiver specifically outlines that the customized medication packs are not child resistant and that they would like their medications dispensed in that manner.

Practice Regulations:

1. The Pharmacist Manager of Record may delegate duties and responsibilities including, but not limited to those outlined in 247 CMR 9.00 to another registered pharmacist while not on duty.
2. Prior to starting work, all prospective KPB employees must have a background check completed. Any surfaced deficiencies may be cause for exclusion from consideration of one or more roles that do not permit a history of drug related felony in accordance with 247 CMR 8.00 or that may otherwise have access to prescription medications.
3. Koala Pharmacy Boston will maintain either a physical or electronic, up-to-date copy of the following resources intended to aid in or supplement in the practice of pharmacy:
    a. The Massachusetts List of Interchangeable Drugs
    b. The FDA Orange Book
    c. A compendia appropriate to the pharmacy scope of practice (Veterinary Pharmacy)
        i. Plumb's Veterinary Drugs Database
    d. Board of pharmacy regulations (247 CMR)
4. Koala Pharmacy Boston services customers in many states and will abide by each of the individual state and federal regulations that are applicable in each circumstance. In the event that state and federal rules are not consistent with each other, Koala Pharmacy Boston will abide by the stricter of the two competing regulations.
5. Koala Pharmacy Boston will make available and maintain the following physical resources
    a. A balance capable of accurately weighing quantities as small as 13 milligrams
        i. Balance is to be certified by the local sealer of weights and measures annually.
    b. Equipment necessary to practice pharmacy as established by the United States Pharmacopeia
    c. Prescription labels bearing the pharmacy name and address
    d. Appropriate sanitary appliances, including a sink equipped with hot and cold water situated in the pharmacy space
6. A licensed pharmacist will be on duty at all times while the pharmacy is open for business as well as at any time non-pharmacist personnel have unrestricted access to the pharmacy.
7. Under no circumstances will any employee or contractor have access to the pharmacy space when a pharmacist is not present.

   a. Pharmacists will be permitted to take appropriate breaks, but must remain on the permitted premises, the entirety of which constitutes the pharmacy.
   b. At their discretion the pharmacist may limit functions that shall be performed during their break period, but remain responsible for the security of all medications.
8. While present within the pharmacy, all staff will wear or otherwise have visibly displayed on their person a badge or name tag identifying their name and qualification:
   a. Pharmacist
   b. Pharmacy Technician
   c. Certified Pharmacy Technician
   d. Pharmacy Intern
   e. Pharmacy Technician Trainee
   f. Non-Pharmacy Staff
9. The PIC will maintain a roster of currently employed pharmacy staff and non-pharmacy specialists including:
   a. Pharmacists
   b. Pharmacy Technicians
   c. Certified Pharmacy Technicians
   d. Pharmacy Interns
   e. Pharmacy Technician Trainees
   f. Veterinarians
10. For the following pharmacy staff the PIC will maintain a description of duties and scope of responsibilities delegated (as outlined in Policy 010):
   a. Pharmacy Technicians
   b. Certified Pharmacy Technicians
   c. Pharmacy Technician Trainees
11. It is the responsibility of the PIC and any pharmacist on duty to ensure that supervisory ratios are maintained.
   a. One (1) pharmacist to two (2) support staff when the support staff is neither a certified pharmacy technician nor a pharmacy intern.
   b. One (1) pharmacist to three (3) support staff when one (1) of the support staff is either a certified pharmacy technician or a pharmacy intern.
   c. One (1) pharmacist to four (4) support staff when two (2) of the support staff are any combination of certified pharmacy technicians or pharmacy interns.
12. A registered pharmacist may not remain on duty for more than 12 hours per day.
13. Registered pharmacists will conduct professional activities in conformity with federal, state and municipal laws, ordinances and/or regulations, including regulations of the Massachusetts Board of Pharmacy
14. It is the responsibility of the PIC to constantly evaluate, incorporating current and projected volumes, to ensure that there is sufficient staff in the pharmacy to practice pharmacy safely, effectively, and in accordance with all regulations.
15. The pharmacy will maintain stock of prescription lock boxes available for sale at all times. Lock boxes may be sold to customers presenting in person to the facility and requesting one.
   a. This availability of lock boxes will be communicated by displaying a sign in the consultation vestibule that is:

i. Is at least 4 inches by 5 inches
ii. Includes the following statement in legibly printed font: "Lock boxes for securing your prescription medications are available at this pharmacy".

Application and Training:

1. It is the responsibility of the Pharmacist in Charge (PIC) to ensure that this policy is understood and adhered to by all employees of their respective pharmacy as well as to communicate any changes made to the policy.
    a. Additionally, all team members will be trained to identify and report any deviations from this policy to the PIC immediately for corrective action.

Supporting Documentation:

1. 247 CMR
2. Policy 010 - Technician Responsibilities and Training Program
3. Pharmacy & Specialist Staff Roster
4. Controlled Substance Prescription Daily Log
5. Daily Task Log

Review Dates	
Date	Name & Title
6/7/21	Policy Committee Approval
10/17/2021	Ben Nadeau, Director of Pharmacy

Policy Audit Record		
Date	Auditor Name & Title	Comments / Findings

Revision History		
Date	Approval Authority	Change Log
8/13/2021	Dane Osmanski	PS.2(a) - Added Naloxone as an exception to pet-only scope of practice.
10/17/2021	Ben Nadeau	PR 4 - Added

COMPLIANCE INSPECTION REPORT

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure

Board of Registration in Pharmacy
250 Washington Street, Boston, MA 02108-4619
(617) 973-0800
(617) 973-0988 TTY

DATE(S) OF INSPECTION:	09/30/2022	INSPECTION #: ISP-	19685
PHARMACY DBA NAME:	Koala Pharmacy		
STORE NUMBER:			
STREET ADDRESS:	179 South Street, Suite 100		
CITY / STATE / ZIP:	Boston MA 02111		
TELEPHONE:	(866) 445-6252		
FAX:	(866) 284-1273		
EMAIL:	dane@koala.health		
PHARMACY LIC. NUMBERS:	DS/CS90363		
PHARMACY LIC. EXPIRATION:	12/31/2023		
DEA REG. NUMBER:	FK0666238		
DEA REG. EXPIRATION:	12/31/2023		
PURPOSE OF INSPECTION:	Compliance		
MANAGER OF RECORD (MOR):	Dane Osmanski		
MOR REG. NUMBER:	PH240150		
PHARMACY HOURS:	DAILY 9am - 5pm closed weekend		
	SATURDAY -	SUNDAY -	
PRACTICE SETTING:	Specialty	Veterinary Pharmacy	
	DRIVE-THRU: No		
DAILY PHARMACY VOLUME:	100 to 500	approximately 150 / day	
SECURITY CAMERAS?:	Yes		
COMPUTER SOFTWARE NAME:	PioneeRx		
CDTM PHARMACIST(S)?:	No		
SPECIAL LICENSE(S) ISSUED?:	No	TYPE:	EXPIRATION:
		TYPE:	EXPIRATION:
OUT OF STATE LICENSE(S)?	Yes	Dane will email spreadsheet	

PHARMACY STAFFING

PHARMACY STAFF PRESENT AT TIME OF INSPECTION

PHARMACISTS	LICENSE #	CURRENT?	EXP. DATE
1 Dane Osmanski	PH240150	Yes	12/31/2022
2 Kayla Cook	PH238090	Yes	12/31/2022
3 Kelsey Ruiz	PH239840	Yes	12/31/2022
4 Matthew Chan	PH234385	Yes	12/31/2022
5			
6			

PHARMACY INTERNS	LICENSE#	CURRENT?	EXP. DATE
1			
2			
3			
4			

PHARMACY TECHNICIANS	LICENSE #	EXP. DATE	CURRENT?	CERTIFIED?	(PTT Only) HOURS/HIRE DATE
1 Tyree Tuggle	PT22073	10/29/2023	Yes	No	
2 Shayna Swenson	PTT15640	03/28/2023	Yes	No	
3 Antonio Popoca	PT27902	7/19/2024	Yes	No	
4 Haley Boisvert	PT28941	4/26/2025	Yes	No	
5 Jessica Kim	PT8643	9/23/2023	Yes	Yes	
6 Sakultida Anderson	PT27810	7/24/2024	Yes	Yes	
7					
8					
9					
10					

OTHER PHARMACY STAFF	POSITION
1	
2	
3	

Item #	Requirements	Yes/No/NA	Comment / Observation
A	**Security**		
1	There shall be a separate working alarm for the pharmacy or pharmacy department which shall be activated when the pharmacy or pharmacy department is closed. 247 CMR 6.02 (6) (d)	Yes	ADT
2	The pharmacy department must be secured by a floor to ceiling barrier, securely locked and separately alarmed at all times when the pharmacy department is closed. 247 CMR 6.02 (6) (e)	Yes	
3	The pharmacist Manager of Record and the pharmacist on duty shall be responsible for pharmacy security and shall control access to the prescription area. 247 CMR 6.02 (6) (f)	Yes	
4	All controlled substances in Schedules II through VI shall be stored within the prescription area. 247 CMR 6.02 (6) (a & b)	N/A	no controls
5	Controlled substances in Schedules II, III, IV, and V shall be stored in a securely locked and substantially constructed cabinet, or dispersed in the prescription drug storage area throughout the stock of Schedule VI controlled substances in such a manner as to obstruct the theft or diversion of these controlled substances. 247 CMR 6.02 (6) (c)	N/A	no controls
6	The pharmacy shall have written policies and procedures regarding the operation of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods. 247 CMR 9.01 (1); Board Policy No. 2000-03	Yes	
7	A pharmacist shall maintain patient confidentiality at all times. Confidential information shall include information maintained by the pharmacist in the patient's records or information which is communicated to the patient as part of patient counseling. 247 CMR 9.01 (19)	Yes	
B	**Display**		
8	The following shall be conspicuously displayed within the pharmacy or pharmacy department: (a) the pharmacy permit; (b) the pharmacy's Massachusetts controlled substance registration; (c) the pharmacy's U.S. Drug Enforcement Administration controlled substance registration; and (d) whenever applicable, the pharmacy's certificate of fitness. 247 CMR 6.02 (3) (a) (b) (c) (d)	Yes	
9	A pharmacy or a pharmacy department shall conspicuously display, in legible letters not less than one inch high, over, on or adjacent to the main entrance of the pharmacy or pharmacy department, the name of the pharmacist Manager of Record who is responsible for the management and operation of the pharmacy or pharmacy department. 247 CMR 6.02 (7)	Yes	
10	A pharmacy or pharmacy department shall have a reasonably-sized sign affixed to the main entrance of the business or otherwise installed in an easily observable area outside the premises, identifying the presence of a pharmacy or pharmacy department. 247 CMR 6.02 (5)	Yes	
11	The hours of operation shall be prominently posted at all consumer entrances to the pharmacy and, in the case of a pharmacy department, the hours shall also be posted at all consumer entrances to the retail store and at the pharmacy department. 247 CMR 6.02 (8) (a)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
B	**Display (continued)**		
12	A sign of not less than 11 inches in height by 14 inches in width shall be posted in a conspicuous place, adjacent to the area where prescriptions are dispensed, informing customers of their rights, pursuant to 247 CMR 9.07 and to M.G.L. c. 94C, § 21A, to counseling by a pharmacist where their prescription was filled. Said sign shall read, in letters not less than ½" in height: "Dear patients, you have the right to know about the proper use of your medication and its effects. If you need more information, please ask the pharmacist." 247 CMR 9.07 (3) (c)	Yes	
13	A pharmacy must provide a designated consultation area with signage stating, "Patient Consultation Area". 247 CMR 6.01 (5) (d) (1)	Yes	
14	Pharmacy has a display sign on or near the pharmacy counter that: (i) is at least 4 inches by 5 inches; and (ii) includes the following statement in legibly printed font: "Lock boxes for securing your prescription medications are available at this pharmacy". 247 CMR 9.01 (1); Session Laws: Ch. 244 Section 6 (b) of the Acts of 2012	Yes	
C	**Licensure and Registration of Pharmacy Staff**		
15	A pharmacist shall carry, or have readily available at all times where the pharmacist is employed, a certificate of personal registration or an official statement from the Board which indicates that the pharmacist is currently registered by the Board to practice pharmacy. 247 CMR 6.05 (3)	Yes	
16	A pharmacy technician shall carry, or have readily available, at all times where the pharmacy technician is employed, evidence of current registration with the Board. 247 CMR 8.07 (3) (b)	Yes	
17	Pharmacy technicians currently registered by the Board and certified by a Board-approved certifying body, may perform the duties as authorized to be performed by a certified pharmacy technician in 247 CMR 8.04 (2). Evidence of current National Certification required. 247 CMR 8.04 (1) (a)	Yes	
D	**Manager of Record**		
18	The responsibilities of the pharmacist Manager of Record shall include the establishment, monitoring and enforcement of policies and procedures which maintain the standards of professional practice as such standards relate to the dispensing of pharmaceuticals, including the proper supervision of technicians, and the delegation of authority to another pharmacist when not on duty. 247 CMR 6.07 (1) (e)	Yes	
19	The responsibilities of the pharmacist Manager of Record shall include the maintenance of adequate staff in the pharmacy or pharmacy department in order to ensure that the practice of pharmacy shall be carried out in accordance with Board regulations at 247 CMR 2.00 et seq. and all other applicable federal and state laws and regulations. 247 CMR 6.07 (1) (f)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
D	**Manager of Record (continued)**		
20	Supervisory Ratios. (a) A pharmacist utilizing pharmacy interns, certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees to assist in filling prescriptions may utilize such support personnel in accordance with the following ratio requirements: 1. 1:4 One pharmacist for a maximum of four support personnel; provided: a. at least one of the four support personnel is a certified pharmacy technician and one is a pharmacy intern; or b. at least two of the support personnel are certified pharmacy technicians. 2. 1:3 One pharmacist for a maximum of three support personnel; provided at least one of the three support personnel is a pharmacy intern or a certified pharmacy technician. 247 CMR 8.06 (3)	Yes	Arrival 4:6 - 2 nationally certified technicians - 3 registered technicians -1 technician trainee
21	The responsibilities of the pharmacist Manager of Record shall include the establishment of procedures for validating questionable purported controlled substance prescriptions and for reviewing existing prescription information, to deter the willful and unlawful dispensing of controlled substances. 247 CMR 6.07 (1) (j)	Yes	PMP
22	The responsibilities of the pharmacist Manager of Record shall include the proper maintenance of records as required by the Massachusetts Controlled Substances Act (c. 94C), Board regulations at 247 CMR et. seq., and all other applicable state and federal laws and regulations. 247 CMR 6.07 (1) (b)	Yes	
E	**Pharmacy Interns & Technicians**		
23	A pharmacy intern shall wear a name tag which indicates the intern's name and the words "pharmacy intern". 247 CMR 8.01 (11)	N/A	
24	A pharmacy technician eligible to function as a certified pharmacy technician shall wear a name tag with the individual's name and the title "Certified Pharmacy Technician". 247 CMR 8.04 (2)(a)	N/A	
25	A pharmacy technician shall wear a name tag which indicates the individual's name and the title "Pharmacy Technician". 247 CMR 8.02 (3) (a)	Yes	
26	A pharmacy technician trainee shall wear a name tag with the individual's name and the title "Pharmacy Technician Trainee". 247 CMR 8.03 (2) (a)	Yes	
27	An individual may act and be designated as a pharmacy technician trainee for not more than 1500 hours or for more than 1 year, unless an extension is granted by the Board. Pharmacy technician trainees under the age of 18 are not subject to the 1500 hour or 1 year limitation. 247 CMR 8.03 (3)	Yes	
28	A written description of the duties delegated to certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees shall be made available to the Board upon request. 247 CMR 8.06 (1) (b)	Yes	
29	A written description of the scopes of responsibility for certified pharmacy technicians, pharmacy technicians, and pharmacy technician trainees shall be made available to the Board upon request. 247 CMR 8.06 (1) (c)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
D	**Pharmacy Interns & Technicians (continued)**		
30	Copies of pharmacy technician training program guidelines shall be provided to the Board on request. 247 CMR 8.06 (2)	Yes	
F	**Controlled Substances Records**		
31	A pharmacist shall keep a perpetual inventory of each controlled substance in Schedules II which the pharmacist has received, dispensed or disposed of in accordance with the law. This inventory must be reconciled at least once every ten days. 247 CMR 9.01(14)	N/A	no controls
32	The responsibilities of the pharmacist Manager of Record shall include taking an inventory of controlled substances in Schedules II, III, IV and V, based upon federal biennial inventory requirements. 247 CMR 6.07 (1) (i)	N/A	no controls
33	Biennial Inventory; each inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken, and shall be maintained in written, typewritten, or printed form at the registered location, the inventory may be taken either as of opening or as of the close of business on the inventory date and it shall be indicated on the inventory. 247 CMR 9.01 (1); 21 CFR 1304.11(a)	Yes	6/1/2022 - zero
34	A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records. 247 CMR 9.01 (1); 21 CFR 1305.05 (a)	Yes	owner
35	Each DEA Form 222 must be signed and dated by a person authorized to sign an application for registration or a person granted power of attorney to sign a Form 222 under §1305.05. The name of the purchaser, if different from the individual signing the DEA Form 222, must also be inserted in the signature space. 247 CMR 9.01 (1); 21 CFR 1305.12 (d)	Yes	
36	The purchaser must record on Copy 3 of the DEA Form 222 the number of commercial or bulk containers furnished on each item and the dates on which the containers are received by the purchaser. 247 CMR 9.01 (1); 21 CFR 1305.13 (e)	Yes	
37	CSOS: When a purchaser receives a shipment, the purchaser must create a record of the quantity of each item received and the date received. The record must be electronically linked to the original order and archived. 247 CMR 9.01 (1)); 21 CFR 1305.22 (4) (g)	N/A	
38	The date on which the controlled substances are actually received shall be used as the date of receipt (e.g., invoices or packing slips). 247 CMR 9.01 (1); 21 CFR 1304.21 (d)	Yes	
39	Every registrant required to keep records pursuant to Sec.1304.03 shall maintain on a current basis a complete and accurate record of each such substance disposed of by him/her (e.g., disposal/destruction records). (247 CMR 9.01 (1)) 21 CFR 1304.21 (a)	Yes	
40	A registrant shall keep for at least two years from the date of preparation, every report, inventory and record he is required to keep by 105 CMR 700.000. 247 CMR 9.01 (1); 105 CMR 700.006 (b)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
F	**Controlled Substances Records (continued)**		
41	A pharmacist shall maintain prescription files as follows: (1) Prescriptions for controlled substances in Schedule II shall be segregated from all other records and shall be maintained in a separate file identified as such. (2) Prescriptions for controlled substances in Schedules III, IV, and V shall be maintained in a separate file identified as such. (3) Prescriptions for controlled substances in Schedule VI, prescriptions for non-controlled substances, and prescriptions for syringes and instruments adaptable to hypodermic administration, shall be segregated from all other records and shall be maintained together in a separate file identified as such. 247 CMR 9.05 (1-3)	Yes	
42	Authorization for Emergency Dispensing of Controlled Substances in Schedule II: Upon receipt of the written prescription (with "Authorization for Emergency Dispensing" written on its face), the dispensing pharmacist shall attach the prescription to the orally or electronically transmitted emergency prescription which had earlier been reduced to writing. 247 CMR 5.03(3) (4)	Yes	
43	Procedures for transferring a prescription between pharmacies or pharmacy departments for prescriptions issued for controlled substances in Schedules III, IV, and V are followed and performed by a pharmacist only. 247 CMR 9.02 (2)	Yes	
44	Procedures for transferring a prescription between pharmacies or pharmacy departments for prescriptions issued for controlled substances in Schedule VI are followed and performed by a pharmacist or certified pharmacy technician only. 247 CMR 9.02 (3)	Yes	
45	Subject to the provisions of federal regulations at 21 CFR 1306, an automated data-processing system may be used as an alternative to the provisions of 247 CMR 9.04 (4) and (5). This data-processing system may be used for the storage and retrieval of information pertaining to the refilling of prescriptions for controlled substances in Schedules III through VI (e.g., daily reports or logs signed by pharmacist). 247 CMR 9.04 (6)	Yes	
G	**Equipment, Facility and Drug Storage**		
46	The equipment necessary to conduct the practice of pharmacy. 247 CMR 6.01 (5) (a) (5)	Yes	
47	The premises of the pharmacy or pharmacy department shall at all times be kept in a clean and sanitary manner. 247 CMR 6.02 (1)	Yes	
48	A balance capable of accurately weighing quantities as small as 13 milligrams, which balance shall be tested and sealed by the state or local sealer of weights and measures annually. **NOTE:** All new equipment must meet the requirements in MGL c. 98 Section 29. 247 CMR 6.01 (5) (a) (4); 247 CMR 9.01 (1)	N/A	waiver - expires 6/2026
49	Appropriate sanitary appliances, including a suitable sink which shall be equipped for hot and cold running water and which shall be situated in or near the area in which prescriptions are to be filled. 247 CMR 6.01 (5) (a) (7)	Yes	
50	While on duty, a pharmacist shall be responsible for the proper preservation and security of all drugs in the pharmacy or pharmacy department, including the proper refrigeration and storage of said drugs. 247 CMR 9.01 (5)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
G	**Equipment, Facility and Drug Storage (continued)**		
51	A pharmacist shall not dispense or distribute expired, outdated or otherwise substandard drugs or devices or counterfeit drugs or devices to any person or entity who is not licensed or legally authorized to receive such drugs or devices (Quarantine area available). 247 CMR 9.01 (10)	Yes	
52	There shall be within every pharmacy or pharmacy department a prescription area of not less than 300 square feet to accommodate the appropriate pharmaceutical equipment, apparatus, and supplies, and to facilitate the proper preparation and compounding of prescribed medications. This area shall provide for an arrangement and storage of drugs that is calculated to prevent their accidental misuse. 247 CMR 6.01 (5) (b)	Yes	
53	A pharmacy must provide a designated consultation area designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area must be accessible by a patient from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area. 247 CMR 6.01 (5) (d) (1)	Yes	
H	**Refrigeration**		
54	Pharmacy utilizes either: (a) combination refrigerator/freezer; or (b) a stand-alone refrigerator or freezer that has self-defrosting compartments. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
55	Refrigerators and freezers are maintained within proper range (Refrigeration at 36° to 46°F/2° to 8°C; Freezer at -13° to 14°F/-25° to -10°C USP recommended range) in accordance with manufacturer recommended medication storage requirements. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
56	Pharmacy refrigerators and freezers are kept clean, organized, and defrosted. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
57	Does the Pharmacy utilize a certified thermometer with; a) an out of range alarm[1] b) a daily temperature log 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05 Yes ☑ ☑ No ☐ ☐ N/A ☐ ☐	Yes	Sonicu - printed monthly
58	Action policy and procedure developed to respond to any out of range temperature reading to ensure the integrity of stored medications. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
59	Refrigerated inventory is organized to allow for proper air flow. No cardboard or solid plastic shelving is utilized (impedes proper air circulation). 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
60	Refrigerators and freezers provide adequate space for amount and type of medications stored by the pharmacy. No medications are overstocked. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	

[1] If an out of range alarm is not utilized or available, a daily temperature log must be used.

Item #	Requirements	Yes/No/NA	Comment / Observation
H	**Refrigeration (continued)**		
61	Policy developed that no food or beverage products may be stored in the refrigerators or freezers and monitored. 247 CMR 9.01 (1) and (5); Board Policy No. 2020-05	Yes	
I	**Non-Sterile Compounding (Simple & Moderate Compounding Only)**		
62	Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. **NOTE: Compounding of hazardous drugs is not considered simple compounding. A "yes" requires a full USP <795> Inspection.** 247 CMR 9.01 (3); USP Chapter <795>	N/A	waiver - expires 6/2026
63	All significant procedures performed in the compounding area are covered by written standard operating procedures (SOPs). 247 CMR 6.07(1)(d) & (e); 247 CMR 9.01 (3); USP Chapter <795>	N/A	
64	Adequate hand and equipment washing facilities shall be easily accessible to the compounding areas. Such facilities shall include, but are not limited to, hot and cold water, soap or detergent, and lint free single-use towels **(Best Practice).** 247 CMR 9.01 (3); USP Chapter <795>	N/A	
65	Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions and is suitable for its intended purpose. This space shall provide for the orderly placement of equipment and materials to prevent mix-ups among ingredients, containers, labels, in process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
66	The areas used for compounding shall be maintained in clean, orderly, and sanitary conditions and shall be maintained in a good state of repair. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
67	All equipment used in compounding is clean, properly maintained, and used appropriately. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
68	Compounding ingredients are purchased from reliable sources and are properly stored according to manufacturer specifications or USP standards. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
69	Purified Water (see Purified Water monograph) shall be used for compounding non-sterile drug preparations when formulations indicate the inclusion of water. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
70	In the absence of stability information that is applicable to a specific drug and preparation, the following BUDs are not exceeded[2]; a) Non-aqueous Formulations—The BUD is not later than the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier. b) Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold temperatures. c) Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days. 247 CMR 9.01 (3); USP Chapter <795>	N/A	

[2] Non-sterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature. Per USP <795>: When a manufactured product is used as the source of the API for a nonsterile compounded preparation, the product expiration date cannot be used solely to assign a BUD for the compounded preparation.

Item #	Requirements	Yes/No/NA	Comment / Observation
I	**Non-Sterile Compounding (Simple & Moderate Compounding Only) (continued)**		
71	For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed one year after receipt to the component. (While not mandated by USP Chapter <795>, the Board of Registration in Pharmacy expects this "Best Practice" to be followed.) 247 CMR 9.01 (3); USP Chapter <795>	N/A	
72	A Master Formulation Record shall be followed each time that preparation is made. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
73	A Compounding Record is completed each time a preparation is compounded. (The Board's interpretation of the language in USP <795> mandates this standard be followed.) 247 CMR 9.01 (3); USP Chapter <795>	N/A	
74	Safety Data Sheets (SDSs) shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facility premises. 247 CMR 9.01 (3); USP Chapter <795>	N/A	
75	The labeling indicates that "this is a compounded preparation". (The Board's interpretation of the language in USP <795> mandates this standard be followed.) 247 CMR 9.01 (3); USP Chapter <795>	N/A	
J	**Standards for Prescription Labeling, Format & Containers**		
76	Every prescription written in the Commonwealth must be in a prescription format that conforms to the requirements as set forth in 105 CMR 721.020. 247 CMR 9.01 (1); 105 CMR 721.020	Yes	
77	The pharmacist filling a written or oral prescription for a controlled substance shall package the controlled substance in a container, affixing to the container a label displaying all required elements as set forth in 105 CMR 722.070. 247 CMR 9.01 (1); 105 CMR 722.070; MGL c. 94C § 21	Yes	
78	When a less expensive generic drug product has been dispensed, the words "interchange" plus the generic name and manufacturer of the product shall appear on the label. When a less expensive brand name drug product has been dispensed, the words "interchange" plus either the generic name and manufacturer of the product or the less expensive brand name dispensed shall appear on the label. 247 CMR 9.01 (1); 105 CMR 722.070 (A) (B)	Yes	
79	Any drug for human use that is in a dosage form intended for oral administration and that is required by Federal law to be dispensed only on or upon an oral or written prescription of a practitioner licensed by law to administer such a drug shall be packaged in accordance with the provisions of S 1700.15 (a), (b), and (c); unless exempted under the Poison Prevention Packaging Act (PPPA) or, current documented patient request for non-safety closures (Best Practice). 247 CMR 9.01 (1); 16 CFR Ch.II S 1700.14 (10)	Yes	
K	**Patient Records, Counseling, and Prospective Drug Utilization**		
80	A pharmacist shall conduct a prospective drug utilization review ("DUR") before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient. This DUR may include a review of the patient record and each new prescription presented for dispensing, for the purpose of promoting therapeutic appropriateness. 247 CMR 9.07 (1) (a) and (2) (a)	Yes	
81	The pharmacist or pharmacist's designee shall offer the services of the pharmacist to discuss, with all persons presenting new prescriptions, issues that in the pharmacist's professional judgment are deemed to be significant for the health and safety of the patient. 247 CMR 9.07 (3) (a)	Yes	

Item #	Requirements	Yes/No/NA	Comment / Observation
K	**Patient Records, Counseling, and Prospective Drug Utilization**		
82	Counseling must be made by a pharmacist, or a pharmacy intern under the direct supervision of the pharmacist if deemed appropriate by the pharmacist. 247 CMR 9.07 (3) (f)	Yes	
L	**Continuous Quality Improvement (CQI)**		
83	Each pharmacy shall maintain a written copy of its CQI Program description on the pharmacy premises. 247 CMR 15.04 (1)	Yes	
84	The CQI Program description shall be readily available to all pharmacy personnel. 247 CMR 15.04 (1)	Yes	
85	The CQI program shall include provisions to designate an individual or individuals responsible for monitoring CQI Program compliance with the requirements of 247 CMR 15.00. 247 CMR 15.02 (1) (a)	Yes	
86	The CQI program shall include provisions to identify and document QREs (Quality Related Events). 247 CMR 15.02 (1) (b)	Yes	
87	The CQI program shall include provisions to analyze data collected in response to QREs to assess causes and any contributing factors. 247 CMR 15.02 (1) (d)	Yes	
88	The CQI program shall include provisions to use the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs. 247 CMR 15.02 (1) (e)	Yes	
89	The CQI program shall include provisions to provide ongoing education at least annually in the area of CQI to pharmacy personnel. 247 CMR 15.02 (1) (f)	Yes	
90	Each pharmacy shall maintain a record of all QREs for a minimum period of two years from the date of the QRE report. 247 CMR 15.04 (2)	Yes	
M	**Immunizations**		
91	Do the registered pharmacist(s) dispensing by administration influenza vaccine and other immunizations designated by the Department ensure that administration is only to persons 9 years of age or older. 247 CMR 9.01 (1); 105 CMR 700.004 (6)	N/A	not immunizing
92	Such administration is conducted pursuant to a standing order of a practitioner? 247 CMR 9.01 (1)) (105 CMR 700.004 (6) (b)) Standing Order Practitioner: _____ Signed/Expiration Date: _____	N/A	
93	Does the pharmacy have a standing order to administer single dose emergency epinephrine? 247 CMR 9.01 (1); Board Policy No. 2020-11 Standing Order Physician: _____ Signed/Expiration Date: _____	N/A	
94	Does the pharmacist conduct this activity in accordance with guidelines adopted by the Department which includes requirements for training through an accredited program by the Centers for Disease Control and Prevention, the American Council on Pharmaceutical Education or a similar health authority or professional body. 247 CMR 9.01 (1); 105 CMR 700.004 (6) (c)	N/A	
95	Does the pharmacist have evidence of current CPR certification? 247 CMR 9.01 (1); Board Policy No. 2020-11	N/A	

Item #	Requirements	Yes/No/NA	Comment / Observation
M	**Immunizations**		
96	Such activity is conducted in accordance with guidelines adopted by the Department which shall include requirements for vaccine storage and handling. **NOTE**: Temperatures must be recorded on a temperature log at least twice daily (AM and PM) for all vaccine storage units. 247 CMR 9.01 (1); 105 CMR 700.004 (6) (c) (3)	N/A	
N	**References**		
97	A current copy or electronic version of the Massachusetts List of Interchangeable Drugs (MLID), including the Orange Book, Additional List, Exception List. 247 CMR 6.01 (5) (a) (1)	Yes	
98	A current copy or electronic version (with quarterly updates) of a compendia appropriate to the practice setting approved by the pharmacist manager of record. 247 CMR 6.01 (5) (a) (2)	Yes	
99	A current copy or electronic version of the Board Regulations. 247 CMR 6.01 (5) (a) (3)	Yes	
O	**Naloxone**		
100	Does the pharmacy meet all the requirements[3] for dispensing Naloxone as set forth in Board Policy No. 2020-07?	Yes	
101	Does the pharmacy maintain sufficient supply of Naloxone? Board Policy No. 2020-07	Yes	1 Narcan
P	**Research Studies**		
102	Is the pharmacy involved in research studies?	No	

Waivers Granted to Licensee:

6/2021 - 3 waivers submitted including 247 CMR 6.01 (5) (a) (4)- balance, 247 CMR 6.02 (4) – sufficient variety of chemicals, 247 CMR 9.01 (15) – limiting services to segment of public, and 247 CMR 9.01 (16) – cannot refuse to compound.

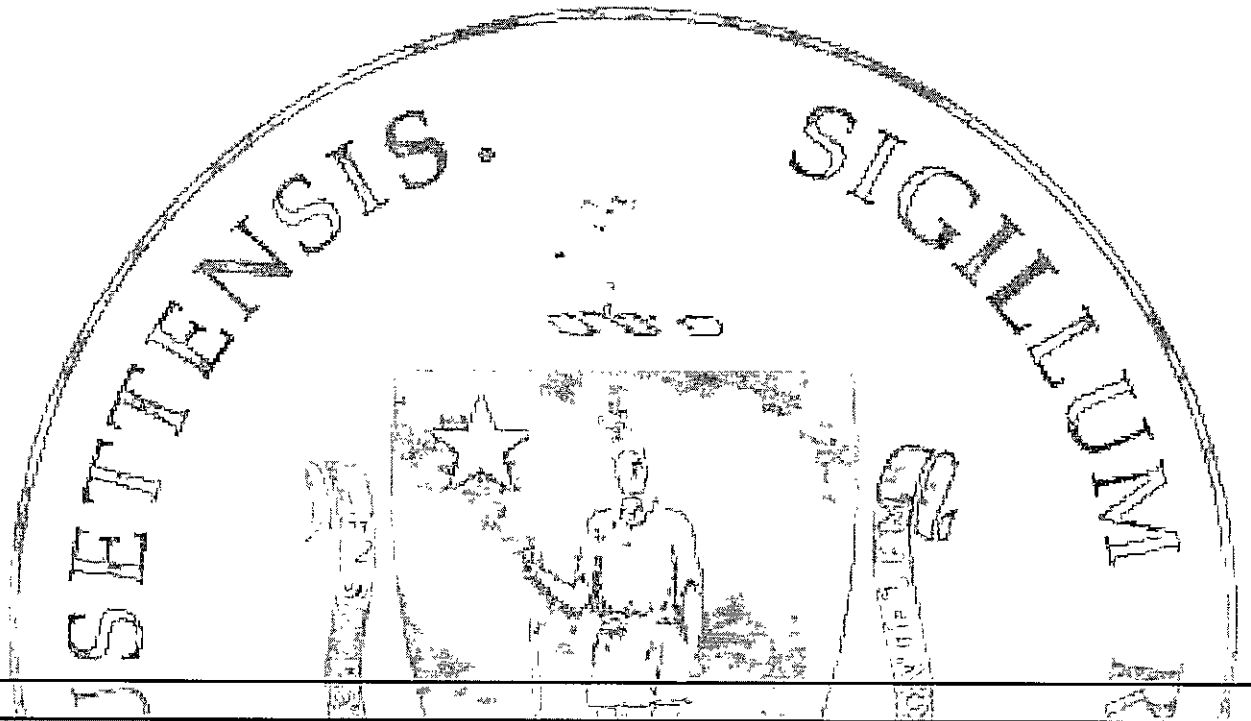
Investigator Notes:

N/A

[3] The Naloxone requirements can be found in Board Policy 2018-04. Last accessed 12/6/2018 at https://www.mass.gov/files/documents/2018/10/23/naloxone-dispensing-via-standing-order.pdf

Investigator Notes (continued):

N/A



Inspection Completion

Plan of Correction (POC) Issued: ☐ Yes ☑ No

If yes, the pharmacist Manager of Record will provide a plan of correction for all findings within 15 business days. POC Due: _____

Investigator(s)	
Investigator:	Richard D Geaney Jr
Date:	9/30/2022
Investigator:	
Date:	

The deficiencies cited in this Compliance Inspection Report are not intended to be an all-inclusive list of deficiencies that exist at this Registrant facility. The pharmacy and the pharmacist Manager of Record are responsible for investigating and determining the causes of the deficiencies identified and for preventing their recurrence and the occurrence of other deficiencies. All licensees are responsible for complying with state and federal laws and regulations governing the practice of pharmacy.

Print

Plan of Correction instructions: https://www.mass.gov/doc/plan-of-correction-directions-for-licensees-0/download

Plan of Correction template: https://www.mass.gov/doc/plan-of-correction-template-0/download

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

4

Type of Facility		
■ Ambulatory Surgical Center (ASC)		
☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☐ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *	ASC04251	☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Advanced Orthopaedic Surgery Center, LLC dba Las Vegas Institute for Advanced Surgery

Physical Address: 7183 Advanced Way

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (702) 936-7657 Fax: _____

Contact Email: sepbady@yahoo.com Website _____

Nevada Business License # NV20011113069

Employed/Contracted Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

Medical Director Name: Sep Bady, M.D.

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Advanced Orthopaedic Surgery Center, LLC

Mailing Address: 7195 Advanced Way

City: Las Vegas State: NV Zip: 89113

Telephone: (702) 936-7657 Email: sepbady@yahoo.com

Contact Person Name: Sep Bady, M.D.

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ■ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Advanced Orthopaedic Surgery Center, LLC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN,Inc

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear	

Name of Business/Industry/Entity
PRN, Inc

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc to Mary Grear, Executive Divector. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc grants.

Mary Grear RPh
Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

6/2/22
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sep Bady, M.D.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

June 2, 2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓

Advanced Orthopaedic Surgery Center, LLC

Lists revised as of 8/4/2022

Board Members (post-Closing):

- Sam Kaufman
- Karla Perez
- Heather Combs
- Sep Bady, M.D.
- X. Nick Liu, D.O.
- Tim Trainor, M.D.
- Michael Trainor, D.O.

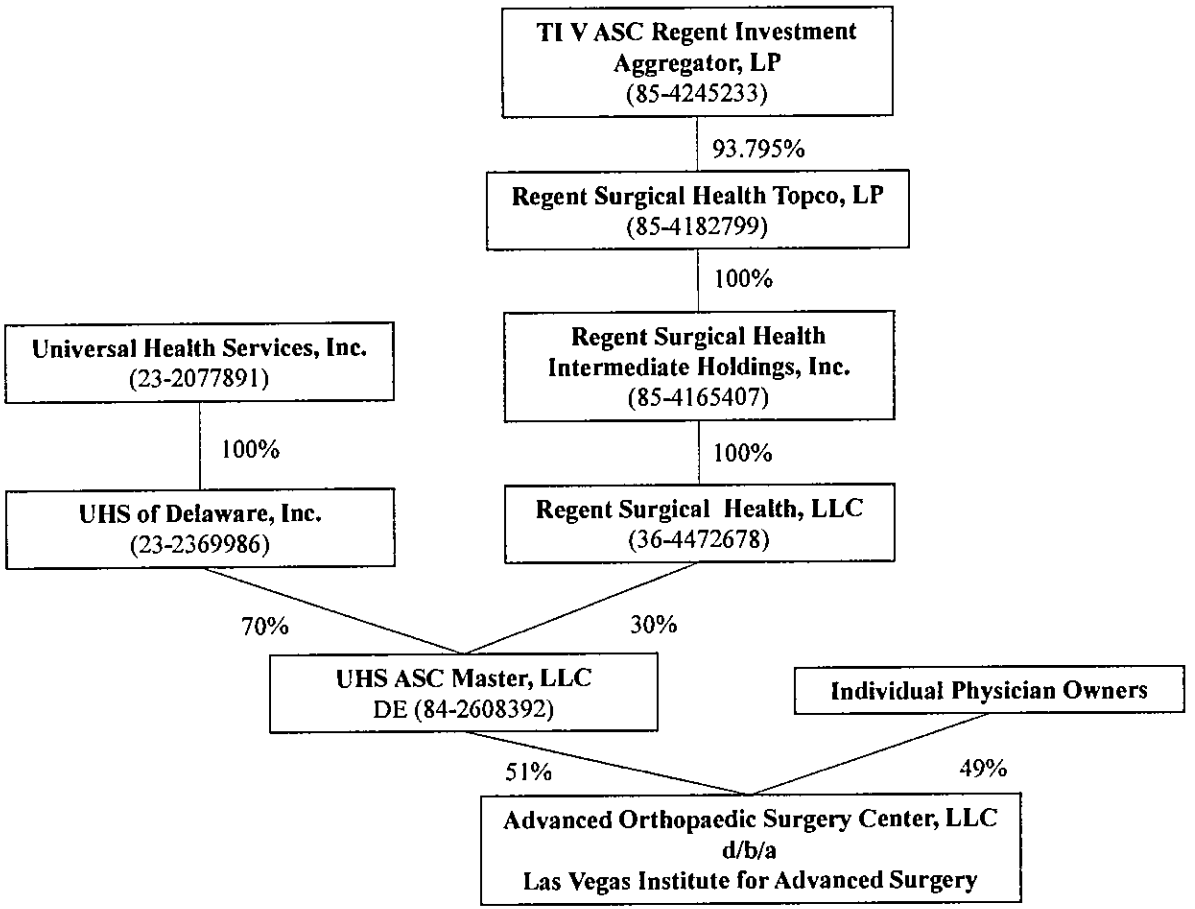
Top 4 Stockholders (post-Closing):

UHS ASC Master, LLC	51.00%
X. Nick Liu, D.O.	14.56%
Trainor Family Trust dated May 18, 2012	14.56%
Thomman Kuruvilla, DPM	6.21%
Sep Bady, M.D.	6.21%
Trainor Family Living Trust dated May 18, 2012	6.21%

All Stockholders holding 10% or more ownership (post-Closing):

- UHS ASC Master, LLC
- X. Nick Liu, D.O.
- Trainor Family Trust dated May 18, 2012

Post-Closing Ownership Structure of Advanced Orthopaedic Surgery Center, LLC d/b/a Las Vegas Institute for Advanced Surgery



SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ADVANCED ORTHOPAEDIC SURGERY CENTER, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/25/2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/02/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202206022716291
You may verify this certificate online at http://www.nvsos.gov

1:5 570/656

ADVANCED ORTHOPAEDICS SURGERY CENTER, LL
7183 ADVANCED WAY
LAS VEGAS, NV 89113-0000

10006173.2/002549-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9696292	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,4,5	HOSPITAL/CLINIC	09-10-2020

ADVANCED ORTHOPAEDICS SURGERY CENTER, LL
DBA LAS VEGAS INSTITUTE FOR ADVANCED SURGERY
7183 ADVANCED WAY
LAS VEGAS, NV 89113-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9696292	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,4,5	HOSPITAL/CLINIC	09-10-2020

ADVANCED ORTHOPAEDICS SURGERY CENTER, LL
DBA LAS VEGAS INSTITUTE FOR ADVANCED SURGERY
7183 ADVANCED WAY
LAS VEGAS, NV 89113-0000

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Electronic Articles of Organization For Florida Limited Liability Company

L22000072389
FILED 8:00 AM
February 14, 2022
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

ELEVATION PHARMACY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1212 US-1
SUITE A & C
NORTH PALM BEACH, FL. 33408

The mailing address of the Limited Liability Company is:

601 HERITAGE DR
SUITE
JUPITER, FL. US 33408

Article III

The name and Florida street address of the registered agent is:

MATTHEW T LAURENZO
601 HERITAGE DR
SUITE 210
JUPITER, FL. 33458

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MATTHEW LAURENZO

L22000072389
FILED 8:00 AM
February 14, 2022
Sec. Of State
jafason

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KENNETH A FIGUEIRA
18042 BURR OAK LN
JUPITER, FL. 33478 US

Title: MGR
MATTHEW T LAURENZO
1375 DAKOTA DR
JUPITER, FL. 33458 US

Article V

The effective date for this Limited Liability Company shall be:

02/15/2022

Signature of member or an authorized representative

Electronic Signature: KENNETH FIGUEIRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Effective Date : 01/01/2022
Expiration Date : 12/31/2022

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
9721-ASC-1

This Is To Certify That

LAS VEGAS INSTITUTE FOR ADVANCED SURGERY

7183 ADVANCED WAY
LAS VEGAS, NV 89113

Is hereby licensed as a(n)

SURGICAL CENTER FOR AMBULATORY PATIENTS

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : SURGICAL CENTER FOR AMBULATORY PATIENTS

Endorsement :

Bed Information : Operating Room - C - 4

CHARMAINE KEELING / Administrator

MICHAEL TRAINOR,SEP BADY,THOMMAN KURUVILLA,TIMOTHY TRAINOR,TODD BORST,XIN LIU

Lisa Sherych / Administrator

Please display this license conspicuously

This license was printed from an online licensing system. VERIFY LICENSE IS VALID BY GOING TO: https://nvdpbh.aithent.com/login.aspx. Go to License Verification, Facility Locator & Inspection Reports "Click Here" and look up by license number (Credential Number) to verify that the license is active and valid.

Should you have any changes such as Name, Administrator, Location, Change of Ownership or Number of Beds go to: https://nvdpbh.aithent.com/login.aspx.

If your license is not completely accurate, Please contact us at (775) 684-1030 so that we may resolve any problems.

Pharmacy Information

Date Completed:	8/19/2021
Pharmacy Name:	Advanced Orthopaedic Surgery Center
Pharmacy Ad:	7183 Advanced Way, Las Vegas, NV 89113
Pharmacy Telephone Number:	702-936-7657
Pharmacy Fax Number:	702-936-7658
Pharmacy Email:	~~rnadmin~~ rnadmin@lvas.com

Please fill out the below information for your Pharmacy Staff – use 2nd sheet if necessary

Position	Name (First and Last Name)	License Number
Managing Pharmacist:	Mary Greas, RPh	10687
Staff Pharmacist:	Tina Rizzolo, Pharm D	17665
Intern(s):		
Technician(s):		

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Consultant Information:

Citation	Question			
NAC 639.4996	Name of Pharmacist Consultant	Mary Grear, RPh		
NAC 639.466	Pharmacist Consultant current contract verified?	(Yes)	No	N/A
NAC 639.4992	Pharmacist Consultant current registration posted?	(Yes)	No	N/A

Operations:

Citation	Question			
NAC 639.477	P&P established for pharmacy operations?	(Yes)	No	N/A
NAC 639.4996	Were P&P's reviewed within the last 12 months	(Yes)	No	N/A
	Date of most recent review of P&P's	8/12/21 ✓		
NAC 639.472	Pharmacy reference material is available to all staff?	(Yes)	No	N/A
NAC 639.4998	Documentation of monthly visit by pharmacy consultant is available for review?	(Yes)	No	N/A
	Date of most recent monthly visit by consultant	8/20/21 ✓		

Medications:

Citation	Question			
NAC 639.469	Medication storage areas clean and sanitary?	(Yes) ✓	No	N/A
NAC 639.470	Medications stored with proper security?	(Yes) ✓	No	N/A
NAC 639.469 NAC 639.470 21 CFR 1301.75	Controlled Substances stored in locked storage area?	(Yes) ✓	No	N/A
NAC 449.9905	Schedule II controlled substances stored in a double locked storage area?	(Yes) ✓	No	N/A

Nevada State Board of Pharmacy
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Medications:

Citation	Question			
NAC 639.469	Refrigerated medications stored in a dedicated medication refrigerator?	(Yes)	No	N/A
NAC 639.469	Daily refrigerator temperature record maintained?	(Yes)	No	N/A
NAC 639.67057	Multi-Dose vials are stored for a maximum of 28 days after initial opening? Initial date of penetration or discard date must be written on the vial.	(Yes)	No	N/A

Records:

Citation	Question			
NAC 639.4996	Is a perpetual inventory maintained for all scheduled medications?	(Yes)	No	N/A
NAC 639.482	Are all records maintained for a minimum of 2 years?	(Yes)	No	N/A
21 CFR 1305.12	Are DEA-222 forms properly executed?	(Yes)	No	N/A
	Does the facility participate in the Controlled Substance Ordering System (CSOS). 21 CFR 1305.21-29	(Yes)	~~Application Pending~~ done No	N/A
	Does the facility print the completed CSOS document and attach to the invoice from the wholesaler?	(Yes)	No	N/A
NAC 639.489(1)	Are Schedule 2 invoices filed separately? 21 CFR 1304.04(f)(1)	(Yes)	No	N/A
NAC 639.489(1)	Are Schedule 3-5 invoices filed separately? 21 CFR 1304.04(f)(1)	(Yes)	No	N/A
NAC 639.4998	Has there been a discrepancy of 5% or more in quantities of controlled substances in possession versus the amount that should be in possession since the previous NVBOP inspection?	Yes	(No)	N/A
NAC 639.4998	If yes, was a report filed within 5 business days to the NVBOP?	Yes	No	(N/A) none to report
	If yes, was a DEA-106 form completed?	Yes	No	(N/A)
NRS 453.568 NAC 639.487	Was a report of Theft/Loss of controlled substances completed and submitted to the DEA/NVBOP, and Department of Public Safety for any loss of controlled substances since the previous NVBOP inspection? 21 CFR 1301.76 (8)	Yes	No	(N/A) none to report
	If yes, was the report filed within 10 days?	Yes	No	(N/A)
NAC 639.486	Records of controlled substance from inventory are maintained (circle)	Electronic	(Handwritten)	

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Records:

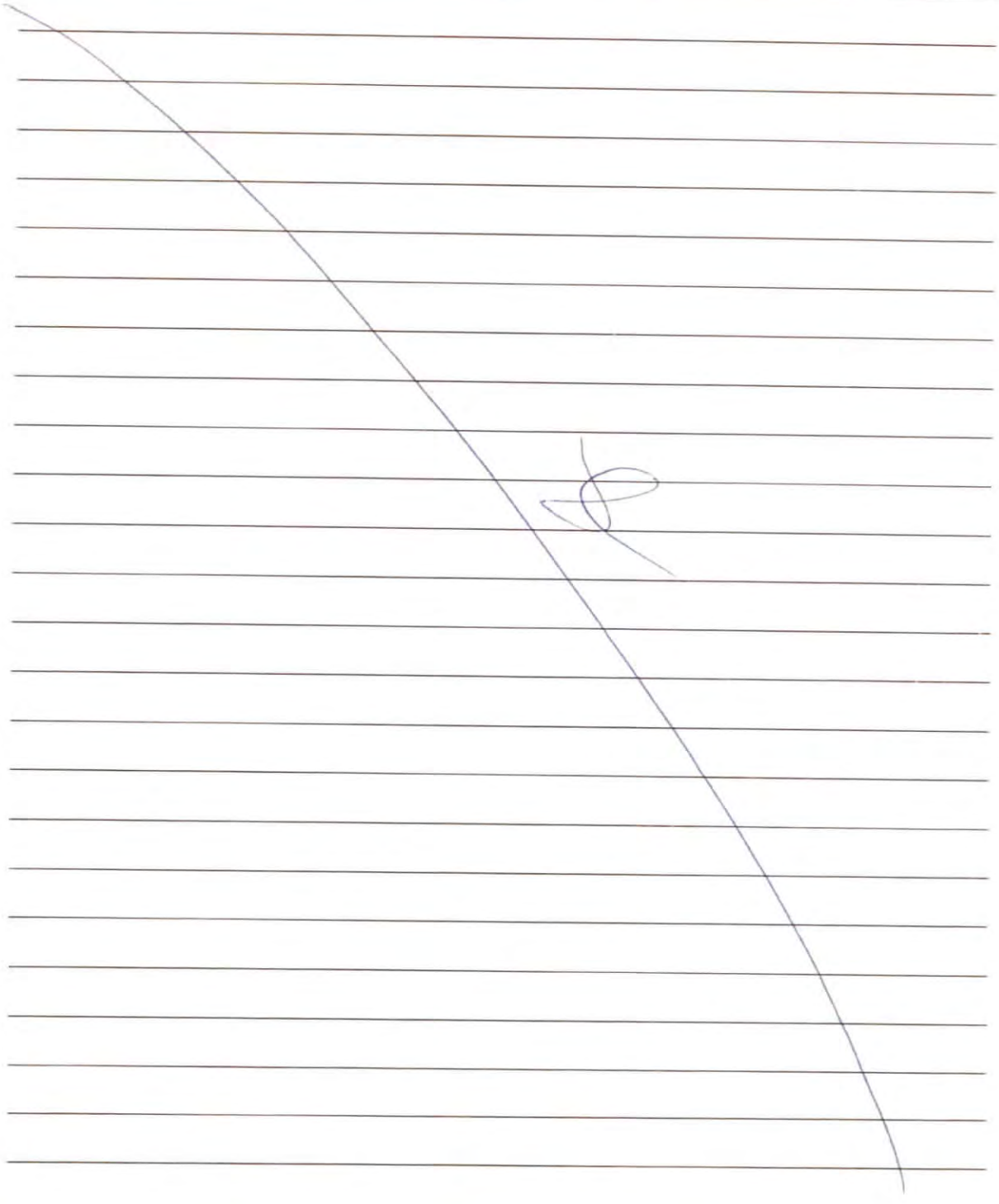
Citation	Question			
	Does the controlled substance record contain the following:			
	Name of patient	(Yes)	No	N/A
	Name/dosage form/strength of controlled substance	(Yes)	No	N/A
	Date/time administered	(Yes)	No	N/A
	Quantity administered	(Yes)	No	N/A
	Signature/Initials of person administering	(Yes)	No	N/A
	Record of waste/co-signed by another person	(Yes)	No	N/A
	Record filed separate from patient chart	(Yes)	No	N/A

Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- Clean and well organized facility.
- All requested documentation is readily available and complete.
- Consultant Pharmacist and RN Administrator will confirm staff is familiar with the working of The Data Logger Med Fridge Thermometer.
- Control Substance inventory completed, all counts match, no discrepancies.
- Copy of most recent Consultant Pharmacist Monthly Inspection attached, dated 8/26/20.
- Well prepared for inspection.
- Good inspection. Thank You,

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444



Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Ambulatory Surgical Center: Advanced Orthopaedic Surgery Center

Pharmacist Consultant signature: Mary Grear, RPh

Pharmacist Consultant name: Mary Grear, RPh

Date: 8/19/2021

NVBOP Inspector signature: L. Cirras

NVBOP Inspector printed name: L. Cirras

Date: 08/24/2021

Center Name: Las Vegas Institute of Advanced Surgery

Date: 8-20-21

CONSULTANT PHARMACIST MONTHLY INSPECTION REPORT

Storage of Medications:

Comments:

☒A clean and orderly environment exists for the storage and preparation of medications.
☒Medication storage areas are well-lit and well-ventilated.
☒No medications or supplies are stored under sinks.
☒Boxes or kits used for procedures are organized so that different medications and strengths are separated.
☒Medications are separated by route of administration and/or type of medication and each area is clearly defined.
☒Controlled substances are separated from non-controlled.
☒Temperatures are appropriate in all storage areas, including rooms, refrigerators, and freezers.

- Room 68°F to 77°F (20°C to 25°C)
- Refrigerator 36°F to 46°F (2°C to 8°C)
- Freezer -13°F to 14°F (-25°C to -10°C)

-A temperature was logged for each day electronically.

☒A memory-equipped alarmed thermometer is used for monitoring both minimum and maximum daily temperatures, including days when the center is closed. Log is kept and initialed.
☒If medication storage area temperatures fall outside of the acceptable ranges, documentation exists on the temperature log that includes the steps taken to review and ensure the medications are considered safe to use or should be segregated for return or disposal.
☒Refrigerators and freezers are cleaned on a routine basis with freezer free of frost.
No food items are stored in refrigerators/freezers for medication.
☒Light-sensitive medications are stored in closed containers, are not exposed to light and are not discolored.
☒High alert medications are designated with a colored dot or sticker- different strengths of the same medication are separated appropriately.
☒Sound-alike/look-alike medications are designated with a colored sticker and physically separated from each other.
☒No excessive medication inventory is on hand.
☒Sharps containers are no more than two-thirds (2/3) full and are secured.

Hazardous Materials / Substances:

☒Hazardous materials/substances, such as cleaning compounds, chemicals and poisons are appropriately labeled and stored in ventilated areas separate from internal medications.
☒Safety Data Sheets (SDS) are readily accessible.

Security of Medications:

☒All medication storage areas, including medication refrigerators, are secured (sealed/locked) when the staff is not present.
☒Crash carts or mobile medication carts are stored away from patient

curtains, recovery areas or desk drawers where a patient may have access; and are locked at the end of each workday.

☒Crash carts and MH carts contents are secured and checked for inventory/stock each workday and expiration dates are recorded monthly.

☒Tamper-resistant prescription blanks/pads are used and are stored in a locked secure place and are not left out on a counter.

Medication Preparation:

☒Labels are intact, complete, and clean and can be easily read with Name, dosage, and date/time.

☒Metric-apothecary conversion chart is posted and adequate current-drug references are available.

☒Medications outside of their manufactured containers and ready for immediate patient administration, are labeled with the medication name and strength (or amount), date and time prepared, initials of the preparer, and expiration date.

☒Medications are not prepared in batches, but are prepared for individual patients use within one hour.

Expiration of Medications:

☒Medications and ancillary items in medication storage and cart areas are in date and not expired including the crash cart.

-Didn't find any expired meds.

☒Single-dose vials (SDVs) are used for single patient use only and are discarded after one use.

☒Multi-dose vials (MDVs) are dated and initialed upon opening with open and beyond use date.

Destruction/Disposition of Medications:

☒Medications that are outdated, contaminated, deteriorated and those with the contents of containers without intact labels are disposed of according to state and federal regulations.

☒Medications deemed as hazardous materials/substances are disposed of appropriately.

☒Destruction/disposition is documented on an appropriate log and includes: medication name and strength, quantity/amount, date of disposition, lot number and method of disposition, and witnesses.

Controlled Substances (CS):

☒DEA controlled substance license is current.

☒Power of Attorney (POA) for DEA Forms 222 and Electronic Orders are current.

☒DEA Forms 222 are available for ordering schedule II medications.

-No new controlled invoices.

☒Invoices for CII and CIII-V are filed separately.

All others filed correctly with

☒Invoice documentation includes 2 signatures and date of persons receiving orders.

DEA222 attached & cosigned

☒CII-V medications are retained in a securely double-locked area with restricted access until destroyed or properly disposed.

☒CS Perpetual Inventory Logs are verified by a physical count of 2 RNs Licensed professionals twice daily at the beginning and ending shift.

☒ Perpetual logs are complete and accurate without blank spaces.
☒ Medications in syringes are injected out of syringe prior to discarding.
☒ Keys are appropriately secured on the person while the center is open and locked in a coded storage available only to authorized RNs.

Audits (rotating types, utilizing 10% of the previous month's patient charts or agreed upon number):

☐ Allergy Documentation
☐ Medication Reconciliation
☐ Pain
☐ SIP
☒ Propofol (Monthly) = 80%
☒ Controlled Substances (Monthly) = 100%
☒ Cosign of Waste (Monthly) = 100%
☐ Other:

Educational Inservices:

☐ Aseptic Technique and Compounding Sterile Preparations
☐ Malignant Hyperthermia (MH)
☐ Moderate Sedation
☐ Medication Safety
☐ Other:

General:

☐ Poison control information center telephone # is available
☐ Procedure for contacting a pharmacist in an emergency is available.
☐ Facility DEA and State Pharmacy license is current and posted.
☐ All medication used have a physician order.
☐ Verbal Orders are read back and signed by ordering physician.
☐ Adverse Drug Reactions, Medication Errors are noted and trended.
☐ Other:

Meeting Attendance:

☒ Pharmacy Committee
☐ Quality Assurance/Performance Improvement Committee
☐ Safety Committee
☐ Other:

Consultant Pharmacist: Tina Rizzolo, PharmD **Date:** 8-20-21

PLEASE PRINT THIS DOCUMENT, ATTACH AUDIT(S) AND FILE IN PHARMACY BINDER

Comments:
-Worked on updating some of the questions on the formulary and annual review of P&P for center.
-Updated high alert and look alike/sound alike policy as requested for accreditation.
-Follow up- Charlie will be moving ephedrine out of the narcotic cabinet since it it not a controlled medication.
-Follow up-will work on adjusting narcotic log to get more space to put pt name or MRN and drug.
-CSOS in place and running- place first order today.
-Propofol was 80% due to 1 fall out

-Messina charted 475mg Propofol but logged 470mg on intra-op narcotic log.
-Cosign of waste and controlled substance was 100%- great job! Keep up the good work.
-Suggest possibility of buying red and yellow tape for label maker to make high alert and look alike/sound alike a little more visible.

AUDIT FORM - PROPOFOL USE DOCUMENTATION

SURGERY CENTER: LAS VEGAS INSTITUTE OF ADVANCED SURGERY

 # CHARTS: 5 **MONTH AUDITED: JULY**

DATE	MR#	PHYSICIAN	CHART DOSE	S GN OUT	WASTE	OK	COSIGN OK	CONTROLS	COMMENT
1-Jul	37	FLORES	250	250	150	Y	Y	Y	F100
8-Jul	38	LIU	475	470	130	N	Y	Y	V2
15-Jul	33	MANASCO	200	200	0	Y	Y	Y	F100 V5
	30	YOUNG	130	130	70	Y	Y	Y	F50
22-Jul	41	BLAKE	200	200	0	Y	Y	Y	F100
	TOTALS					4/5=80%	100%	100%	

NUTILE LAW

Maria Nutile, Esq.*
Bridget Kelly, Esq. **

* licensed in NV, AZ and CO
** licensed in NV and AZ

June 2, 2022

VIA FEDEX

Mark Sedar, COO
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

Re: Change of Ownership Application
Advanced Orthopaedic Surgery Center, LLC (#ASC04251)

Dear Mr. Sedar:

This firm represents Advanced Orthopaedic Surgery Center, LLC dba Las Vegas Institute for Advanced Surgery ("ASC"). In that regard we are writing to inform the Nevada Board of Pharmacy ("Board") of a change in ownership expected to take place on or about June 15, 2022 ("Closing").

In general terms, UHS ASC Master, LLC, a Delaware limited liability company will acquire 51% of the outstanding membership interests of the current members. ASC member Advanced Orthopedic Specialties of Nevada, LLC will sell 100% of its ownership interest, and Advanced ASC Investors, LLC ("Advanced ASC") will be selling a substantial portion of its interest such that no physician owner of Advanced ASC will own a 10% or more interest after the closing ("Transaction"). Accordingly, we believe the Personal History Record Application is not applicable as there are no individuals within the corporate structure that hold 10% or more of the beneficial interest in the ASC. We have also enclosed a copy of the organizational chart.

Enclosed please find the ASC's Ownership Change Application for ASC Pharmacy, including credit card information for payment of the application fee.

Should you have any questions, I may be reached at 702.307.4870 or via email at maria@nutilelaw.com .

Sincerely,

NUTILE LAW

Maria Nutile, Esq.

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NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Xin Middle Nick Last Liu

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Advanced Way

City Las Vegas State NV Zip 89113

Telephone [redacted] Email _____

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University Of California Ar Davis		09/1990 -12/1993	
Address	**City**	**State**	**Zip**
178 Mrak Hall Dr	Davis	CA	95616
Diploma/Degree obtained, if any			
B.S			

School Name		From - To (MM/YY – MM/YY)	
Western University Osteopathic Medicine of the Pacific		06/1995 - 06/1999	
Address	**City**	**State**	**Zip**
309 E 2nd St College Plaza	Pomona	CA	91766
Diploma/Degree obtained, if any			
D.O			

School Name		From - To (MM/YY – MM/YY)	
Alhambra High School		9/86 - 6/90	
Address	**City**	**State**	**Zip**
150 E Street	Martnez	CA	94553
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2000- 6/2004	[redacted] Harrington Blvd	Mount Clemens	MI	48043
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2002- 03/2002	[redacted] Winslow Ave Ste 107	Avondale	OH	45206
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 -Current	[redacted] Saint Croix St	Henderson	NV	89012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Orthopedics & Sports Medicine			08/2007 - present	
Business Address	**City**		**State**	**Zip**
7195 Advanced Way	Las Vegas		NV	89113
Phone	**Title**			
702-740-5327	Provider/Partner			
Description of Duties				
Medical Staff				

Business Name			From - To (MM/YY – MM/YY)	
8428 Warm Springs LLC			2018-2022	
Business Address	**City**		**State**	**Zip**
7189 Advanced Way	Las Vegas		NV	89113
Phone	**Title**			
702 740 5327	Member			
Description of Duties				
Landlord				

Business Name			From - To (MM/YY – MM/YY)	
Vegas Ortho LLC			2018-2022	
Business Address	**City**		**State**	**Zip**
7195 Advanced Way	Las Vegas		NV	89113
Phone	**Title**			
702 740-5327	Member			
Description of Duties				
Landlord				

Business Name			From - To (MM/YY – MM/YY)	
Nifive LLC			2017-2022	
Business Address	**City**		**State**	**Zip**
2904 W Horizon Ridge Pkg #101	Henderson		NV	89052
Phone	**Title**			
702 740 5327	Member			
Description of Duties				
Landlord				

Business Name			From - To (MM/YY – MM/YY)	
Five Star Sitter LLC			2020-2022	
Business Address	**City**		**State**	**Zip**
7322 S Rainbow # 307	Las Vegas		NV	89139
Phone	**Title**			
702-740-5327	Member			
Description of Duties				
Nanny Service				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Parkway Surgery Center			Current	
Business Address		**City**	**State**	**Zip**
100 N Green Valley Pkwy #125		Henderson	NV	89074
Phone	**Title**			
702-740-5327	Shareholder			
Description of Duties				
ASC				

Business Name			From - To (MM/YY – MM/YY)	
Durango Outpatient Surgery Center			Term 2018	
Business Address		**City**	**State**	**Zip**
8530 W Sunset Rd		Las Vegas	NV	89113
Phone	**Title**			
702-740-5327	Shareholder			
Description of Duties				
ASC				

Business Name			From - To (MM/YY – MM/YY)	
Jing Restaurant			2020 -Current	
Business Address		**City**	**State**	**Zip**
10975 Oval Park Dr		Las Vegas	NV	89135
Phone	**Title**			
702-333-1512	Shareholder			
Description of Duties				
Restaurant				

Business Name			From - To (MM/YY – MM/YY)	
Trufusion/Truhealth Holdings			Current	
Business Address		**City**	**State**	**Zip**
1870 Festival Plaza # 200		Las Vegas	NV	89135
Phone	**Title**			
702-906-2777	Shareholder			
Description of Duties				
Gym				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Durango Outpatient Surgery Center		Term 2018	
Business Address	**City**	**State**	**Zip**
8530 W Sunset Rd	Las vegas	NV	89113
Phone	**Title**		
702-740-5327	Shareholder		
Description of Duties			
ASC			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Xin Nick Liu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Xin Nick Liu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/28/2022

Date

Subscribed and Sworn to before me this 28 day of July.

CARLOS CALDERON
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 20-5417-01
MY APPT. EXPIRES JUNE 11, 2024

Notary Public Signature

. (Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Timothy Middle James Last Trainor

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Advanced Way

City Las Vegas State NV Zip 89113

Telephone [redacted] Email _____

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (if "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Notre Dame		09/88 - 05/1992	
Address: University of Notre Dame	City: Notre Dame	State: IN	Zip: 46556
Diploma/Degree obtained, if any: B.A			

School Name		From - To (MM/YY – MM/YY)	
Northwestern University Medical School		08/93 - 6/97	
Address: 303 East Chicago Ave	City: Chicago	State: IL	Zip: 60611
Diploma/Degree obtained, if any: MD			

School Name		From - To (MM/YY – MM/YY)	
Fitchburg High School		12/1986 - 06/1990	
Address	City: Fitchberg	State: MA	Zip: 01420
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/98 - 06/2002	6800 Reservoir Rd NW	Washington	DC	20007
06/2017-Present	[redacted] Quiet Moon Lane	Las Vegas	NV	89135
04/2009-05/2017	[redacted] Queen Charlotte Dr.	Las Vegas	NV	89145

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Advanced Orthopedics & Sports Medicine			07/2007 - present
Business Address	**City**	**State**	**Zip**
7195 Advanced Way	Las Vegas	NV	89113
Phone	**Title**		
702-740-5327	Provider/ Partner		
Description of Duties			
Medical Staff			

Business Name			From - To (MM/YY – MM/YY)
8428 Warm Springs LLC			2018 - 2022
Business Address	**City**	**State**	**Zip**
7189 Advanced Way	Las Vegas	NV	89113
Phone	**Title**		
702-740-5327	Shareholder/ Owner		
Description of Duties			
Landlord			

Business Name			From - To (MM/YY – MM/YY)
Vegas Ortho LLS			2018 - 2022
Business Address	**City**	**State**	**Zip**
7195 Advanced Way	Las Vegas	NV	89113
Phone	**Title**		
702-740-5327	Owner		
Description of Duties			
Landlord			

Business Name			From - To (MM/YY – MM/YY)
Parkway Surgery Center			Current
Business Address	**City**	**State**	**Zip**
100 N Green Valley Pkwy #125	Henderson	NV	89074
Phone	**Title**		
702-740-5327	Shareholder		
Description of Duties			
ASC			

Business Name			From - To (MM/YY – MM/YY)
HiFive LLC			2017 - 2022
Business Address	**City**	**State**	**Zip**
2904 W Horizon Ridge Pkwy # 101	Henderson	NV	89052
Phone	**Title**		
702-740-5327	Owner		
Description of Duties			
Landlord			

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Durango Outpatient Surgery Center		Term 2018	
Business Address	**City**	**State**	**Zip**
8530 W Sunset Rd	Las vegas	NV	89113
Phone	**Title**		
702-740-5327	Shareholder		
Description of Duties			
ASC			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thimothy Trainor

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Timothy Trainor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/28/2022

Date

Subscribed and Sworn to before me this 28 day of July.

Notary Public Signature

CARLOS CALDERON
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 20-5417-01
MY APPT. EXPIRES JUNE 11, 2024

(Seal)

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility
■ Ambulatory Surgical Center (ASC)
☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		■ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Nevada Surgical Suites

Physical Address: 10195 W Twain Ave

City: Las Vegas State: NV Zip: 89147

Mailing Address (if different from physical address): 2809 W Charleston Blvd, Ste. 100

City: Las Vegas State: NV Zip: 89102

Telephone: 702-476-1800 Fax: 702-476-9500

Contact Email: julie.woodward@nvcpc.com Website

Nevada Business License # Pending

Employed/Contracted Pharmacist Name: Todd Bleak NV Pharmacist License #: 11505

Medical Director Name: Alain Coppel, M.D.

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: Alain Coppel, M.D.

Business Name: Nevada Surgical Suites

Business Address: 10195 W Twain Ave

City: Las Vegas State: NV Zip: 89147

Telephone: 702-476-1800 Email: julie.woooward@nvcpc.com

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist):

Pharmacist Name: TODD BLEAK NV Pharmacist License #: 11505

As the employed/contracted pharmacist, for (ASC/RC Name): Nevada Surgical Suites :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/31/2007	11/25/2008	NV	LAS VEGAS	CLARK
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08-049-RPH-S		NEVADA BOARD OF PHARMACY		
Reason/Charge				
LACK OF DOCUMENTATION OF COMPLETED CONTINUING EDUCATION ON AUDIT				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
TODD BLEAK			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

As part of audit of continuing education records for renewal period 11/01/2005-10/31/2007, I could only produce 8 hours of continuing education certificates. Additional continuing education documentation was lost on a damaged computer and could not be recovered. I failed to request copies of the additional certificates. I accepted responsibility and completed the corrective action requirements by the Board.

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

Date 01/10/2023

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alain Coppel M.D.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

01/19/2023

Date

Board Use Only	Date Received: 1.24.23	Amount: 500.00 CC

Nevada State Board of Pharmacy

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

January 7, 2009

Todd R. Bleak
900 Las Vegas Boulevard South #814
Las Vegas, NV 89101

RE: Case No. 08-049-RPH-S

Dear Mr. Bleak:

This letter is to inform you that the Board of Pharmacy is in receipt of your continuing education examination. You passed the examination with 97.5 points out of a possible 100.

We have also received your check in the amount of $1,000.00 in payment of your fine in the above referenced case. I am also in receipt of 82 CE's. 22 CE hours will fulfill your obligation for continuing education for the 2005-2007 renewal period. The remainder will qualify as completion of the required 60 CE's for the 2007-2009 renewal period. As a reminder you will be audited again for the renewal period ending October 31, 2009. When you get your letter, please contact me and I will submit the CE's for you acknowledging your compliance.

If you have any questions, please feel free to contact me.

Sincerely,

Jeri L. Walter
Board Coordinator

jlw

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
Page: 1 of 3

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 5500000054591071

This report is maintained in: [ ] The National Practitioner Data Bank
[X] The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF PHARMACY
Address: 431 WEST PLUMB LANE
City, State, ZIP: RENO, NV 89509
Entity Internal Report Reference (e.g., claim number): NV011061
Name or Office: JERI L. WALTER
Title or Department: BOARD COORDINATOR
Telephone: (775)850-1440
Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: BLEAK, TODD RICHARD
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Country:
Organization Type:
Other, as Specified:
Home Address: 900 LAS VEGAS BLVD S #814
City, State, ZIP: LAS VEGAS, NV 89101
Country:
Deceased: NO
Date of Death:
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
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Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009

Professional School(s) & Year(s) of Graduation: UOA 1992

Occupation/Field of Licensure (Code): PHARMACIST (050)
State License Number, State of Licensure: 11505, NV
Other, as Specified:
Specialty:

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:
Country:

Nature of Relationship(s):

Other, as Specified:

C: INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program that Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF PHARMACY

Adverse Action Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Other, as Specified:

Date Action Was Taken: 11/25/2008

Date Action Became Effective: 11/25/2008

Total Amount of Monetary Penalty, Assessment and/or Restitution: $1,000.00

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

Description of Act(s) or Omission(s) or Other Reasons for Action Taken: PHARMACIST INDICATED ON NEVADA LICENSE RENEWAL APPLICATION THAT HE HAD COMPLETED THE REQUIRED 30 HOURS OF CONTINUING EDUCATION. HE WAS ONLY ABLE TO PROVIDE CERTIFICATES FOR 8 HOURS OF CE DURING A RANDOM AUDIT. BOARD ORDERED HIM TO PAY A FINE OF $1,000.00, COMPLETE THE 22 HOURS OF CE FOR RENEWAL PERIOD 11/1/2005 THROUGH 10/31/2007 AND COMPLETE 60 HOURS OF CE FOR RENEWAL PERIOD 11/1/2007 THROUGH 10/31/2009. PHARMACIST MUST ALSO TAKE AND PASS THE WRITTEN LAW EXAM PROVIDED BY BOARD STAFF.

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http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
Page: 3 of 3

Basis for Action: FAILURE TO COMPLY WITH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS (A2)

Other, as Specified:

☐ Subject identified in Section B has appealed the reported adverse action.

Date of Appeal:

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 01/02/2009

Date of Most Recent Change: 01/02/2009

END OF REPORT

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
Page: 1 of 2

To: BLEAK, TODD RICHARD

900 LAS VEGAS BLVD S #814

LAS VEGAS, NV 89101

From: The Healthcare Integrity and Protection Data Bank

Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate,** you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.

>> **If the mailing address in this report is incorrect,** you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.

>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.

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DCN: 5500000054591071
Process Date: 01/02/2009
Page: 2 of 2

>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.
>> **You may submit both** a statement and dispute the report.
>> **You must certify** that you are the subject of the report in the Certification section of the Subject Statement and Dispute screen if you submit a statement, dispute the report or both.

Do not send this form directly to the Secretary of the U.S. Department of Health and Human Services. To avoid lengthy processing delays, send the form to: NPDB-HIPDB, P.O. Box 10832, Chantilly, VA 20153-0832.

If you submit a Subject Statement or place the report in disputed status using the Report Response Service, you will be prompted to print a copy for your records. When the Data Banks process a statement and/or dispute, notification of the statement and/or disputed status is sent to all queriers who received the report. If the entity that submitted the report to the Data Bank submits a change or correction to the report, a copy of the revised report will be sent to you and to any queriers who received a previous version of the report.

If a reporting entity subsequently corrects or changes a report that contains a Subject Statement, the original statement will be maintained in the modified report until the Subject elects to remove it or replace it with a new statement.

Additional Information.

The U.S. Department of Health and Human Services, Health Resources and Service Administration, Division of Practitioner Data Banks operates the HIPDB under regulations codified at 45 CFR Part 61. Information describing the operation of the Data Bank, including reporting requirements, disclosure authority, dispute procedures, authorizing legislation, implementing regulations, etc., is accessible on the World Wide Web at http://www.npdb-hipdb.hrsa.gov. For assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on Federal holidays.

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http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: Found on the first page of the report, which follows the Notification of a Report in the Data Bank(s) sent to inform you of a report submitted to the Data Bank(s), or in your self-query results.

Report Password: 7qxat82sjk

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Nevada Surgical Suites

Physical Address 10195 W Twain Ave

City Las Vegas State NV Zip 89147

Mailing Address (if different from physical address) 2809 W Charleston Blvd, Ste. 100

City Las Vegas State NV Zip 89102

Telephone 702-476-1800 Website

Licensing Company Email julie.woodward@nvcpc.com

Section 2: Personal Information

First Alain Middle Last Coppel

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Cranston Ct.

City Las Vegas State NV Zip 89135

Telephone [redacted] Email

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Applicant's initials

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Salpointe Catholic High School		09/1982 - 06/1987	
Address	**City**	**State**	**Zip**
1545 E. Copper St.	Tucson	AZ	85719
Diploma/Degree obtained, if any			
Graduate			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		06/1991 - 05/1996	
Address	**City**	**State**	**Zip**
PO Box 210066	Tucson	AZ	89721
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona School of Medicine		06/1996 - 06/2000	
Address	**City**	**State**	**Zip**
PO Box 245017	Tucson	AZ	85724
Diploma/Degree obtained, if any			
M.D.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019 - current	[redacted] Cranston Ct.	Las Vegas	NV	89135
2009 - 05/2019	[redacted] Marshfield Rd.	Las Vegas	NV	89315

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Nevada Comprehensive Pain Center			11/2009 - current	
Business Address		**City**	**State**	**Zip**
2809 W Charleston Blvd, Ste. 150		Las Vegas	NV	89102
Phone	**Title**			
702-476-9999	Owner/Managing Member			
Description of Duties				
Practicing medical doctor and managing member				

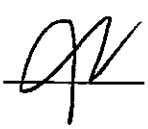
Business Name			From - To (MM/YY – MM/YY)	
Nevada Surgical Suites			10/2014 - current	
Business Address		**City**	**State**	**Zip**
2809 W. Charleston Blvd, Ste. 100		Las Vegas	NV	89102
Phone	**Title**			
702-476-1800	Owner/Managing Member			
Description of Duties				
Practicing medical doctor and managing member				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/19/2023
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alain Coppel, M.D.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/19/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Alain Coppel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/19/2023

Date

Subscribed and Sworn to before me this 19th day of January 2023

Notary Public Signature

MELISSA DOWDING
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 07-1928-1
MY APPT. EXPIRES JUNE 14, 2026

Applicant's initials

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Y

Type of Facility		
☐ Ambulatory Surgical Center (ASC)		
☑ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☑ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☑ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Queensridge Recovery Suites

Physical Address: 10040 Alta Dr. Suite 300

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address): 2779 W. Horizon Ridge Pkwy #130

City: Henderson State: NV Zip: 89052

Telephone: 702-589-4975 Fax: 702-331-2839

Contact Email: mschilder@crovettiortho.com Website crovettiortho.com

Nevada Business License #

Employed/Contracted Pharmacist Name: Mary Grear, RPH NV Pharmacist License #: 10687

Medical Director Name:

Days of Operation

☑ Monday	☑ Tuesday	☑ Wednesday	☑ Thursday	☑ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: Michael Crovetti

Business Name: Queens Ridge Recovery Suites

Business Address: 10040 W. Alta Dr. #300

City: Las Vegas State: NV Zip: 89145

Telephone: 702-990-2290 Email: mcrovettiortho.com

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, R.Ph. NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Queensridge Recovery Suites :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN, Inc.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear, RPh	

Name of Business/Industry/Entity
PRN, Inc

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc in care of Executive Director Mary Grear. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN, Inc. and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc. grants.

Mary Grear, RPh

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

10/24/2022

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MICHAEL J CROVETTI

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1/6/23

Date

1/18/23

Board Use Only	Date Received: 1.17.23	Amount: 500.00 CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CORONADO SURGICAL RECOVERY SUITES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2010, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/06/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301063289492
You may verify this certificate online at http://www.nvsos.gov

Effective Date : 01/01/2023
Expiration Date : 12/31/2023

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
6188-RCF-16

This Is To Certify That

CORONADO SURGICAL RECOVERY SUITES

2779 W HORIZON RIDGE PKWY STE 130
HENDERSON, NV 89052

Is hereby licensed as a(n)

RECOVERY CENTER FACILITY

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : RECOVERY CENTER FACILITY

Endorsement :

Bed Information : BEDS - 6

Michelle Schilder

MICHELLE SCHILDER / Administrator

CORONADO SURGICAL
RECOVERY SUITES, LLC

Lisa Sherych / Administrator

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HENDERSON, N

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Queensridge Recovery Suites

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 10040 Alata Drive , Suite 300

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-589-4975 Website:

Licensing Company Email: mschilder@crovettiortho.com

Section 2: Personal Information

First: Michael Middle: J Last: Crovetti

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] W. Horizon Ridge Pkwy [redacted]

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: mcrovetti@crovettiortho.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Michael Middle J Last Crovetti

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] W. Horizon Ridge Pkwy [redacted]

City Henderson State NV Zip 89052

Telephone [redacted] Email mcrovetti@crovettiortho.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Medicine & Dentistry of NJ School of Medicine		01/94-06/95	
Address	**City**	**State**	**Zip**
One MEdical Center Dr.	Statford	NJ	08084
Diploma/Degree obtained, if any			
Intership/Surgery			

School Name		From - To (MM/YY – MM/YY)	
UMDNJ School of Osteopathic Medicine		01/90-01/94	
Address	**City**	**State**	**Zip**
One Medical Center	Startford	NV	08084
Diploma/Degree obtained, if any			
D.O.			

School Name		From - To (MM/YY – MM/YY)	
Albright College		01/84-01/88	
Address	**City**	**State**	**Zip**
1621 N. 13th St.	Reading	PA	19612
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/22-Current	[redacted] Pinto Lane	Las Vegas	NV	89107
05/21-07/22	[redacted] Desert View St.	Las Vegas	NV	89107
11/1-05/21	[redacted] Reims	Henderson	NV	89012
10/16-11/17	[redacted] Mcdonald Ranch	Henderson	NV	89052
2004-10/16	[redacted] Kittansett Loop	Henderson	NV	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Crovetti Orthopaedics & Sports Medicine			08/00-Current	
Business Address		**City**	**State**	**Zip**
2779 W. Horizon Ridge Pkwy #200		Henderson	NV	89052
Phone	**Title**			
702-990-2290	Owner			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael J. Crovetti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/09/23

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Michael J. Crovetti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/09/25

Date

Subscribed and Sworn to before me this 9th day of January

Notary Public Signature

SANDRA BRIGANDI
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-23-26
Certificate No: 22-2005-01
(Seal)

CURRICULUM VITAE
(as of May 2019)

Michael J. Crovetti, Jr., DO
1491 Reims
Henderson, NV 89012
702-312-3710

Business Crovetti Bone & Joint Institute of Southern Nevada

dba Crovetti Orthopaedics and Sports Medicine
2779 W. Horizon Ridge Parkway, Suite 200
Henderson, NV 89052
702-990-2290
Aug. 2000 to current

Date of Birth 06/21/66

Spouse Karen Rae Crovetti

Children Brielle Rae
Chelsea Renee
Michael James III

EDUCATION

Institution	**Graduation/Degree**
Albright College Reading, PA	1988/B.S.
University of Medicine and Dentistry of NJ School of Osteopathic Medicine Stratford, NJ	8/90 – 6/94 DO

Internship

University of Medicine and Dentistry of NJ School of Osteopathic Medicine Stratford, NJ	7/94 – 6/95 Chief Intern

Residency

Ohio University – Dayton, OH	7/95 – 7/99 Chief Resident
Grandview Hospital and Medical Center	

Fellowship Subspecialty Training

Reconstruction of the Hip, Knee and Shoulder, Revision Surgery Todd Swanson, MD Desert Orthopedic Center Las Vegas, NV	8/99 – 7/00 Fellow

Licensure

Nevada #834	1997-present
California # 20A 11872	

Hospital Privileges

St. Rose Dominican Hospital Siena & DeLima Campus, Henderson, NV
Henderson Hospital, Henderson, NV

Board Status

Part I	Passed 1999
Part II	Passed 1999
Part III	Certified 9/18/02 – 12/31/12
Recertification	01/1/13 – 12/31/22
Certificate Number 1404	

Professional Affiliations

American Academy of Orthopaedic Surgeons
American Osteopathic Association
American Osteopathic Academy of Orthopaedics
Clark County Medical Society
Nevada Medical Association
Nevada Orthopedic Society
Nevada Osteopathic Medical Association
Touro University-NV Adjunct Faculty

Business Affiliations

Founder, Crovetti Orthopaedics and Sports Medicine, Henderson, NV
Founder, Coronado Surgical Center, LLC, Henderson, NV
Founder, Outpatient Surgical Specialist of America, LLC, Henderson, NV
Founder, Coronado Surgical Recovery Suites, LLC, Henderson, NV
Founder, Outpatient Surgical Recovery Suites of Colorado, LLC, Denver, CO
Founder, Outpatient Surgical Recovery Suites of St. Louis, LLC, St. Louis, MO
Founder, Outpatient Surgical Recovery Suites of Western Florida, LLC, Bradenton, FL
Founder, Epic Training Center, LLC, Henderson, NV

Awards/Recognition

2013 Top Doctors, Las Vegas Life
2012 Top Doctors, Las Vegas Life
2006 Healthcare Heroes Innovator of the Year
2005 Henderson Person of the Year, *Private Sector*, Henderson, NV

Consultant Positions

Previous
Cardo Medical, Beverly Hills, CA, Consultant for Total Joint Replacement
Stryker Orthopaedics, Mahwah, NJ, Consultant for Total Joint Replacement
Smith & Nephew, Memphis, TN, Consultant for Minimally Invasive Joint Replacement
DePuy Orthopaedics, Inc, Warsaw, IN, Consultant for Mini Incision Total Hip and Total Knee Arthroplasty
PLUS Orthopedics, San Diego, California, Consultant for the *Gliding Nail* for intramedullary nailing of peritrochanteric hip fractures.

Media Exposure

Summer 2014 – MyVegas Magazine – *Top Docs & Dentists Profile*

Summer 2014 – Las Vegas Life – *Top Doctors 2014*

May 2014 – Fox 5 More TV – *Patient testimonial following a double hip replacement*

February 2014 – Fox 5 More TV – *Coverage of patient walking 3 hours following Total Hip Replacement*

January 2014 – MyVegas Magazine Top Docs Profile

September-December 2013 – Spirit Magazine Health Issue with Advertorial

Fall 2013 – MyVegas Magazine – *Recovery: Crovetti Orthopaedics and Sports Medicine Celebrates Their 500th Patient*

Summer 2013 – MyVegas Magazine – *My Top Docs & Dentists*

Spring 2013 – Las Vegas Life – *Top Doctors 2013*

April 23, 2013 – Las Vegas Review Journal - *Las Vegas doctor streamlines popular knee, hip replacement procedures*

April 19, 2013 – ABC Channel 13 Vegas Morning Blend – *Innovative Outpatient Hip and Knee Replacement*

March 15, 2013 – ABC Channel 13 Vegas Morning Blend – *Innovative Outpatient Hip and Knee Replacement*

January 28, 2013 – ABC Channel 13 Vegas Morning Blend – *Innovative Outpatient Hip and Knee Replacement*

Spring, 2012, Las Vegas Life – *Top Doctors 2012*

May, 2012 – Vegas, Inc. – *Recovery Suites Model Takes Root In Las Vegas*

May, 2012 – Las Vegas Review Journal - *"Doctors look to control outcomes with own surgical centers, staff"*

May 8, 2003 - KLAS TV CBS 8 Las Vegas News - Your Health *Minimally Invasive Hip Replacement Surgery & Oxinium*

January 13, 2003 - KTNV TV ABC 13 Las Vegas News - Inside Health- *Supartz*

January 11, 2003 - Injections ease pain from ailing knees – Newly approved fluid therapy cause fewer side effects for osteoarthritis sufferers. *Las Vegas Review Journal*

January 10, 2003 - KLAS TV CBS 8 Las Vegas News - Your Health - *Supartz*

Publications

Crovetti, M.J. (2012, November) Outpatient Hip and Knee Replacement Surgery: A Unique and Innovative Model

Crovetti, M.J. (2010 April – September) Cardo Medical Minimally Invasive Total Knee Arthroplasty technique, *Cardo Medical Surgical Technique Guide*

Crovetti, M.J. Minimally Invasive Hip Replacement Through the Posterior Approach, Smith & *Nephew Surgical Technique Guide*

Crovetti, M.J. (2004, April – June) Set yourself apart – give surgeons the tools for success. *Articulate pg.6*

Crovetti, M.J. (2003, October-December) Minimally Invasive Hip Surgery. *Articulate, pg.* 7-8

Crovetti MJ and Bamberger HB. Common Hand Emergencies: Part I: Compartment syndromes, frostbite and infections, *Hospital Practice* 33 (10), 1997

Crovetti MJ and Bamberger HB. Common Hand Emergencies: Part II: Open, high pressure injection and flexor and extensor tendon injuries, *Hospital Practice* 33 (11), 1997

Crovetti MJ et al, The Accuracy of MRI in the Community Setting, *AAOS*, 1994.

Clinical/Faculty Positions

2001-2005 Clinical Faculty, Smith and Nephew Orthopaedics, Posterior Minimally Invasive Hip Replacement Technique.

a. Designed and implemented Cadaveric Training program for new approach to the hip

2003-2005 International Design Team for Mini Hip Stem, Smith and Nephew Orthopaedics

a. American, German, and Italian surgeons design new Hip stem, released 2008

2003-2005 Designer Platform Hip Stem, Smith and Nephew Orthopaedics

a. Royalty based agreement

2004-2006 Clinical Faculty Birmingham Hip Resurfacing Team

a. Designed and Implemented Cadaveric Training Program

b. Travelled internationally to learn technique in Belgium, Ireland, and Birmingham

2005-2010 Chairman, Co-Chairman and Clinical Faculty Stryker Orthopaedics Comet Hip Resurfacing Team

a. One of Four Surgeons commissioned to Introduce, Design and Implement Cadaveric training program

2005 – 2007 Consultant Designer HipStar Femoral Stem, Stryker Orthopaedics

2009 – 2010 Instrument and Implant Designer Consultant – CardoMedical, Inc

a. Designed Knee Replacement Instruments and Retractor System for Total Hip Arthroplasty
b. Design Input Poly Insert Total Knee Arthroplasty

2005 Guest Speaker Japanese Orthopedic Association Okinawa, Japan

a. Minimally Invasive Hip and Knee Replacement Surgery

2004 – 2010 Chairman Nevada Bioresearch Foundation, Medical Education And Research Institute of Nevada (MERIN)

a. Designed, Built, MERIN facility in Henderson, Nevada
b. Established Cadaveric Training program and Donation program for State of Nevada
c. MERIN trained more than 10,000 surgeons from 26 different countries

2005-2007 Team Physician UNLV Football, Las Vegas, Nevada

2005- Current Clinical Adjunct Professor of Orthopaedics Touro University, Henderson, Nevada

2006 – 2008 Chief of Surgery, St. Rose Dominican, San Martin Campus, Las Vegas, NV

Clinical and Scientific Presentations

McDermott, Will and Emery, ASC Symposium, Additional revenue Streams in the Ambulatory Surgery Center, Miami, Fla., February, 2013

McDermott, Will and Emery, ASC Symposium, Additional revenue Streams in the Ambulatory Surgery Center, Miami, Fla., February, 2012

Arthrex Design Surgeon Meeting, Unicompartmental and Total Knee Arthroplasty Instrument and Product Design, Naples, Fla., November, 2011

"Presented the New Cardo MIS Total Knee Arthroplasty instrument platform to a group of 6 surgeons"
Cardo
Scottsdale, AZ August 2010

"Designed Cardo Constrained Total Knee Arthroplasty poly liner"
Cardo
Henderson, NV 2010

"Designed Cardo Total Knee MIS instrument platform"
Cardo
Henderson, NV 2010

"Primary Hip Skills Training Rejuvenate Trident"
Stryker
Mahwah, NJ July 2010

"Advanced Hip Skills Training-Cornet Hip Resurfacing"
Stryker
Mahwah, NJ April 2010

"Otis Med Knee Replacement Training Lab"
Stryker
Mahwah, NJ April 2009

"Cornet Hip Replacement Training Lab"
Stryker
Mahwah, NJ March 2009

"Advanced Hip Skills Training-Cornet Hip Resurfacing"
Stryker
Mahwah, NJ August 2009

"Advanced Hip Skills Training-Cornet Hip Resurfacing"
Stryker
Mahwah, NJ September 2009

"Triathalon Knee Replacement Product Training Lab"
Stryker
Mahwah, NJ September 2009

"Cornet Hip Resurfacing Lab"
Srtyker
Mahwah, NJ March 2009

"Advanced Hip Skills Training-Cornet Hip Resurfacing"
Stryker

Mahwah, NJ April 2009

"Comet Hip Resurfacing Training Lab"
Stryker
Mahwah, NJ May 2009

"Comet Hip Resurfacing Training Lab"
Stryker
Mahwah, NJ July 2009

"Hipstar DVD" Instructional DVD on how to complete implementation of Hipstar system.
Stryker
Mahwah,NJ June 2007

"North American Hip and Knee Symposium" Smith & Nephew Surgical Approached and Current Controversies
Copper, CO February 2006

"Japanese MIS Synergy Total Hip System Learning Center" Smith & Nephew
Henderson, NV January 2006

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Henderson, NV October 2005

"Minimally Invasive Hip and Knee Surgical Techniques". Smith & Nephew Innovations in MIS Joint Surgery.
New Orleans, LA June 2005

"Minimally Invasive Hip and Knee Surgical Techniques", "Supartz: A Nonsurgical Option" Smith & Nephew Innovations in MIS Joint Surgery.
Santa Barbara, CA June 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Henderson, NV May 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Henderson, NV April 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Japan, February 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN December 2004

"Minimally Invasive Hip Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.

Phoenix, AZ November 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ August 2004

"Advanced Hip Training" Smith & Nephew
Chicago, IL August 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Led the cadaver lab. Smith & Nephew Innovations in MIS Joint Surgery.
Orlando, FL May 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Led the cadaver lab. Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ April 2004

"Knee Pain Management" & "MIS Techniques" Smith & Nephew
Phoenix, AZ February 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Sales Training Class.
Phoenix, AZ February 2004

"Benefits of MIS Surgery" Smith & Nephew National Sales Meeting.
San Diego, CA February 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ January 2004

"Mini Hip Surgery Techniques" & "Practice Enhancement Opportunities" Smith & Nephew American Hip & Knee Symposium.
Beaver Creek, CO January 2004
"Minimally Invasive Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN December 2003

"Practice Enhancement Tools" Smith & Nephew MIS Surgeon Training Meeting.
Phoenix, AZ November 2003

"Minimally Invasive Hip Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ November 2003

"Minimally Invasive Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN October 2003

"Minimally Invasive Hip Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.

Phoenix, AZ September 2003

"Minimally Invasive Hip Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN July 2003

"Minimally Invasive Hip & Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Los Cabos, Mexico June 2003

"MIS Joint Surgery" Smith & Nephew North American Hip & Knee Symposium
Beavercreek, CO January 2003

New Developments in Hip & Knee Arthroplasty- Smith & Nephew
Naples, FL November 2002

"Leg Length & Offset Restoration in Total Hip Arthroplasty"- Smith & Nephew The Great Lakes Joint Arthroplasty Symposium.
Onekama, MI September 2002

Joint Arthroplasty- Smith & Nephew
Coeur D'Alene, ID August 2002

"Minimally Invasive Hip Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Los Cabos, Mexico June 2002

"MIS Joint Surgery" Smith & Nephew North American Hip & Knee Symposium
Beaver Creek, CO February 2002

"Joint Reconstruction" Plus Orthopedics
12th International Symposium on Joint Reconstruction,
Ritz Carlton Hotel in Dana Point, CA. April 2001.

"Intramedullary Nailing of Peritrochanteric Hip Fractures,"
Presented to the Arizona Orthopedic Society meeting.
Phoenix, AZ. November 2000

Mini-incision Total Hip Arthroplasty. Grand Rounds
Maricopa County Medical Center. Phoenix, AZ November 2000

"Intramedullary Nailing of Peritrochanteric Hip Fractures,"
Presented at the 11Th International Zweymuller Symposium
Boston Harbor Hotel, Boston, MA. October 2000.
"Gliding Nail Workshop" Plus Orthopedics National Sales Meeting.
San Diego, CA. September 2000.

"Intramedullary Nailing of Stable and Unstable Peritrochanteric Hip Fractures;"
presented at University Medical Center of Fresno, CA, December 1999.

"Intramedullary Nailing of Stable and Unstable Peritrochanteric Hip Fractures;" presented at the 9th International Zweymuller Symposium, Rancho Bernardo Inn, Rancho Bernardo, CA, November 1999.

"The Use of MRI in the Community Setting for the Knee and Shoulder. American Osteopathic Association of Orthopedics Meeting May 1998, Kansas City, MO.

"Accuracy of MRI for the Knee in the Community Setting" American Academy of Orthopedic Surgeons 61st Annual Meeting in New Orleans, LA, February 1994

Train Visiting Surgeons from the USA and Australia on MIS Joint Surgery

August 2010
4 surgeons training on Cardo Total Knee System
Henderson, NV

August 2010
4 surgeons training on Cardo Total Hip System
Henderson, NV

August 2010
4 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

August 2010
4 surgeons training on Cardo Patellofemoral Arthroplasty
Henderson, NV

July 2010
4 surgeons training on Cardo Total Knee System
Henderson, NV

July 2010
4 surgeons training on Cardo Total Hip System
Henderson, NV

July 2010
4 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

July 2010
4 surgeons training on Cardo Patellofemoral Arthroplasty
Henderson, NV

June 2010
4 surgeons training on Cardo Total Knee System
Henderson, NV

June 2010
4 surgeons training on Cardo Total Hip System
Henderson, NV

June 2010
4 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

June 2010
4 surgeons training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

May 2010
2 surgeons training on Cardo Total Knee System
Henderson, NV

May 2010
2 surgeons training on Cardo Total Hip System
Henderson, NV

May 2010
2 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

May 2010
2 surgeons training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

April 2010
2 surgeons training on Cardo Total Knee System
Henderson, NV

April 2010
2 surgeons training on Cardo Total Hip System
Henderson, NV

April 2010
2 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

April 2010
2 surgeons training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

March 2010
1 surgeon training on Cardo Total Knee System
Henderson, NV

March 2010
1 surgeon training on Cardo Total Hip System
Henderson, NV

March 2010
1 surgeon training on Cardo Unicompartmental Knee System

Henderson, NV

March 2010
1 surgeon training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

February 2010
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

February 2009
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

May 2009
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

December 2008
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

November 2008
2 surgeons training on Cornet Hip Resurfacing
Phoenix, AZ

July 2008
1 surgeon training on Cornet Hip Resurfacing
Tucson, AZ

July 2008
1 surgeon training on Cornet Hip Resurfacing
North Hollywood, CA

February 2008
2 Surgeon Cadaver Training technique training hip and knee replacement
Henderson NV

March 2008
1 Surgeon Training Hip replacement
Henderson NV

April 2008
3 Surgeon Training Hip Resurfacing
Henderson, NV
1 Surgeon Training Hip Resurfacing training

November 2007
3 surgeons training on Cornet Hip resurfacing
3 surgeon cadaver lab training on resurfacing hip
Phoenix, AZ

Utah

October 2007
3 surgeons training triathlon knee and accolade hip training
Utah

September 2007
1 surgeon training Accolade Hip System, Triathlon Knee and Cornet Hip resurfacing system
Las Vegas, NV
1 surgeon skills development program
Fort Lauderdale, FL

August 2007
2 surgeon Presentation hip resurfacing
San Diego, CA
2 surgeons Presentation Triathlon Knee and Accolade Hip System
Mahwah,NJ
1 surgeon Training Cornet implant
Los Angeles, CA

July 2007
1 surgeon presentation of hip resurfacing lab Miami Florida
15 surgeon presentation hip and knee replacement
Las Vegas, NV

June 2007
Stryker training session for development of an Activity Expectation Scoring system
1 surgeon training session on the Accolade Hip Stem
Arkansas
1 surgeon training with cadaver and detailed the benefits of Triathlon knee systems
1 surgeon training regarding Triathlon knee system
Phoenix, AZ

May 2007
Teaching seminar for the HIPStar implant program and resurfacing implant
5 surgeons Mahwah, NJ

Feb 2007
1 surgeon training seminar and cadaver interactive training
Los Angeles, CA

December 2007
1 surgeon from Colorado Springs, CO
1 surgeon from Fort Lauderdale, Fl
15 surgeon seminar training Fort Lauderdale, FL

November 2006
1 surgeon from Michigan

June 2006

1 surgeon from Tucson, AZ

January 2006
1 surgeon from Anderson, IN
4 surgeons from Nagasaki, Japan

October 2005
1 surgeon from Toronto, Canada
1 surgeon from Sterling, IL

September 2005
1 surgeon from Edinburgh, UK

August 2005
1 surgeon from Fredericksburg, TX

July 2005
1 surgeon from Sidney, OH

May 2005
1 surgeon from Montreal, Quebec, Canada
1 surgeon from Port Angeles, WA

April 2005
1 surgeon from Muncie, IN

March 2005
2 surgeons from Lafayette, IN
1 surgeon from Louisville, KY

February 2005
2 surgeons from Austell, GA
1 surgeon from Anderson, Indiana
1 surgeon from Melbourne, FL
1 surgeon from Taos, NM

January 2005
1 surgeon from Mequon, WI

November 2004
1 surgeon from Indiana
2 surgeons from CA

September 2004
1 surgeon from Idaho

August 2004
2 surgeons from Cous Bay, OR

July 2004
2 surgeons from Indianapolis, IN

2 surgeons from Springfield, MO
1 surgeon from Houston, TX

June 2004
1 surgeon from Munster, IN

May 2004
1 surgeon from Scottsdale, AZ

March 2004
1 surgeon from Tuscaloosa, AL
1 surgeon from Birmingham, AL
1 surgeon from Lancing, MI

February 2004
2 surgeons from Jasper, AL
1 surgeon & 1 PA-C from Houston, TX
January 2004
2 surgeons from Decatur, AL

December 2003
1 surgeon from Australia
1 surgeon from Pleasanton, CA

September 2003
1 surgeon from MI

July 2003
1 surgeon from Birmingham, AL

March 2003
1 surgeon from Phoenix, AZ

February 2003
1 surgeon from Birmingham, AL

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: iSLEEP, LLC

MDEG Physical Address: 3272 East Sunset Road, Suite 100

City: ~~Reno~~ Las Vegas State: Nevada Zip: ~~89502~~ 89120

Mailing Address (if different from physical address): 4690 Longley Lane, Suite 7

City: Reno State: NV Zip: 89502

Telephone: 833-475-3372 Website: www.iSLEEPHST.com

Email: JHickok@isleephst.com

Name of MDEG Administrator (NAC 639.694): John Hickok

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☒ Medical Gases**
☐ Pharmacies[a]	☒ Respiratory Equipment**
☐ Practitioners[a]	☒ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: John Hickok
	Telephone: 702-708-7014

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 8am to 5pm	▣ Tue: 8am to 5pm	▣ Wed: 8am to 5pm	▣ Thurs: 8am to 5pm	▣ Fri: 8am to 5pm
☐ Sat: Appt only	☐ Sun: Appt only	☐ Holidays: Appt Only		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN: 7888750001
Nevada Medicaid: 25001307

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: John Hickok

Business Name: iSLEEP, LLC

Business Address: 4690 Longley Lane

City: Reno State: NV Zip: 89502

Telephone: 7027087014 Email: JHickok@isleephst.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Hickok

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/23/2022

Date

Board Use Only	Date Received: 12-12-22	Amount: 500.00 cc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Carolyn Hazuka	
L/P Insurance Services LLC 300 East 2nd Street Suite 1300 Reno NV 89501	PHONE (A/C, No, Ext): (775) 996-6000	FAX (A/C, No): (775) 473-9288
	E-MAIL ADDRESS: carolyn.hazuka@lpins.net	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
iSleep LLC 3272 E. Sunset Rd., Ste. 100 Las Vegas NV 89120	INSURER A: Landmark American Insurance Company	33138
	INSURER B: United Financial Casualty Co	11770
	INSURER C: Hartford Insurance Co	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL232676495 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [X] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			LHC848269	02/09/2023	02/09/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [X] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			963398373	11/14/2022	11/14/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		53WECAH0UYM	08/13/2022	08/13/2023	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability Claims Made Coverage			LHC848269	02/09/2023	02/09/2024	Each Claim Annual Aggregate Retro Date	$1,000,000 $3,000,000 02/09/2018

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Leased Location - 3272 E. Sunset Rd., Ste. 100, Las Vegas, NV 89120: When Named Insured is leasing space from Schnitzer Properties LLC and Schnitzer Properties Management LLC and all affiliates pursuant to a valid written lease agreement executed by Named Insured prior to loss. In accordance with the policy(ies) listed above: Additional Insured Status is deteremined by attached GL Form #RSG550050710.

CERTIFICATE HOLDER

Schnitzer Properties LLC
311 S. Valley View Blvd.,
Suite K-101
Las Vegas NV 89102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:
Any person or organization to whom or to which you are obligated by virtue of a written contract or by the issuance or existence of a written permit, to provide insurance such as is afforded by this policy.

A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown on the SCHEDULE, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insured, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

This endorsement effective
forms part of Policy Number LHC845320
issued to ISLEEP LLC
by Landmark American Insurance Company

Endorsement No.: 01

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ISLEEP, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/19/2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/14/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202302143392480
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State

GABRIEL DI CHIARA
Chief Deputy

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

John Hickok
5808 Shadow Park Dr.
Reno, NV 89523, USA

Work Order #: W2023021400494
February 14, 2023
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 562867

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20232953586	2/14/2023 9:39:44 AM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6763963726056350003068	Success	$50.00
Total			$50.00

Credit Balance: $0.00

John Hickok
5808 Shadow Park Dr.
Reno, NV 89523, USA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG iSLEEP MDEG License # (if applicable) _____

Physical Address 3272 E Sunset Road Suite 100

City Las Vegas State Nevada Zip 89120

Mailing Address (if different from physical address) 4690 Longley Lane Suite 7

City Reno State Nevada Zip 89502

Telephone 833-475-3372 Website www.iSLEEPHME.com

Licensing Company Email JHickok@isleephst.com

Section 2: Personal Information

First John Middle Lee Last Hickok

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Opal Ranch Way

City Reno State Nevada Zip 89506

Telephone [redacted] Email JHickok@isleephst.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palo Verde High School		06/06-06/2010	
Address	**City**	**State**	**Zip**
333 Pavilion Center Dr	Las Vegas	NV	89144
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2020 - Present	[redacted] Opal Ranch Way	Reno	NV	89506
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2014 to 01/2020	[redacted] Shadow Park Dr.	Reno	NV	89523
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2013 - 03/2014	[redacted] Deutz Dr.	Sparks	NV	89436
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
iSLEEP LLC			10/17 - Present	
Business Address		**City**	**State**	**Zip**
4690 Longley Lane Suite 7		Reno	NV	89502
Phone	**Title**		**Number of Employed Hours**	
7027087014	CEO		10,000+	
Description of Duties				
Lead a team of 20+ employees. Maintain ACHC accredidation, payor contracts, and ensure that the business operates in accordance with all applicable local, state, and federal regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/20/2022
Date

I, John Hickok, **certify that as the MDEG Administrator for**

iSLEEP, LLC,

that I (initial that you have read and meet the following requirements):

1. JH Have a high school diploma or its equivalent;
2. JH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Hickok

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2022

Date

Board Use Only	Date Received: 12-22-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler iSLEEP LLC

Physical Address 3272 E Sunsent Blvd #100

City Las Vegas State NV Zip 89120

Mailing Address (if different from physical address) 4690 Longley Lane #7

City Reno State NV Zip 89502

Telephone 7027087014 Website www.isleephme.com

Licensing Company Email N/A

Section 2: Personal Information

First John Middle Lee Last Hickok

Alias(es, nicknames, name changes, etc.) _____

Date of Bir[redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Opal Ranch Way

City Reno State NV Zip 89506

Telepho[redacted] Email JHiickok@isleephst.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palo Verde high School		06/06 - 06/10	
Address	City	State	Zip
333 Pavilion Center Dr	Las vegas	NV	89144
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2020 - Present	[redacted] Opal Ranch Way	Reno	NV	89506
03/14- 01/20	[redacted] Shadow Park Dr.	Reno	NV	89523
03/13-03/14	[redacted] Deutz Dr	Sparks	NV	89436
03/12 03/13	[redacted] Longley Lane	Reno	NV	89502
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
iSLEEP LLC			10/17 - Present
Business Address	**City**	**State**	**Zip**
4690 Longley Lane	Reno	NV	89502
Phone	**Title**		
833-475-3372	CEO		
Description of Duties			
Lead a team of 20+ employees. Maintain ACHC accredidation, payor contracts, and ensure that the business operates in accordance with all applicable local, state,and federal regulations			

Business Name			From - To (MM/YY – MM/YY)
Renown Health			06/2012 to 03/2018
Business Address	**City**	**State**	**Zip**
1155 Mill St	Reno	NV	89502
Phone	**Title**		
775-982-4100	Registered Sleep Technologist		
Description of Duties			
Perform overnight sleep studies, analyze Polysomnography data, titrate CPAP, BiPAP, AVAPS, ASV pressures.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Hickok

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of WASHOE

I, John Hickok, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/9/23

Date

Subscribed and Sworn to before me this 9th day of Feb 23.

Notary Public Signature

JOSIAS CASILLAS
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 18-3741-2 - Expires August 9, 2026

(Seal)

Applicant's initials _____

5

ANNUAL DISCIPLINE CASES Reporting Period: January 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
YE failed to recognize the incorrect filling of the prescription upon data entry and final verification resulting in the sale of the prescription and failed to provide counseling to patient.	N/A	Fined $1,000.00; assessed $500.00 in attorney's fees and costs.	CVS fined $2,000.00; assessed $1,000.00 in attorney's fees and costs.
AV made false representation(s) to the Board in two of her PTT applications submitted to the Board.	N/A	Revoked two years; $358.36 in attorney's fees and costs.	N/A
JLW prescribed controlled substances to Nevada patients during the period where his controlled substance registration was expired.	N/A	Fined $5,000.00 and $500.00 in attorney's fees and costs.	N/A
JG: NSBME imposed discipline on JG's license to practice medicine for allowing unlicensed persons to act under his authority to unlawfully operate Image Med Spa and to access, possess, administer, dispense, and/or prescribe dangerous drugs and hypodermic devices to perform cosmetic injections and topical administration of dangerous drugs onsite to patients who had not been examined by a practitioner and without direct practitioner supervision. Some of the drug products and devices purchased are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S.	N/A	Fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.	N/A
MR: NSBME placed MR's license to practice medicine on probation for engaging in conduct in violation of standards of practice related to writing prescriptions for controlled substances.	N/A	2 year suspension; suspension is stayed and MR is placed on probation; fined $5,000.00; $1,000.00 in attorney's fees and costs; establish policies	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		and procedures related to controlled substance prescriptions issued for the treatment of acute or chronic pain.	
DL disciplined by the NSBME on DL's license to practice medicine for failure to maintain medical records related to prescribing controlled substances.	N/A	1 year suspension; suspension is stayed; fined $2,000.00; $500.00 attorney's fees and costs; establish policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations.	N/A
JS surrendered her NSBME to practice medicine and no longer qualifies for a controlled substance registration.	N/A	Revoked 1 year.	N/A
ES stipulated to responsibility, and the CA Board disciplined ES for violations related to compounding pharmacy regulations.	N/A	5 hours CE in pharmacy operations and pharmacy law and 5 hours CE in USP 797 in addition to CEs required for renewal; not own, have any legal or beneficial interest nor serve as manager, administrator, trustee, associate, or partner of any pharmacy and/or business licensed by the Board for 3; not compound any drugs that are intended to/or result in the shipment into Nevada for 3 years; assessed $750.00 in attorney's fees and costs.	N/A

5A

2020
FILED
OCT 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, Respondent Minhquang D. Nguyen, RPh, ("M. Nguyen") held a Nevada Pharmacist Certificate of Registration No. 15913, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 W. Craig Road in North Las Vegas, Nevada.

3. Respondent Nguyen was employed as the pharmacy manager of Walgreens during the alleged and relevant timeframes.

4. On April 15, 2019, Board Inspector Leo Basch ("Basch") found certain violations, or expired drugs/medications.

Probiotic – expiration date 2/2019

Humalog mix 50/50 vial – expiration date 7/2018

Promethazine suppositories – expiration date 12/2018

5. In addition, there was a manufacturer's box of promethazine suppositories with an expiration date of 12/2018, which contained a partial quantity.

6. Eight (8) boxes of Protofoam were in the refrigerator, when the packaging specifically state "do not refrigerate".

7. MMR vaccine, expiration date 5/18/2018, and diluent, expiration date 4/21/2019 were found in the freezer. Even though the MMR box had the letters "EXP" written on it, the MMR was still in the pharmacy's active inventory.

8. In room temperature storage, numerous expired drugs were discovered. Some were in manufacturers' original bottles and some with Walgreens amber vials with patient labels that had apparently been returned to stock.

9. Inspector Basch notified Respondent Nguyen that corrective actions included removing expired refrigerated products within three (3) days and removing expired non-refrigerated products within fourteen (14) days. Further, staff was instructed to review all active inventory to remove expired medications/drugs.

10. On or about April 26, 2019, Respondent Nguyen sent an email to the Board inspector stating that the tasks to review expired drugs in refrigeration and active inventory was completed.

11. However, on May 1, 2019, when Board inspectors returned to re-inspect Walgreens, Board inspectors discovered six (6) expired medications in Walgreens' amber vials, and found an additional violation of unlabeled liquid in an amber bottle on a shelf of active

inventory. Further, it appeared that the same expired medications noted on the original inspection were still on the pharmacy shelves in active inventory.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

15. A prescription drug that is outdated, damaged, or deteriorated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601.

16. False statements to the Board or its representatives are grounds for the suspension or revocation of a license/registration. NRS 629.210(9).

17. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

18. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

19. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT
Unprofessional Conduct – Failure to Separate and Remove Expired Drug Stock
(Respondent Nguyen)

20. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT
Unprofessional Conduct – Providing False Statement to Board's Representative
(Respondent Nguyen)

21. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not, and is therefore subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.255.

THIRD COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

22. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

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

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4854, License No. PH01293, Respondent.	CASE NO. 19-100-PH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, License No. PH01293,** **Respondent.**	**CASE NO. 19-100-PH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MINHQUANG D. NGUYEN, RPH, Certification of Registration No. 15913 Respondent.	CASE NO. 19-100-RPH--S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification Of Registration No. 15913,** **Respondent.**	**CASE NO. 19-100-RPH--S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

MINHQUANG D. NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

5C

FILED
FEB 06 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-A-S** **18-021-RPH-C-S** **18-021-RPH-D-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, and Respondent Maria Cruz, RPh (Cruz), Certificate of Registration No. 18166, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, was a pharmacy licensed by the Board.

2. Nguyen was previously subject to discipline in case nos. 13-006-RPH-S and18-055-RPH-A-S, and currently a named respondent in case no. 19-100-RPH-S.

FACTUAL ALLEGATIONS

3. Nguyen was employed as managing pharmacist and Efstathiou and Cruz were employed as staff pharmacists by Walgreens Pharmacy #4854 at the time of the events alleged herein.

4. On or about October 7, 2017, Dr. C.C. wrote three (3) separate prescriptions for patient L.S. for Adderall, 30 mg tablets, quantity 90 tablets, with instructions to take 1 tablet three times per day. The first prescription was for immediate fill, the second prescription stated, "Do not fill before 11/7/2017", and the third prescription stated, "Do not fill before 12/7/2017".

5. On or about October 9, 2017, all three prescriptions were presented by patient L.S. to Walgreens Pharmacy #4854 and scanned into the computer system.

6. The first prescription was designated prescription no. 1850877 and subsequently processed, filled, and dispensed to patient L.S. on or about October I1, 2017.

7. The prescription post-dated 11/07/2017 was designated prescription no. 1863870 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

8. The prescription post-dated 12/07/2017 was designated prescription no. 1896898 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

9. On or about October 14, 2017, the original hard copy of the prescription post-dated 11/07/2017 was erroneously re-scanned and designated a second prescription no. 1874629, and the original hard copy of the prescription post-dated 12/07/2017 was erroneously re-scanned and designated a second prescription no. 1886042.

10. On or about November 18, 2017, prescription no. 1893870, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review and final verification were

performed by Efstathiou, who failed to place a fill sticker on the back of the original hard copy of the prescription.

11. On or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1863870.

12. On or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review and final verification were performed by Nguyen, who failed to place a fill sticker on the back of the original hard copy of the prescription and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile.

13. On or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1886042.

COUNT ONE

Recordkeeping Violations

(Respondents Nguyen and Efstathiou)

14. Prescription records must be maintained in pertinent part in conformance with NRS 639.236, NAC 639.706 and/or NAC 639.910.

15. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12). By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12).

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct

(Respondents Nguyen and Cruz)

16. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

17. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile. Nguyen is therefore subject to discipline pursuant to NRS 639.210(4).

18. Cruz engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review on prescription no. 1874629 and failed to identify the duplication with prescription no. 1863870, and again when she performed data entry review on prescription no. 1896898 and failed to identify the duplication with prescription no. 1886042. Cruz is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT THREE

Managing Pharmacist Responsibility

(Respondent Nguyen)

19. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged herein, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4854)

20. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations, including all errors and omissions of Nguyen, Efstathiou and Cruz, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **Pharmacy License No. PH01293,** **Respondent.**	**CASE NO. 18-021-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **Pharmacy License No. PH01293,** **Respondent.**	**CASE NO. 18-021-PH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification of Registration No. 15913,** **Respondent.**	**CASE NO. 18-021-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification Of Registration No. 15913,** **Respondent.**	**CASE NO. 18-021-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

MINHQUANG D. NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIMITRIS EFSTATHIOU, RPH,** **Certificate of Registration No. 17277,** **Respondent.**	**CASE NO. 18-021-RPH-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIMITRIS EFSTATHIOU, RPH,** **Certificate of Registration No. 17277,** **Respondent.**	**CASE NO. 18-021-RPH-C-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

_____

DIMITRIS EFSTATHIOU, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5F

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CRUZ, RPH,** **Certificate of Registration No. 18166,** **Respondent.**	**CASE NO. 18-021-RPH-D-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CRUZ, RPH,** **Certificate of Registration No. 18166,** **Respondent.**	**CASE NO. 18-021-RPH-D-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

_____

MARIA CRUZ, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
3455 Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5G

FILED
FEB 06 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,

KRISTI NGUYEN, RPH, Certificate of Registration No. 18861,

CHERYL METTUS, RPH, Certificate of Registration No. 17225, and

THUY TRANDAC, RPH, Certificate of Registration No. 17658,

Respondents.

Case No. 17-105-PH-S
17-105-RPH-A-S
17-105-RPH-B-S
17-105-RPH-C-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Mettus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events alleged herein.

3. Patient T.M. was being treated by several different providers for memory issues, pain, and other health conditions. B.H. was assisting T.M. with his medications because of T.M.'s memory issues.

4. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for T.M., designated prescription no. 2933151, and dispensed to the patient.

5. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. On or about August 18, 2017, Respondent Mettus overrode a drug utilization review (DUR) alert for prescription no. 2933209 and dispensed to the patient. Respondent Mettus failed to contact the prescriber(s) to clarify the potential duplication error prior to overriding the DUR alerts. Therefore, both gabapentin prescriptions nos. 2933151 and 2933209 were dispensed, duplicating the same medication in different dosages within days.

6. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. However, Respondent Nguyen failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as directed.

7. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). However, Respondent Nguyen failed to discontinue the Seroquel (generic quetiapine) 100mg prescription no. 2939938 as directed,

overrode a DUR alert that olanzapine and quetiapine are similar therapies, and refilled prescription no. 2939938 for quetiapine 100 mg tablets.

8. On or about September 24, 2017, Respondent TranDac refilled prescription no. 2939936. However, Respondent TranDac failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as previously directed and overrode a DUR alert.

9. On or about September 27, 2017, Respondent Mettus performed final product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, in violation of the prior order from practitioner Z.G. on prescription no. 2948045 to discontinue Seroquel (generic quetiapine). Respondent Mettus also refilled prescription no. 2939938 for quetiapine 100 mg tablets on the same day and failed to contact the prescribing practitioner(s) to confer about the potential error/duplication. DUR alerts were overridden by an out-of-state pharmacist.[1]

10. On or about September 27, 2017, Respondent Mettus overrode a DUR alert and refilled prescription no. 2933781 for Zaleplone 5 mg, in violation of the prior order from practitioner Z.G. on prescription no. 2939936 to discontinue the Zaleplon 5 mg prescription no. 2933781.

COUNT ONE
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen, Mettus, TranDac)

11. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC

[1] The DUR alerts for prescription no. 2939938 were overridden by a Walgreens' pharmacist located in an out-of-state central fill facility, who was not licensed by the Board.

639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

13. As alleged in paragraphs 4 through 10 herein, Nguyen, Mettus and TranDac each violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when they verified the final product as accurate, failed to contact the prescriber(s) to clarify potential duplication errors, overrode DUR alerts and/or erroneously dispensed medication, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #3842)

14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the acts and omissions of Respondents Nguyen, Mettus and TranDac, Walgreens Pharmacy #3842 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842,** **Pharmacy License No. PH01249,** **Respondent.**	**CASE NO. 17-105-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842,** **Pharmacy License No. PH01249,** **Respondent.**	**CASE NO. 17-105-PH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #3842

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted]Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted]Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted]Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted]Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTI NGUYEN, RPH,** **Certification of Registration No. 18861,** **Respondent.**	**CASE NO. 17-105-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTI NGUYEN, RPH,** **Certification of Registration No. 18861,** **Respondent.**	**CASE NO. 17-105-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

KRISTI NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted] Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted] Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted] Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted] Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

5I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHERYL METTUS, RPH,** **Certification of Registration No. 17225,** **Respondent.**	**CASE NO. 17-105-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted] Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted] Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted] Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted] Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

FILED
FEB 22 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHERYL METTUS, RPC, Certification of Registration No. 17725, Respondent.	CASE N0. 17-105-RPH-B-S ANSWER AND NOTICE OF DEFENSE

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

1. **That her objection before the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:** Your Intended Action is frivolous. I am no longer a practicing pharmacist. I have not been a practicing pharmacist for over four years. I last worked as a pharmacist with Walgreens. My last workday as a pharmacist was January 16, 2019. I have not renewed my license (Certificate of Registration No. 17725), I have no intention of renewing my license, I am retired. I have been notified that I am past the point that I could renew my license. Based on the above, I am no longer subject to any disciplinary actions by the Nevada State Board of Pharmacy.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows: I deny I committed any unprofessional conduct as alleged in your Notice of Intended Action and Accusation. Additionally, this Notice of Intended Action is frivolous in that I am no longer a practicing pharmacist and as such I am not subject to any disciplinary actions by your Nevada State Board of Pharmacy.

If you still believe your Intended Action is not frivolous, that I am still subject to your disciplinary powers, I will attend the meeting on March 8, 2023. I trust you will not require me to attend unless you have a good faith belief that I am subject to your disciplinary powers. I know you are aware that if you abuse your authority under the NRS, you could be subject to appropriate disciplinary penalties and fees.

I have attached a copy of a letter I sent to a Walgreens supervisor, Holly Prievo, back on December 11, 2018. I wrote this letter after meeting with your investigator, Mr. Kenneth Scheuber. This letter would be my best recollection of this incident from over four years ago. I have reviewed that letter and it accurately reflects what occurred and properly summarizes my denial of your allegations.

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

DATED this 16 TH day of February 2023.

Cheryl Mettus

CHERYL METTUS

December 11, 2018

State of Nevada
Nevada State Board of Pharmacy
1050 E Flamingo Road No. E217
Las Vegas, Nevada 89119

Attn: Kenneth Scheuber
Re: Case 17-105-S
Walgreens #03842

On November 20th, 2018 I met with Mr. Kenneth Scheuber, Pharmacy Board Investigator, and Holly Prievo of Walgreens to discuss a letter written to the board in regards to prescriptions I filled on 9/27/2017 at Walgreens #3842. I am a staff pharmacist at this store location.

Patient T[redacted] M[redacted] and I spoke that day regarding refilling medications. The phone call took place 15 months ago as I write my response, and I truly do not recall the specifics of the conversation. The medications which were refilled were Quetiapine 200mg, Quetiapine 100mg, and Zaleplon 5mg. All three medications had active refills.

It was brought to my attention at the meeting that a prescription filled at the store on 8/29/17 had a note from the physician to discontinue the Zaleplon. The pharmacist of record that day should have closed the prescription for the Zaleplon 5mg but this did not happen. It was also discussed at the meeting that Walgreens has CPO (Central Processing Operation) locations that have pharmacists entering and reviewing prescriptions and overriding drug utilization reviews. A pharmacist at a CPO location is on record for the review of the prescription that day. Walgreen's system does not notify in-store pharmacists of the actions of CPO pharmacists. Mr. Scheuber shared with me at the meeting that the Nevada Board of Pharmacy does not recognize the responsibility of CPO pharmacists. This information was never shared with me by Walgreens. This causes me great concern for patient safety and places me in a situation where I am responsible for another pharmacist's actions.

There was review of the filling of a Gabapentin 300mg prescription on or near 8/16/2017 which overlapped an active Gabapentin 600mg prescription for the patient. I shared with Mr. Scheuber that patients will alternate between medication strengths. This may be due to dose changes by the physician or the actual tablet or capsule size may be difficult for the patient to physically swallow.

It was discussed that Mr. M[redacted] was having difficulty managing his medications. He expressed confusion over his medications on a regular basis. He also had identified a caregiver who was helping him with his medications. The Pharmacy Manager had requested numerous times for proper HIPPA documentation to be completed and filed to facilitate communication with Mr. M[redacted]s caregiver, but this was never completed to my knowledge. Having either the patient

independently, the caregiver, or both on a conference call to discuss medications was causing additional difficulty helping the patient manage his medications.

It was shared that the refilled medications were not taken by Mr. M[redacted] and that no harm came to the patient. I would never want a patient to be concerned or to question their medication use. I take great pride in providing all of my patients the highest level of quality pharmacy care. I have been practicing pharmacy for 41 years, and this is the first time that I have had to respond to an investigation.

Please do not hesitate to contact me if you need any additional information.

Sincerely,

Cheryl Mettus RPH
[redacted] Shadow Valley Street
Las Vegas, Nevada 89148

5J

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THUY TRANDAC, RPH,** **Certification of Registration No. 17658,** **Respondent.**	**CASE NO. 17-105-RPH-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THUY TRANDAC, RPH,** **Certification of Registration No. 17658,** **Respondent.**	**CASE NO. 17-105-RPH-C-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

THUY TRANDAC, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted] Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted] Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted] Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted] Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

5K

FILED
MAY 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**Case No. 21-063-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Wesley Robertson, MD ("Robertson"), held a controlled substance registration, Certificate of Registration No. CS07810 issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Robertson owned and operated a medical practice called Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant timeframes.

3. On or about May 1, 2021, the Board received a complaint that Dr. Robertson was unlawfully prescribing controlled substances and/or dangerous drugs, by allowing his medical assistant ("MA") K.S. to possess and utilize his secondary authenticator for his e-prescribing system. Board staff investigated this complaint.

4. On June 17, 2021, Dr. Robertson submitted a written statement indicating that he gave his secondary authenticator or hard token to his MA K.S. to electronically "sign" the

controlled substance prescriptions on his behalf because he was uncertain of the technical requirements.

APPLICABLE LAW

5. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

7. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 639.100(1).

8. A practitioner must retain sole possession of the hard token, and must not share password or other knowledge factor, biometric information with another person or allow any other person to enter knowledge factor or other identification means to sign controlled substance prescriptions. 21 CFR § 1311.102.

9. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct

contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any state law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

16. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign for controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct

and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

17. By permitting MA K.S., who did not have prescribing authority to electronically sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to digitally sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT THREE
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

18. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

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COUNT FOUR
Violations of Federal Controlled Substances Act

19. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By his actions as set forth herein, Robertson has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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

DATED this 2nd day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**CASE NO. 21-063-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25Th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Wesley Robertson
7455 W WASHINGTON AVE #300
LAS VEGAS, NV 89128

Darlene Nases
DARLENE NASES

FILED
OCT 03 2022
NEVADA STATE BOARD
OF PHARMACY

ANS
Patricia Egan Daehnke
Nevada Bar No. 4976
Patricia.Daehnke@cdiglaw.com
Brigette E. Foley
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Brigette.Foley@cdiglaw.com
COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
Las Vegas, Nevada 89119
(702) 979-2132 Telephone
(702) 979-2133 Facsimile
Attorneys for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, vs. WESLEY ROBERTSON, MD, Respondent.	CASE NO.: 21-063-CS-S **DR. ROBERTSON'S ANSWER TO THE PHARMACY BOARD'S NOTICE OF INTENDED ACTION AND ACCUSATION**

COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
LAS VEGAS, NEVADA 89119
TEL (702) 979-2132 | FAX (702) 979-2133

COMES NOW, Respondent WESLEY ROBERTSON, M.D. ("Dr. Robertson"), as a licensed Medical Doctor and holder of a controlled substance registration, subject to the jurisdiction of the Nevada State Board of Pharmacy ("Board"), based upon information, belief, and personal knowledge, by and through his counsel of record, and responds the Board's Notice of Intended Action and Accusation ("Complaint"), as follows:

JURISDICTION

1. Dr. Robertson admits that at all times relative to the Complaint he was a medical doctor holding a controlled substance registration issued by the Board (Cert. of Registration No. CS07810);

FACTUAL ALLEGATIONS

2. Dr. Robertson admits that he owned and operated Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant time period.

3. Dr. Robertson does not have actual knowledge or possession of the May 1,

2021, complaint received by the Board against him, and on that basis denies the allegations contained in Paragraph 3 of the Board's Complaint.

4. Dr. Robertson admits that he submitted a written statement on June 17, 2021, to the Board indicating that he gave his secondary authenticator token to his MA K.S. However, Dr. Robertson denies that he delegated his signing authority to his MA K.S. Rather, he only provided her with the secondary authenticator token so MA K.S. could electronically enter the prescriptions that were prescribed and signed by Dr. Robertson only. Dr. Robertson denies any remaining allegations contained in Paragraph 4 of the Board's Complaint against Him.

APPLICABLE LAW

5. Dr. Robertson presently lacks sufficient information to determine the veracity of the allegations contained in Paragraphs 5-15 of the Board's Complaint, and on that basis denies the same.

COUNT ONE
(Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction)

6. Dr. Robertson denies the allegations contained in Paragraph 16 of the Board's Complaint.

COUNT TWO
(Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties)

7. Dr. Robertson denies the allegations contained in Paragraph 17 of the Board's Complaint.

COUNT THREE
(Unprofessional Conduct – Aiding and Abetting Unlicensed Practice)

8. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FOUR
(Violations of Federal Controlled Substances Act)

7. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FIVE
(Commission of Acts that Render Registration Inconsistent with the Public Interest)

8. Dr. Robertson denies the allegations contained in Paragraph 20 of the Board's Complaint.

AFFIRMATIVE DEFENSES

1. Respondent denies he committed malpractice as defined in Nevada Administrative Code Section 630.040.

2. Respondent denies that he violated any other state or federal statute or regulation, including but not limited to NRS Chapters 453, 454, 639, 21 U.S.C. §§ 822, 823, 846, and 21 CFR §§ 1306, 1311.

3. Respondent contends that in all professional services rendered by Respondent, Respondent possessed and exercised that degree of skill ordinarily possessed and exercised by reasonably well-qualified pediatricians practicing in the same field and acting under the same or similar conditions. At no time was Respondent guilty of negligence or improper treatment.

4. The allegations in the Complaint with respect to Respondent and each and every purported cause for discipline fail to allege facts sufficient, or facts at all, to constitute a cause or causes for discipline against the Respondent.

5. By responding to this Complaint, Respondent does not stipulate to the authenticity or admissibility of any medical records as they are hearsay.

6. The Complaint, or portions thereof, should be dismissed on grounds of due process and equal protection, including the right to an unbiased investigation. *See Mishler v. Clift, M.D. et al*, 191 F.3d 998 (9th Cir. 1999).

7. Any scope of practice allegations should be dismissed, as the statutes and regulations are unconstitutionally vague and ambiguous as applied to the subject matter of this case, and do not clearly prohibit the conduct which the Board seeks to discipline.

8. Respondent objects to the Complaint on the ground that it does not state acts or omissions upon which the agency may proceed.

9. NRS 622.400 is unconstitutional on due process and/or equal protection grounds. Alternatively, if such provision is constitutional, the statute should be interpreted as mutual and reciprocal, and Respondent is entitled to and hereby prays for an award against the Complainant of the Respondent's costs and/or fees in his investigation, preparation and defense to the Board's charges herein, to the extent that he prevails. If not reciprocal, then Complainant should receive a cost recovery, if at all, proportionate to the extent it prevails.

10. The Nevada State Board of Pharmacy exceeded its regulatory function by proceeding to file a Complaint prior to meeting the statutory requirements.

11. This Complaint does not further the goal of public protection or protection of the public health, safety or morals as there is no allegation or evidence of injury to the patients.

12. The Complaint, or portions thereof, should be dismissed on grounds of equitable estoppel.

Based on the above, Respondent Dr. Robertson respectfully requests that he be assessed no administrative penalty or any sanctions.

Dated: October 3, 2022

COLLINSON. DAEHNKE. INLOW & GRECO

BY: /s/ Brigette E. Foley
PATRICIA EGAN DAEHNKE
Nevada Bar No. 4976
BRIGETTE E. FOLEY
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Attorneys forRespondent

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHAD HALL, DO, Certificate of Registration No. CS20510, Respondent.	Case No. 21-108-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Chad Hall, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS20510, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 19, 2019, in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, Respondent was charged with the following crimes: conspiracy to distribute a controlled substance – buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 USC § 846 and 18 USC § 2; distribution of a schedule III controlled substance– buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 CFR §1306.04 and 18 USC § 2; distribution of a schedule IV controlled substance– valium, in violation of 21 USC § 841(a)(1) and (b)(2), 21 CFR §1306.04 and 18 USC § 2; obtaining a controlled substance by misrepresentation – buprenorphine, in violation of 21 USC § 843(a)(3) and (d)(1) and 18 USC § 2; and maintaining a drug-involved premises, in violation of 21 USC § 856 (a)(1) and (b) and 18 USC § 2.

3. On his biennial renewal application for Certificate of Registration No. CS20510 for 2020, Respondent failed to disclose to the Board the charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF.

APPLICABLE LAW

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e).

6. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

8. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

9. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

10. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

11. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

SECOND CAUSE OF ACTION

Furnishing False Material Information to Board

12. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Obtaining Registration by False or Fraudulent Application

13. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(10).

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, and failing to comply with applicable federal and state laws relating to controlled substances in violation of Title 21 United States Code and NRS Chapter 453, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

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

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NOS. 21-108-CS-S **STATEMENT AND NOTICE OF HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NO. 21-108-CS-S ANSWER AND NOTICE OF DEFENSE

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

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

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

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

DATED this _____ day of _____, 2021.

_____

CHAD HALL, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Chad Hall, DO
1701 N. Green Valley Parkway, Bldg. 5 #A
Henderson, NV 89074

SHIRLEY HUNTING

SEALED

Office of the United States Attorney
District of Nevada
501 Las Vegas Boulevard, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336

FILED ____ RECEIVED
ENTERED ____ SERVED ON
COUNSEL/PARTIES OF RECORD

JUN 19 2019

CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: ____ DEPUTY

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
NADIA AHMED
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nadia.ahmed@usdoj.gov

Representing the United States of America

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
-OOO-

UNITED STATES OF AMERICA,

Plaintiff,

vs.

CHAD HALL, D.O.,

MICHAEL HALPRIN, a/k/a Michael Vincent,

RONALD SMITH, M.D.,

JANELL OLSON, and

EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

Defendants.

SEALED
CRIMINAL INDICTMENT

2:19-cr-00154

CASE NO: ~~2:18-CR-~~154

VIOLATIONS:

21 U.S.C. § 841(a)(1) & (b)(1)(E) and b(2) – Distribution of a Controlled Substance (Schedules III & IV)

21 U.S.C. § 843 – Obtaining a Controlled Substance by Misrepresentation

21 U.S.C. § 846 - Conspiracy to Distribute a Controlled Substance

21 U.S.C. § 856 – Maintaining a Drug-Involved Premises

18 U.S.C. § 2 – Aiding and Abetting

THE GRAND JURY CHARGES THAT:

INTRODUCTION

At all times material to this Indictment:

1. The Controlled Substances Act, Title 21, United States Code, Sections 801, *et seq.*, governs the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA makes it "unlawful for any person knowingly or intentionally ... to manufacture, distribute, or dispense ... a controlled substance."

2. The CSA defines a "controlled substance" as a drug or other substance that is included in one of five schedules - Schedule I, II, III, IV, or V - of Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed into these schedules based, at least in part, on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

a. "Schedule II" indicates that the drug or other substance has a currently accepted medical use with severe restrictions and has a high potential for abuse that can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

b. "Schedule III" indicates that the drug or other substance has a currently accepted medical use with a potential for abuse that is less than those drugs listed in Schedule II, but can lead to moderate or low physical dependence or high psychological dependence. 21 U.S.C. § 812(b)(3).

3. Title 21, Code of Federal Regulations, Sections 1308.12, 1308.13, 1308.14, and 1308.15 lists the drugs and other substances contained in Schedules II, III, IV, and V, respectively.

4. Title 21, United States Code, Section 822(b) and Title 21, Code of Federal Regulations, Section 290.1, provide that the controlled substances listed in Schedules II-V can be dispensed or distributed only pursuant to a prescription issued by a medical

practitioner registered with the United States Drug Enforcement Administration ("DEA"). The DEA, as authorized by the Controlled Substances Act, issues registration numbers to qualifying medical practitioners that allow them to issue prescriptions for Schedule II-V controlled substances.

5. Accordingly, under Title 21, Code of Federal Regulations, Section 1306.03, controlled substances, such as opioid pain medications, can be dispensed only pursuant to a valid prescription from a medical practitioner authorized by the DEA to distribute controlled substances.

6. Under Title 21, United States Code, Section 802(10), the term "dispense" means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user.

7. Under Title 21, United States Code, Section 802(11), the term "distribute" means to deliver (other than by administering or dispensing) a controlled substance or a listed chemical. The term "distributor" means a person who so delivers a controlled substance or a listed chemical.

8. Title 21, Code of Federal Regulations, Section 1306.04 provides that in order for a prescription for a controlled substance to be valid, it "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice."

9. A prescription for a controlled substance issued without a legitimate medical purpose or outside of the individual practitioner's usual course of his professional practice

is not a valid prescription, and the person who issues the prescription violates Title 21, United States Code, Section 841(a)(1).

10. The Defendant, Chad Hall (hereinafter "Hall"), is a licensed Doctor of Osteopathic Medicine ("D.O.") who practices in Nevada under D.O. license number DO1729. As part of Hall's practice, he prescribes Controlled Substances, including highly addictive opioids, under his DEA license number FH3496557. Hall maintains the licensure for a medical practice known as Detoxification Solutions ("Solutions"), doing business as Advanced Medical – Center for Detoxification and Psychiatry (CPRX), LLC.

11. The Defendant, Michael Halprin (hereinafter "Halprin") a/k/a Michael Vincent, is an unlicensed, in Nevada, Advanced Practice Registered Nurse ("APRN") who formerly practiced in Florida under license number APRN935042. Halprin cannot prescribe any medications, including controlled substances, or independently provide treatment for patients. Halprin is the sole managing member of Solutions. Halprin sometimes presents himself to patients as "Dr. Mike."

12. The Defendant, Ronald Smith ("Smith"), is a licensed Medical Doctor ("M.D.") who practices in Nevada under M.D. license number 11778. As part of Smith's practice, he prescribes Controlled Substances including highly addictive opioids, under his DEA license number BS9687116.

13. The Defendant, Janell Olson ("Olson") is not licensed as a medical practitioner. Olson cannot issue valid prescriptions for any medications, including controlled substances, or independently provide treatment for patients.

14. The Defendant, Eghomware Igbinovia, a/k/a Jerry Igbinovia (hereinafter "Igbinovia"), is the owner and head pharmacist at ACRx Pharmacy ("ACRx"), 3200 N. Soaring Gulls Dr., Suite 101, Las Vegas, Nevada, 89129. Igbinovia is responsible for

furnishing specially compounded patient-specific buprenorphine troches directly to Solutions.

15. During the date range alleged in this Indictment, Defendants Hall and Smith routinely prescribed Schedule III controlled substances including buprenorphine and Suboxone to Solutions patients, outside the usual course of professional practice, without a legitimate medical purpose. Additionally, Defendant Halprin routinely distributed Schedule III controlled substances, including buprenorphine and Suboxone, without a medical license or a DEA Number. Defendant Olson also distributed Schedule III controlled substances without a medical license or a DEA Number and assisted all other defendants in their unlawful practices.

16. Defendants Hall, Halprin, Smith and Olson also submitted patient-specific prescriptions for specially-compounded buprenorphine lozenges under false patient names to ACRx Pharmacy. Defendant Igbinovia specially compounded the buprenorphine lozenges and delivered them to Solutions. Hall, Halprin, Smith and Olson then dispensed these patient-specific Schedule III medications to patients at Solutions in exchange for cash payments.

COUNT ONE

(Conspiracy to Distribute Controlled Substance)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E), and 846

17. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

18. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,

JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, did knowingly and intentionally conspire, confederate, and agree with each other and with persons known and unknown to the Grand Jury, to commit an offense against the United States, to wit: distribute quantities of buprenorphine, a Schedule III controlled substance; all in violation of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(E), 846, and Title 18, United States Code, Section 2.

COUNTS TWO AND THREE
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)

19. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

20. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O., and
JANELL OLSON,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of A Schedule III controlled substance, to wit: buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
2	January 15, 2019	Patient A	Buprenorphine
3	January 29, 2019	Patient A	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS FOUR AND FIVE
(Distribution of Controlled Substances - Schedule IV)
Title 21 U.S.C. §§ 841(a)(1), (b)(2)

21. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

22. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of a Schedule IV controlled substance, to wit: Valium, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
4	January 15, 2019	Patient A	Valium
5	January 29, 2019	Patient A	Valium

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(2); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS SIX AND SEVEN
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

23. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

24. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

RONALD SMITH, M.D.,

defendant herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
6	March 12, 2019	Patient B	Buprenorphine
7	March 26, 2019	Patient B	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS EIGHT THROUGH TWENTY
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

25. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

26. On or about the dates set forth below, in the State and Federal District of Nevada,

EGHOMWARE IGBINOVIA,

defendant herein, did knowingly and intentionally create, distribute and dispense a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual

course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
8	January 18, 2019	Patient C	Buprenorphine
9	January 18, 2019	Patient D	Buprenorphine
10	January 18, 2019	Patient E	Buprenorphine
11	January 18, 2019	Patient F	Buprenorphine
12	January 18, 2019	Patient G	Buprenorphine
13	January 18, 2019	Patient H	Buprenorphine
14	January 18, 2019	Patient I	Buprenorphine
15	January 18, 2019	Patient J	Buprenorphine
16	January 18, 2019	Patient K	Buprenorphine
17	January 18, 2019	Patient L	Buprenorphine
18	January 18, 2019	Patient M	Buprenorphine
19	January 18, 2019	Patient N	Buprenorphine
20	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS TWENTY-ONE THROUGH THIRTY-THREE
(Obtaining a Controlled Substance by Misrepresentation)
21 U.S.C. § 843(a)(3), (d)(1)

27. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

28. On or about the dates set forth below, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,
RONALD SMITH, M.D., and
JANELL OLSON,

defendants herein, did knowingly and intentionally acquire and obtain possession of buprenorphine, a Schedule III controlled substance, by misrepresentation, fraud, forgery, deception and subterfuge, as listed below, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Acquisition	Patient	Controlled Substance
21	January 18, 2019	Patient C	Buprenorphine
22	January 18, 2019	Patient D	Buprenorphine
23	January 18, 2019	Patient E	Buprenorphine
24	January 18, 2019	Patient F	Buprenorphine
25	January 18, 2019	Patient G	Buprenorphine
26	January 18, 2019	Patient H	Buprenorphine
27	January 18, 2019	Patient I	Buprenorphine
28	January 18, 2019	Patient J	Buprenorphine
29	January 18, 2019	Patient K	Buprenorphine
30	January 18, 2019	Patient L	Buprenorphine
31	January 18, 2019	Patient M	Buprenorphine
32	January 18, 2019	Patient N	Buprenorphine
33	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 843(a)(3) and (d)(1), and Title 18, United States Code, Section 2.

COUNT THIRTY-FOUR
(Maintaining a Drug-Involved Premises)
21 U.S.C. § 856, 18 U.S.C. § 2

29. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

30. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did unlawfully and knowingly open, lease, rent, use and maintain a place known as Detoxification Solutions, LLC, located at 1701 North Green Valley Parkway, Building 5, Suite A, Henderson, Nevada 89704, for the purpose of distributing buprenorphine, a controlled substance; all in violation of Title 21, United States Code, Section 856(a)(1) and (b), Title 18 United States Code, Section 2.

FORFEITURE ALLEGATION
(Conspiracy to Distribute Controlled Substance; Distribution of Controlled Substances - Schedules III, IV; Obtaining a Controlled Substance by Fraud; and Maintaining a Drug-Involved Premises)

31. The allegations of Counts 1-34 of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

32. Upon conviction of any of the felony offenses charged in Counts 1-34 of this Criminal Indictment,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,
JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to violations of 21 U.S.C §§ 841(a)(1), 843(a)(3), and 856, specified unlawful activities as defined in 18 U.S.C. §§ 1956(c)(7)(A) and 1961(1)(D), or 21 U.S.C. § 846, conspiracy to commit such offenses:

defendants herein, shall forfeit to the United States of America, any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all moneys, negotiable instruments, securities, or other things of value furnished or intended to be furnished in exchange for a controlled substance or listed chemical in violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846, all proceeds traceable to such an exchange, and all moneys, negotiable instruments, and securities used or intended to be used to facilitate any violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all real property, including any right, title, and interest (including any leasehold interest) in the whole of any lot or tract of land and any appurtenances or improvements, which is used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

1. any and all property with the requisite nexus to violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846 including, but not limited to, at least access devices, electronic equipment, and fraudulent documentation pursuant to the forfeiture statutes in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C); and
2. an in personam criminal forfeiture money judgment including, but not limited to, at least an amount to be calculated pursuant to the forfeiture statute in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C)

(all of which constitutes property).

33. If any property being subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c), as a result of any act or omission of the defendants -

a. cannot be located upon the exercise of due diligence;
b. has been transferred or sold to, or deposited with, a third party;
c. has been placed beyond the jurisdiction of the court;
d. has been substantially diminished in value; or
e. has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States of America, pursuant to 21 U.S.C. § 853(p), to seek forfeiture of any other property of the defendants for the property listed above.

All pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. §§ 841(a)(1), 843(a)(3), 846, 853(a)(1), 853(a)(2), 853(p), and 856; 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

DATED: this the 19th day of June, 2019.

A TRUE BILL:

/S/
FOREPERSON OF THE GRAND JURY

NICHOLAS A. TRUTANICH
United States Attorney

NADIA AHMED
Assistant United States Attorney

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10 00
License Number : CS20510
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : CHAD
Middle (initial only) : G.
Last Name : HALL
License # : CS20510

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Chad Hall DO PC
Military Address : ☐
Street : [redacted] Kings Arms Lane
Country : United States
City : Las Vegas
State : Nevada
Zip : 89138
Practice Phone : (702) 518-2365
Practice Fax : (801) 360-6950
Email Address : [redacted]
Sex : Male
Practice License Number: DO1729
Specialty: M

Child Support Information – Check appropriate answer

- ☐ I am **NOT SUBJECT** to a court order for the support of a child.
- ◉ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance wi h a plan approved by the district attorney or other public agency enforcing the order for the repayment of he amount owed pursuant to the order.
- ☐ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for he repayment of he amount pursuant to he order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition o her han dishonorable — ○ Yes ◉ No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of he United States and separated from such service under conditions other than dishonorable — ○ Yes ◉ No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administra ion of the United States in the capacity of the commissioned officer while on active duty in defense of he United States and separated from such service under conditions other than dishonorable? — ○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition hat would impair your ability to perform the essential func ions of your license? — ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? — ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been he subject of a board cita ion or an administrative action whether completed or pending in any state? — ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? — ○ Yes ◉ No

Acknowledgement and Declaration

By signing and submitting this renewal applica ion, I cer ify that: 1. My DEA certificate is CURRENT and reflects my current NV prac icing address, and 2. I hold an active and current Nevada license with my professional licensing board

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

Signature : Chad Hall

Date Of Application : 10/31/2020

Please type only he First and Last Name that are listed at he top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62644447623

InvoiceDate : 10/31/2020

Paid

Pay & Submit

✎ AO 245A (Rev. 12/03) Judgment of Acquittal

UNITED STATES DISTRICT COURT

_____ DISTRICT OF _____

UNITED STATES OF AMERICA

V.

CHAD HALL, DO.

JUDGMENT OF ACQUITTAL

CASE NUMBER: 2:19-cr-00154-RFB-VCF

The Defendant was found not guilty. IT IS ORDERED that the Defendant is acquitted, discharged.

Signature of Judge

RICHARD F. BOULWARE, II U.S. District Judge

Name of Judge Title of Judge

.....

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

September 17, 2021

Chad Hall
1701 N. Green Valley Pkwy Bldg. 5#A
Henderson, NV 89074

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, 10/13/2021 1:30 PM PST or soon thereafter.[30] Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

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

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

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0252 0566 54

[30] Please note that the Board meeting will commence Wednesday; however, the meeting will continue, if necessary, on Thursday until the Board concludes its business. The full meeting agenda is available at www.notice.nv.gov and www.bop.nv.gov.

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September 29, 2021

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NEVADA STATE BOARD OF PHARMACY

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• Web Page: bop.nv.gov

December 14, 2021

Chad Hall care of Tanner Harris, Esq.
1955 S Highway 198
Payson, UT 94651

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, January 12, 2022 1:30 PM PST or soon thereafter.[1] Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

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

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

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0265 1328 64

[1] Please note that the Board meeting will commence Wednesday; however, the meeting will continue, if necessary, on Thursday until the Board concludes its business. The full meeting agenda is available at www.notice.nv.gov and www.bop.nv.gov.

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December 24, 2021

Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER
December 20, 2021, 8:28 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
December 20, 2021, 7:51 pm

Departed USPS Regional Facility
SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER
December 19, 2021, 4:04 pm

Arrived at USPS Regional Facility
SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER
December 19, 2021, 11:38 am

Addressee Unknown
PAYSON, UT 84651
December 17, 2021, 8:21 am

Departed USPS Regional Facility
PROVO UT PROCESSING CENTER
December 17, 2021, 4:00 am

Arrived at USPS Regional Facility
PROVO UT PROCESSING CENTER
December 16, 2021, 9:33 pm

Arrived at USPS Regional Facility
SALT LAKE CITY UT NETWORK DISTRIBUTION CENTER
December 16, 2021, 7:03 am

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
December 14, 2021, 8:12 pm

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• Web Page: bop.nv.gov

March 15, 2022

Chad Hall care of Tanner Harris, Esq.
1955 S Highway 198
Payson, UT 84651

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, April 13, 2022 1:30:00 PM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

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

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

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8696 55

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We attempted to deliver your item at 12:03 pm on March 18, 2022 in PAYSON, UT 84651 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning March 19, 2022. If this item is unclaimed by April 2, 2022 then it will be returned to sender.

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March 18, 2022 at 12:03 pm
PAYSON, UT 84651

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December 13, 2022

Chad Hall c/o Tanner Harris, Esq.
353 E Bonneville Ave. Suite 1105
Las Vegas, NV 89101

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, 1/11/2023 at 9:00 AM PST or soon thereafter at the following location:

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

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

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

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

Sincerely,

K Mangos

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0279 3118 73

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Moving Through Network
In Transit, Arriving Late
December 20, 2022

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December 16, 2022, 9:27 am

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February 6, 2023

Chad Hall c/o Michael Sanft, Esq
Sanft Law
411 E Bonneville Ave, Suite 360
Las Vegas, NV 89101

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, 3/8/2023 at 9:00:00 AM PST or soon thereafter at the following location:

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

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

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

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

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator

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LAS VEGAS, NV 89101
February 8, 2023, 1:03 pm

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February 6, 2023

Chad Hall c/o Tanner Harris, Esq.
1955 S Highway 198
Payson, UT 84651

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, 3/8/2023 at 9:00:00 AM PST or soon thereafter at the following location:

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

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

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

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

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

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Reminder to Schedule Redelivery of your item before February 23, 2023
February 14, 2023

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February 9, 2023, 1:02 pm

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February 6, 2023

Chad Hall c/o Tanner Harris, Esq.
720 E Charleston Blvd Suite 240
Las Vegas, NV 89104

Re: Chad Hall and Case No. 21-108-CS-S

Dear Chad Hall

The hearing for case number 21-108-CS-S has been scheduled for Wednesday, 3/8/2023 at 9:00:00 AM PST or soon thereafter at the following location:

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

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

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

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

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

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(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

October 11, 2021

VIA ELECTRONIC MAIL TO tannerharrislaw@icloud.com

Tanner Harris, Esq.
1955 S Highway 198
Payson, UT 84651

Re: Board of Pharmacy v. Chad Hall, DO Certificate of Registration No. CS20510 (Case No. 108-CS-S)

Dear Tanner:

This will confirm that pursuant to NAC 639.120(1) the hearing noticed for October 13, 2021, in this matter will be continued to the Nevada State Board of Pharmacy's meeting on January 12, 2022, based upon your representation that your client will not possess (except pursuant to the lawful order of a practitioner), administer or prescribe a controlled substance until the hearing.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

January 4, 2022

VIA ELECTRONIC MAIL TO tannerharrislaw@icloud.com

Tanner Harris, Esq.
1955 S Highway 198
Payson, UT 84651

Re: Chad Hall, DO, Registration No. CS20510 (Case No. 108-CS-S)

Dear Tanner:

This will confirm that, due to a reset of the trial date to February 7, 2022, in *United States vs. Chad Hall, DO,* Case No. 2:19-cr-00154-RFB-VCF, pursuant to NAC 639.120(1) the hearing noticed for January 12, 2022, in this matter will be continued to the Nevada State Board of Pharmacy's meeting on April 13, 2022. This continuance is based upon your representation that your client will not possess (except pursuant to the lawful order of a practitioner), administer or prescribe a controlled substance until the hearing.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

April 13, 2022

VIA ELECTRONIC MAIL TO tannerharrislaw@icloud.com

Tanner Harris, Esq.
1955 S Highway 198
Payson, UT 84651

Re: Chad Hall, DO, Registration No. CS20510 (Case No. 108-CS-S)

Dear Tanner:

This will confirm that pursuant to NAC 639.120(1) the hearing noticed for April 13, 2022, in this matter will be continued pending final disposition of *United States vs. Chad Hall, DO,* Case No. 2:19-cr-00154-RFB-VCF. This continuance is based upon your representation that your client will not possess (except pursuant to the lawful order of a practitioner), administer or prescribe a controlled substance until the hearing.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Kristopher Mangosing

To: Brett Kandt
Subject: RE: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

From: Tanner M. Harris <tannerharrislaw@icloud.com>
Sent: Tuesday, January 10, 2023 10:29 AM
To: Brett Kandt <bkandt@pharmacy.nv.gov>
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>; Brett Kandt <brettkandt@hotmail.com>
Subject: Re: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

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

Brett,

I telephoned Chad Hall and Michael Sanft once I noticed your message. I am in the state of Utah right now and the notice of hearing mailed out was sent to an old office address that I never received.

I recognize that you were moving this case forward around the holidays and that I am just now getting back to work and noticing your attempts to contact me.

Could you please stipulate to a 30 day continuance of the hearing? We will not request another continuance. I am forwarding your emails and documents to Michael Sanft, who will have to take over at this point, since he is the only one being paid by Chad Hall regarding any legal matters at this time.

Please let me know as soon as you can. Thank you Brett.

Tanner Harris

> On Jan 10, 2023, at 9:40 AM, Brett Kandt <bkandt@pharmacy.nv.gov> wrote:
>
> Tanner-
>
> I have been attempting to contact you as to whether you have any questions in advance of the hearing on this matter tomorrow. Please note that this is an in-person hearing and video appearances are not permitted. Attached please find a copy of the judgment of acquitall that I intend to introduce into evidence along with the documents previous provided.
>
> If you have any questions, please call me on my cell at 775-232-1896.
>
> **Brett Kandt**
> **General Counsel**

Nevada State Board of Pharmacy

<Outlook-kxlj0q5y.jpeg>

From: Brett Kandt <bkandt@pharmacy.nv.gov>
Sent: Tuesday, January 10, 2023 8:36 AM
To: Tanner M. Harris <tannerharrislaw@icloud.com>
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>; Brett Kandt <brettkandt@hotmail.com>
Subject: Re: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

Tanner-

I have been attempting to contact you as to whether you have any questions in advance of the hearing on this matter tomorrow. Please note that this is an in-person hearing and

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

<Outlook-uniligpx.jpeg>

From: Brett Kandt
Sent: Friday, December 16, 2022 2:45 PM
To: Tanner M. Harris <tannerharrislaw@icloud.com>
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>; Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: RE: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

Tanner-

Attached please find all documents I intend to introduce as exhibits at the January 11, 2023, hearing in this matter, including documentation of attorney fees and costs. I am still obtaining a copy of the Judgment of Acquittal and will introduce that as well.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

<image001.jpg>

From: Brett Kandt
Sent: Monday, April 18, 2022 1:02 PM
To: Tanner M. Harris <tannerharrislaw@icloud.com>
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: RE: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

Tanner-

Please see attached.

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Brett Kandt <bkandt@pharmacy.nv.gov>
Sent: Wednesday, April 13, 2022 1:40 PM
To: Tanner M. Harris <tannerharrislaw@icloud.com>
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: Re: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

Tanner-

Will you be appearing on behalf of your client at the hearing on this matter today? The Board President called this case and no one was present to appear. Please advise.

Thanks,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov

From: Tanner M. Harris <tannerharrislaw@icloud.com>
Sent: Friday, March 11, 2022 1:56 PM
To: Brett Kandt <bkandt@pharmacy.nv.gov>
Cc: Kristopher Mangosing <kmangosing@pharmacy.nv.gov>; Shirley Hunting <shunting@pharmacy.nv.gov>
Subject: Re: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

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Brett,

I have reached out to why co-counsel Michael Sanft to confirm our response to this and our position regarding the April 13th 2022 date. Please let me get back to you on this. Thanks.

On Jan 4, 2022, at 4:05 PM, Brett Kandt <bkandt@pharmacy.nv.gov> wrote:

Tanner-

See attached.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov



NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship.This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Tanner Harris <tannerharrislaw@icloud.com>
Sent: Monday, October 11, 2021 10:01 AM
To: Brett Kandt <bkandt@pharmacy.nv.gov>
Subject: Re: Chad Hall, DO, Certificate of Registration No. CS20510 - Case No. 21-108-CS-S

Brett I spoke to my client about what we discussed on Friday. He is willing to agree to continue any action to January and agrees not to write any scrips for controlled substances as we discussed. This will leave his license intact.

Please prepare the document and I will have him sign and get it back to you. Thanks Brett.

Sent from my iPhone

5M

FILED
JAN 31 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HERNAN KIM MOK, RPH,** **Certificate of Registration No. 19930,** **Respondent.**	**Case No. 22-095-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Hernan Kim Mok, RPh. ("Kim Mok"), Certificate of Registration No. 19930, was a pharmacist registered with the Board, and was originally licensed on July 24, 2018.

FACTUAL ALLEGATIONS

1. At the time of the events alleged herein, Respondent was employed as a pharmacist at CVS Pharmacy #8788 ("CVS") located at 1812 E. Charleston Blvd., Las Vegas, NV 89104.

2. On or about February 22, 2022, CVS staff filed a police report with the Las Vegas Metropolitan Police Department indicating Respondent was suspected of diverting Adderall from the CVS pharmacy.

3. On or about April 6, 2022, the Board received a DEA form 106, as well as the Licensee Record of Any Controlled Substance Loss or Theft form from CVS. This documentation reported the suspected employee theft of controlled substances between

approximately September 2021 and February 2022, including the following controlled substances:

Substance	Dose Strength	NDC Number	Quantity
Adderall XR	10mg	54092038301	40
Adderall XR	5mg	54092038101	39
Dextroamp-Amphetamin	20mg	00781235201	16
Dextroamp-Amphetamin	20mg	66993059702	15
Adderall XR	20mg	54092038401	12
Adderall XR	25mg	54092038901	10
Dextroamp-Amphetamin	15mg	43975033310	10
Dextroamp-Amphetamin	30mg	57664034188	5
Dextroamp-Amphetamin	20mg	43975033410	4
Dextroamp-Amphetamin	30mg	49884084401	1

4. On or about April 27, 2022, CVS's district leader provided a written statement to the Board's investigator indicating that CVS had conducted an internal investigation into the theft which resulted in a police report being filed against staff pharmacist Hernan Kim Mok for theft of the controlled substances.

5. On or about May 23, 2022, Respondent submitted a written statement to the Board's investigator assuring that he would not work in pharmacy in any capacity until this matter was resolved.

6. On August 2, 2022, Respondent submitted a written statement to the Board investigator where he admitted to having an addiction to Adderall and that he had diverted Adderall XR capsule powder from CVS.

7. Respondent's diversion of Adderall XR capsule powder from CVS resulted in the dispensing of adulterated Adderall XR to patients.

APPLICABLE LAW

8. It is a gross misdemeanor for any person to sell or delivery any drug that is adulterated or misbranded. NRS 585.520(1); NRS 585.550(2).

9. A drug or device shall be deemed to be adulterated if it is a drug and any substance has been mixed or packed therewith so as to reduce its quality or strength; or substituted wholly or in part therefor. NRS 585.400(1)-(2).

10. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

11. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

12. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

13. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

16. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Unlawful Acquisition of Controlled Substances

18. By diverting and acquiring controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT TWO
Unlawful Possession of Controlled Substances

19. By diverting and possessing controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT THREE
Unlawful Use of Controlled Substances

20. By diverting and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12) and/or NRS 639.255(3).

COUNT FOUR
Unprofessional Conduct - Diversion

21. By diverting controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT FIVE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

22. By diverting controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT SIX

Adulteration and Dispensing of an Adulterated Drug

23. By diverting Adderall XR as alleged herein, Respondent adulterated drugs and caused the dispensing of adulterated drugs from CVS in violation of NRS 585.520(1) and/or NRS 585.550(2) and/or NRS 585.400(2), and is therefore subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255(3).

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

Signed this 30th day of JANUARY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HERNAN KIM MOK, RPH,** **Certificate of Registration No. 19930** **Respondent.**	**Case No. 22-095-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of JANUARY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HERNAN KIM MOK, RPH,** **Certificate of Registration No. 19930** **Respondent.**	**Case No. 22-095-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2023.

_____

HERNAN KIM MOK, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of January, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Steven M. Altig, Esq.
Adras & Altig Attorneys at Law
601 S. Seventh Street
Las Vegas, Nevada 89101

Darlene Nases

DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HERNAN KIM MOK, RPH,** **Certificate of Registration No. 19930,** **Respondent.**	**Case No. 22-095-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Hernan Kim Mok ("Mok"), Certificate of Registration No. 19930, by and through counsel, Steven Altig, Esq. of Adras & Altig, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 31, 2023, Board Staff served Respondent Mok with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent Mok is fully aware of the right to seek the advice of counsel in this matter and has obtained the advice of counsel prior to entering this Stipulation.

4. Respondent Mok is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

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

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

6. Respondent Mok admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Robertson:

A. Unlawfully diverted controlled substances for personal use, without a prescript, from his employer CVS Pharmacy, in violation of NRS 453.331(1)(d) and/or NRS 453.336(1) and/or NRS 453.381(8) and/or NRS 453.391(1) and/or NRS 453.411(1) and/or NAC 639.945(1)(h).

7. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Mok not conceding or admitting to such allegations, the Board and Mok stipulate to the following penalties and conditions:

A. Respondent Mok's Pharmacist Certificate of Registration No. 19930 is hereby revoked for a period of one-year from the effective date of this order;

B. Respondent Mok shall pay a fine of Five Thousand Dollars ($5,000.00) for the alleged violations;

C. Respondent Mok shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. In the event Respondent Mok petitions for reinstatement, or applies for reinstatement, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his

application, his compliance with this Order, as well as the facts and circumstances underlying this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

10. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023, in Las Vegas, Nevada. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

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

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

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

check or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

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

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

AGREED:

Signed this 18 day of February 2023.

HERNAN KIM MOK, RPH.
Certificate of Registration No. 19930

APPROVED AS TO FORM AND CONTENT

This 21st day of February 2023.

Adras & Altig, Attorneys at Law

Steven M. Altig, Esq.
Attorneys for Respondent Robertson

Signed this 21st day of February 2023.

Nevada State Board of Pharmacy

Peter Keegan

Peter Keegan, Esq.
General Counsel

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Wesley Robertson, MD, Certificate of Registration No. CS07810, in Case No. 21-063-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____

Helen Park, President
Nevada State Board of Pharmacy

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FILED
JAN 31 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMIE LEIGH SAGE, PTT,** **Certificate of Registration No. PT24343,** **Respondent.**	**Case No. 22-130-PT-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Jamie Leigh Sage ("Respondent"), held a Nevada pharmaceutical technician-in-training registration, Certificate of Registration No. PT24343, issued by the Board.

FACTUAL ALLEGATIONS

2. On October 16, 2020, the Nevada State Board of Nursing served Respondent with a Complaint and Notice of Hearing in Case No. 202006064, alleging diversion of oxycodone and a positive drug screening for oxycodone by Respondent.

3. On November 19, 2020, the Nevada State Board of Nursing held a hearing against Respondent in Case No. 202006064, wherein the Nevada State Board of Nursing accepted the Respondent's voluntary surrender of her Licensed Practical Nurse ("LPN") license.

4. On or about January 28, 2021, Respondent submitted her application for a pharmaceutical technician-in-training registration to the Board. On Respondent's application she falsely answered "no," to question 3 of the application, which inquires have you ever "been the subject of a board citation or an administrative action whether completed or pending in any state?"

5. On or about February 9, 2021, the Board issued Respondent Registration No. PT24393.

APPLICABLE LAW

6. It is unlawful for any person to secure registration by making, or causing to be made, any false representation. NRS 639.281(1).

7. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provision of this chapter. NRS 639.210(9).

8. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

9. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has performed or in any way been a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h). NRS 639.210(4).

10. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation of NRS 639.255(4).

COUNT ONE

Securing License by False Representation

11. By making a false representation to the Board to question 3 on Respondent's January 28, 2021, application, Respondent violated NRS 639.281(1), and/or NRS 639.210(9) and/or (10); and is therefore subject to discipline thereunder and/or pursuant to NRS 639.255(3).

COUNT TWO

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

12. By making a false representation to the Board to question 3 on Respondent's January 28, 2021, application, Respondent was a party to a fraudulent or deceitful practice or transaction,

engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or pursuant to NRS 639.255(3).

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

DATED this 30th day of JANUARY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMIE LEIGH SAGE, PTT,** **Certificate of Registration No. PT24343,** **Respondent.**	**Case No. 22-130-PT-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of January, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMIE LEIGH SAGE, PTT,** **Certificate of Registration No. PT24343,** **Respondent.**	**Case No. 22-130-PT-N** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2023.

_____

JAMIE LEIGH SAGE, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of January, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jamie Leigh Sage
[redacted]Weso Street
Winnemucca, NV 89445

Jamie Leigh Sage
[redacted]Potato Road
Winnemucca, NV 89445

Darlene Nases
DARLENE NASES

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FILED
JAN 31 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **ZIPHEALTH, INC.,** **Pharmacy License No. PH04092,** **Respondent.**	CASE NO. 22-248-PH-O **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent ZipHealth, Inc. ("ZipHealth"), License No. PH04092, was a pharmacy registered with the Board.

FACTUAL ALLEGATIONS

2. ZipHealth operates an internet pharmacy located at 1876 Doctor Andres Way Ste. 83, Delray Beach, Florida 33445 and holds License No. PH04092 issued by the Board on June 18, 2019.

3. On or about September 9, 2022, as part of its 2022 renewal application, ZipHealth falsely certified to the Board that since its last renewal or recent licensure, no owner, shareholder, partner with any interest or the corporation had been the subject of a board citation or an administrative action, whether completed or pending in any state.

4. On or about September 17, 2020, as part of its 2020 renewal application, ZipHealth falsely certified to the Board that since its last renewal or recent licensure, no owner, shareholder, partner with any interest or the corporation had been the subject of a board citation or an administrative action, whether completed or pending in any state.

5. On or about July 14, 2020, the Maine Board of Pharmacy approved a Consent Agreement against ZipHealth in Case No. 2020-PHA-16482. In the Consent Agreement, ZipHealth admitted to failing to timely notify the Maine Board of Pharmacy of a change in its pharmacist in charge ("PIC") within 7 days after the PIC change, as required by Maine law. ZipHealth agreed to pay a fine in the amount of $1,500.00.

APPLICABLE LAW

6. Before issuing a license to a pharmacy located outside Nevada, the Board shall consider the qualifications and credentials of the applicant and any suspension or revocation of a license or restriction on a license held by the applicant. NRS 639.23282.

7. It is unlawful for any person to secure registration by making, or causing to be made, any false representation. NRS 639.281(1).

8. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

9. The Board may suspend or revoke a registration issued pursuant to NRS Chapter 639 if the holder has been convicted of a violation of any law or regulation of the Federal Government or of this or any other state related to controlled substances. NRS 639.210(6).

10. Willfully making to the Board any false statement which is material to the administration or enforcement of any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(9).

11. The Board may suspend or revoke a registration issued pursuant to NRS Chapter 639 if the holder has obtained that registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent. NRS 639.210(10).

12. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

13. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

14. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Securing License by False Representation

15. By falsely certifying to the Board on its 2022 and 2020 renewal applications for Certificate of Registration No. PH04092 that ZipHealth had not been the subject of a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state, ZipHealth violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and (10) and/or NRS 639.255(3).

COUNT TWO

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

16. By falsely certifying to the Board on its 2022 and 2020 renewal applications for Certificate of Registration No. PH04092 that ZipHealth had not been the subject of a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state, ZipHealth was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

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

DATED this 30th day of January, 2023.

J. David Wuest, R.Ph., Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ZIPHEALTH, INC.,** **Pharmacy License No. PH04092,** **Respondent.**	**CASE NO. 22-248-PH-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of January, 2023.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ZIPHEALTH, INC.,** **Pharmacy License No. PH04092,** **Respondent.**	**CASE NO. 22-248-PH-O** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR ZIPHEALTH, INC.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of January, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ziphealth, Inc.
1876 Doctor Andres Way Ste. 83
Delray Beach, FL 33445

Darlene Nases

DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ZIPHEALTH, INC.,** **Certificate of Registration No. PH04092,** **Respondent.**	**Case No. 22-248-PH-O** **STIPULATION AND ORDER**

Peter Keegan, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent ZipHealth, Inc ("ZipHealth"), Certificate of Registration No. PH004092, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 31, 2023, Board Staff properly served ZipHealth with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. ZipHealth is fully aware of its right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. ZipHealth is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

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

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. In violation of NRS 639.210(4) pursuant to NAC 639.945(1)(h); NRS 639.210(9); and NRS 639.210(10), ZipHealth falsely certified to the Board on its 2022 and 2020 pharmacy renewal applications that ZipHealth had not been subject to a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state.

7. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210(4) pursuant to NAC 639.945(1)(h); NRS 639.210(9); and NRS 639.210(10); as well as NRS 639.255.

8. Based upon the Accusation and the foregoing admissions, the Board and ZipHealth stipulate to the below listed penalties. Respondent ZipHealth, Certificate of Registration No. PH04092, shall:

A. Pay a fine of Five Thousand Dollars ($5,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 639.

10. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023, in Las Vegas, Nevada. Respondent or Respondent's counsel shall appear at the meeting to answer questions

from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent and/or its counsel are not present at the meeting.

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

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

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, business, certified, or cashier's check, or money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, business, certified, or cashier's check, or money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

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

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Notice of Intended Action and Accusation

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA MCKENZIE THOMSON, DVM, Certificate of Registration No. CS33508,** **Respondent.**	**CASE NO. 22-542-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Gemma McKenzie Thomson, DVM, ("Dr. Thomson") held a Nevada controlled substance registration, Certificate of Registration No. CS33508 issued by the Board.

FACTUAL ALLEGATIONS

2. On June 2, 2022, the Board issued Dr. Thomson her initial Certificate of Registration to Dispense Controlled Substances, Certificate of Registration No. CS33508.

3. On or about December 21, 2022, the Board's investigatory staff received a Licensee Record of ANY Controlled Substance Loss or Theft report ("Theft Report") from Dr. Thomson's employer, BluePearl Specialty and Emergency Veterinary Hospital, located at 555 Morill Avenue, Reno, Nevada 89512 ("BluePearl").

4. The Theft Report indicated Dr. Thomson was terminated on suspicion of theft and use of controlled substances during work hours by Dr. Thomson and identified loss of the following controlled substances:

Name of Controlled Substance	NDC Number	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
Hydromorphone HCL	0066-12341-41	2mg/ml	Vial	34.56 ml
Methadone HCL	17478-0380-20	10mg/ml	Vial	52.04 ml
Ketamine HCL	13985-584-10	100mg/ml	Vial	2.22 ml
Midazolam HCL	17478-0524-10	5mg/ml	Vial	2.5 ml

5. During the course of Dr. Thomson's shift on or about November 24, 2022, a co-worker took a video of Dr. Thomson sleeping in passed out position with a syringe and blue tourniquet next to her.

6. During the course of Dr. Thomson's shift on or about December 12, 2022, a co-worker took a video of the clinic bathroom where Dr. Thomson had been discovered sleeping. The video depicts drops of blood and a syringe on the bathroom floor.

7. During the course of Dr. Thomson's December 18-19, 2022, night shift, a surveillance video was recorded at BluePearl of Dr. Thomson removing a controlled substance vial from the Omnicell machine and replacing it with a vial hidden in her sleeve.

8. Dr. Thomson's employment was terminated by BluePearl on December 22, 2022.

9. On or about January 27, 2023, Dr. Thomson executed a FORM DEA-104, Surrender for Cause of DEA Certificate of Registration.

APPLICABLE LAW

10. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); NAC 453.410(1)(b)(5); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

11. The surrender, revocation or a suspension that has not been stayed of any certificate, license, or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration, or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe, or dispense drugs. NRS 639.2107.

12. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

13. A person shall not unlawfully take, obtain, or attempt to obtain a controlled substance or a prescription for a controlled substance from a manufacturer, wholesaler, pharmacist, dentist, advance practice registered nurse, veterinarian or any other person authorized to administer, dispense, or possess controlled substances. NRS 453.391(1).

14. It is unlawful a person knowingly or intentionally to acquire or obtain or attempt to acquire or obtain possession of controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, or alteration. NRS 453.331(1)(d).

15. A person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a prescription or order of a physician, physician assistant, dentist, podiatric physician, optometrist, advanced practice

registered nurse, or veterinarian while acting in the course and scope of his or her professional practice. NRS 453.336(1).

16. A physician, physician assistant, dentist, advanced practice registered nurse or podiatric physician may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice, and he or she shall not prescribe, administer, or dispense a controlled substance listed in schedule II for himself or herself, his or her spouse or his or her children except in cases of emergency. NRS 453.381(1).

17. A veterinarian, in the course of his or her professional practice only, and not for use by a human being, may prescribe, possess, and administer controlled substances, and the veterinarian may cause them to be administered by a veterinary technician under the direction and supervision of the veterinarian. NRS 453.381(2).

18. It is unlawful for a person knowingly to use of be under the influence of a controlled substance except in accordance with a lawfully issued prescription. NRS 453.411(1).

19. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

22. The Board shall register an applicant to dispense controlled substances included in schedules I to V, inclusive, unless it determines that the issuance of that registration would be inconsistent with the public interest due to failure of the applicant to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research, or industrial channels. NRS 453.231(1)(a).

23. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense controlled substances upon a finding that the registrant has committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

24. Administrative proceedings brought by the Board against a Respondent pursuant to NRS Chapter 453, to deny, suspend or revoke a registration must be initiated, conducted and concluded pursuant to the provisions of NRS 639.241 to NRS 639.257, and upon a finding of guilt against the Respondent, the Board shall suspend the right of the registrant to use his or her registration or a schedule thereof; or revoke the registration of a schedule thereof. NRS 453.241.

25. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Surrender of DEA Registration

26. By the surrendering her DEA Registration, Dr. Thomson no longer qualifies for to hold a certificate of registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

27. The pre-hearing suspension of Respondent's Certificate of Registration No. CS05851 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board.

COUNT TWO
Unlawful Acquisition of Controlled Substances

28. By diverting and acquiring controlled substances as alleged herein, Dr. Thomson violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and or NRS 639.210(4) and/or (11) and/or NRS 639.255(3).

COUNT THREE
Unlawful Diversion, Possession, and/or Administration of Controlled Substances

29. By diverting, possessing, and/or administering controlled substances as alleged herein, Dr. Thomson violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.336(1), NRS 453.381(1) and/or (2); and is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and or NRS 639.210(4) and/or (11) and/or NRS 639.255(3).

COUNT FOUR
Unprofessional Conduct - Diversion

30. By diverting controlled substances as alleged herein, Dr. Thomson engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and/or (12), NRS 639.255(3).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

31. By diverting controlled substances as alleged herein, Dr. Thomson was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT SIX
Unlawful Administration and of a Controlled Substance

32. By knowingly self-administering controlled substances and becoming under the influence of a controlled substance without a prescription during work hours, Dr. Thomson violated NRS 453.411 and is subject to discipline pursuant to NRS 453.231(1)(a) and/or NRS 453.236 and/or NRS 453.241 and/or NRS 639.255(3).

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

Signed this 7th day of February 2023.

J. David Wuest, RPH, Executive Secretary of the
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA MCKENZIE THOMSON, DVM,** **Certificate of Registration No. CS33508,** **Respondent.**	**Case No. 22-542-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GEMMA MCKENZIE THOMSON, DVM, Certificate of Registration No. CS33508,** **Respondent.**	**Case No. 22-542-CS-N** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of February 2023.

_____
GEMMA MCKENZIE THOMSON, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gemma Mckenzie Thomson
[redacted] Golden Greek Road
Reno, NV 89519

Darlene Nases
DARLENE NASES

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416, and** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondents.**	**Case Nos. 19-003-CS-A-S** **19-003-CS-B-S** **19-003-CS-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.

3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

7. Hoffman was employed by Trimcare from August 2018 to present.

8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.

9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.

10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to

NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

31. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

32. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bonda fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION
Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION
Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION
Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION
Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION
Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

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

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416,** **Respondent.**	**CASE NO. 19-003-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ROBERT CHANCELLOR, MD, Certificate of Registration No. CS22616 and PD27416, Respondent.	Case No.: 19-003-CS-B-S **ANSWER AND NOTICE OF DEFENSE**

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

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.

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

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-B-S.

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

Date this 11th day of August, 2020.

Robert Chancellor MD
ROBERT CHANCELLOR, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ABDEL M. KHALEK, MD, Certificate of Registration Nos. CS19745 and PD00722, ROBERT CHANCELLOR, MD, Certificate of Registration Nos. CS22616 and PD27416, and LINDSAY HOFFMAN, PA-C, Certificate of Registration Nos. CS18262 and PD00177, Respondents.	Case Nos. 19-003-CS-A-S 19-003-CS-B-S 19-003-CS-C-S STIPULATION AND ORDER AS TO RESPONDENTS ROBERT CHANCELLOR, MD AND LINDSAY HOFFMAN, PA-C ONLY

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616 and PD27416, and Respondent Lindsay Hoffman, PA-C ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents Chancellor and Hoffman and this matter.

2. On or about July 24, 2020, Board Staff served Respondents Chancellor and Hoffman with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent(s) and Notice of Hearing.

3. On or about August 17, 2020, Respondent Chancellor filed an Answer and Notice of Defense ("Answer") *in proper person.* Respondent Chancellor subsequently retained counsel E. Brent Bryson, Esq.

4. On or about August 17, 2020, Respondent Hoffman filed an Answer and Notice of Defense ("Answer") *in proper person.* Respondent Hoffman subsequently retained counsel E. Brent Bryson, Esq.

5. Respondents Chancellor and Hoffman are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

6. Respondents Chancellor and Hoffman are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents Chancellor and Hoffman failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

8. Respondent Chancellor admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Chancellor:

A. Permitted unlicensed staff to access and/or possess controlled substances and/or dangerous drugs, in violation of NRS 415.336(1) NRS 454.213(1); NRS 639.100(1); NRS 639.235(1); NAC 639.742(2)(e); NAC 639.743(1); and/or NRS 63.210(4) pursuant to NAC 639.945(1)(i) and (j).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1- 3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

9. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Chancellor not conceding or admitting to such allegations, the Board and Chancellor stipulate to the following penalties and conditions.

A. Respondent Chancellor's Certificate of Registration to Dispense Controlled Substances and Dispensing Practitioner Registration, Certificates of Registration Nos. CS22616 and PD27416, are hereby suspended, but the suspension is stayed, and Chancellor shall be placed on probation for a period of one year. During the one-year probationary period, Chancellor's dispensing practice located at 5052 S. Jones Blvd. #145, Las Vegas, Nevada 89118, shall undergo two (2) inspections by the Board of Pharmacy, at Chancellor's expense. Additionally, Chancellor shall provide proof to the

Board inspectors, within six months of the effective date of this Order, that he has updated the policies and procedures for the following:

i. Security of medications on site;
ii. Procedure for security of electronic prescribing of controlled substance two-factor authentication;
iii. Procedure for ordering medications;
iv. Procedure for the prescribing and dispensing medications;
v. Procedure for inventorying controlled substance medications;
vi. Procedure for identifying and quarantining expired medications;
vii. Procedure for prescription record keeping; and
viii. Procedure for administering medications (including information on drawing syringes from single-use and multi-use vials).

B. Chancellor shall pay a fine of FIVE THOUSAND DOLLARS ($5,000.00) for the alleged violations;

C. Chancellor shall pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred; and

D. Upon the successful completion of the one-year probationary period, successful inspections; provision of updated policies; and payment of the above-referenced finds, Respondent Chancellor's Certificates of Registration Nos. CS22616 and PD27416 shall be fully restored.

11. Respondent Hoffman admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Hoffman:

A. Unlawfully authorized dispensation of medications to patients when she was not present in violation of NAC 639.742(2)(e).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1-3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

12. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Hoffman not conceding or admitting to such allegations, the Board and Hoffman stipulate to the following penalties and conditions. Respondent Hoffman, PA-C, Certificate of Registration Nos. CS18262 shall:

A. Pay a fine of TWO THOUSAND FIVE HUNDRED DOLLARS ($2,500.00) for the alleged violations; and

B. Pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred.

14. Any failure by any Respondents to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondents to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondents consistent with the provisions of NRS Chapter 453, Chapter 454, and/or Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023. Respondents will appear in person and/or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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

AGREED:

Signed this 10th day of February 2023.

Robert Chancellor MD

ROBERT CHANCELLOR, M.D.

Signed this 10th day of February 2023.

LINDSAY HOFFMAN, PA-C

APPROVED AS TO FORM AND CONTENT
This 16th day of February 2023.

E. BRETT BRYSON, ESQ.
Counsel for Respondents Chancellor and Hoffman

Signed this 16th day of February 2023.

NEVADA STATE BOARD OF PHARAMCY

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Robert Chancellor, MD, Certificate of Registration Nos. CS22616 and PD27416, in Case No. 19-003-CS-B-S, and Respondent Lindsay Hoffman, PA-C, Certificate of Registration Nos. CS18262 and PD00177 in Case Nos. 19-003-CS-B-S and 19-003-CS-C-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____

Helen Park, President
Nevada State Board of Pharmacy

PAYMENT AGREEMENT

Robert Chancellor, M.D. – Case No. 19-003-CS-B-S

WHEREAS, on or about July 9, 2020, a Notice of Intended Action and Accusation was served by the Nevada State Board of Pharmacy ("Board") upon Respondent Robert Chancellor, M.D. ("Chancellor") through his attorney, E. Brett Bryson at 7730 W. Sahara Ave., Suite 109, Las Vegas, NV 89117.

WHEREAS, On February 16, 2023, Chancellor formally submitted to the Board a Stipulation and Order for consideration at its March 8, 2023, Board meeting.

THEREFORE, without admitting to the allegations and upon the filing of the Board's Order approving the Stipulation at its March 8, 2023, meeting Chancellor agrees to pay the amount of $5,000.00 pursuant to the following five (5) month payment schedule:

(1) April 1, 2023	**$1,000**
(2) May 1, 2023	**$1,000**
(3) June 1, 2023	**$1,000**
(4) July 1, 2023	**$1,000**
(5) August 1, 2023	**$1,000**
TOTAL	**$5,000**

Respondent Chancellor shall make each of the five (5) installment payments of $1,000.00 payable to "***State of Nevada, Office of the Treasurer***." Respondent Chancellor shall make all payments by *personal, business, certified or cashier's check or money order*. All payments must be received by the specified due date at the Board's Reno office located at 985 Damonte Ranch Parkway - Suite 206, Reno, Nevada 89521. Respondent has the right to pre-pay any or all the payments agreed to herein.

Respondent Chancellor shall make a single payment of $1,000 in attorney fees and costs payable to "***Nevada State Board of Pharmacy***." Respondent Chancellor shall make the payment to the Board by *personal check, business check*, *cashier's check* or *certified check* or *money order*. The attorney fees payment must be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of the Board's Order approving the Stipulation.

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

Respondent Chancellor has considered and fully understands the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.

AGREED this ____ day of February 2023.

_____

By: Robert Chancellor, M.D.

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondent.**	**CASE NO. 19-003-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. LINDSAY HOFFMAN, P-AC, Certificate of Registration No. CS18262 and PD00177, Respondent.	Case No.: 19-003-CS-C-S **ANSWER AND NOTICE OF DEFENSE**

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

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.

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

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-C-S.

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

Date this 11th day of August, 2020.

LINDSAY HOFFMAN, PA-C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ABDEL M. KHALEK, MD, Certificate of Registration Nos. CS19745 and PD00722, ROBERT CHANCELLOR, MD, Certificate of Registration Nos. CS22616 and PD27416, and LINDSAY HOFFMAN, PA-C, Certificate of Registration Nos. CS18262 and PD00177, Respondents.	Case Nos. 19-003-CS-A-S 19-003-CS-B-S 19-003-CS-C-S STIPULATION AND ORDER AS TO RESPONDENTS ROBERT CHANCELLOR, MD AND LINDSAY HOFFMAN, PA-C ONLY

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616 and PD27416, and Respondent Lindsay Hoffman, PA-C ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents Chancellor and Hoffman and this matter.

2. On or about July 24, 2020, Board Staff served Respondents Chancellor and Hoffman with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent(s) and Notice of Hearing.

3. On or about August 17, 2020, Respondent Chancellor filed an Answer and Notice of Defense ("Answer") *in proper person.* Respondent Chancellor subsequently retained counsel E. Brent Bryson, Esq.

4. On or about August 17, 2020, Respondent Hoffman filed an Answer and Notice of Defense ("Answer") *in proper person.* Respondent Hoffman subsequently retained counsel E. Brent Bryson, Esq.

5. Respondents Chancellor and Hoffman are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

6. Respondents Chancellor and Hoffman are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents Chancellor and Hoffman failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

8. Respondent Chancellor admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Chancellor:

A. Permitted unlicensed staff to access and/or possess controlled substances and/or dangerous drugs, in violation of NRS 415.336(1) NRS 454.213(1); NRS 639.100(1); NRS 639.235(1); NAC 639.742(2)(e); NAC 639.743(1); and/or NRS 63.210(4) pursuant to NAC 639.945(1)(i) and (j).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1- 3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

9. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Chancellor not conceding or admitting to such allegations, the Board and Chancellor stipulate to the following penalties and conditions.

A. Respondent Chancellor's Certificate of Registration to Dispense Controlled Substances and Dispensing Practitioner Registration, Certificates of Registration Nos. CS22616 and PD27416, are hereby suspended, but the suspension is stayed, and Chancellor shall be placed on probation for a period of one year. During the one-year probationary period, Chancellor's dispensing practice located at 5052 S. Jones Blvd. #145, Las Vegas, Nevada 89118, shall undergo two (2) inspections by the Board of Pharmacy, at Chancellor's expense. Additionally, Chancellor shall provide proof to the

Board inspectors, within six months of the effective date of this Order, that he has updated the policies and procedures for the following:

i. Security of medications on site;
ii. Procedure for security of electronic prescribing of controlled substance two-factor authentication;
iii. Procedure for ordering medications;
iv. Procedure for the prescribing and dispensing medications;
v. Procedure for inventorying controlled substance medications;
vi. Procedure for identifying and quarantining expired medications;
vii. Procedure for prescription record keeping; and
viii. Procedure for administering medications (including information on drawing syringes from single-use and multi-use vials).

B. Chancellor shall pay a fine of FIVE THOUSAND DOLLARS ($5,000.00) for the alleged violations;

C. Chancellor shall pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred; and

D. Upon the successful completion of the one-year probationary period, successful inspections; provision of updated policies; and payment of the above-referenced finds, Respondent Chancellor's Certificates of Registration Nos. CS22616 and PD27416 shall be fully restored.

11. Respondent Hoffman admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Hoffman:

A. Unlawfully authorized dispensation of medications to patients when she was not present in violation of NAC 639.742(2)(e).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1-3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

12. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Hoffman not conceding or admitting to such allegations, the Board and Hoffman stipulate to the following penalties and conditions. Respondent Hoffman, PA-C, Certificate of Registration Nos. CS18262 shall:

A. Pay a fine of TWO THOUSAND FIVE HUNDRED DOLLARS ($2,500.00) for the alleged violations; and

B. Pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred.

14. Any failure by any Respondents to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondents to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondents consistent with the provisions of NRS Chapter 453, Chapter 454, and/or Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023. Respondents will appear in person and/or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

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

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

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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

AGREED:

Signed this 10th day of February 2023.

Robert Chancellor MD

ROBERT CHANCELLOR, M.D.

Signed this 10th day of February 2023.

LINDSAY HOFFMAN, PA-C

APPROVED AS TO FORM AND CONTENT
This 16th day of February 2023.

E. BRETT BRYSON, ESQ.
Counsel for Respondents Chancellor and Hoffman

Signed this 16th day of February 2023.

NEVADA STATE BOARD OF PHARAMCY

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Robert Chancellor, MD, Certificate of Registration Nos. CS22616 and PD27416, in Case No. 19-003-CS-B-S, and Respondent Lindsay Hoffman, PA-C, Certificate of Registration Nos. CS18262 and PD00177 in Case Nos. 19-003-CS-B-S and 19-003-CS-C-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____

Helen Park, President
Nevada State Board of Pharmacy

PAYMENT AGREEMENT
Lindsay Hoffman, P.A. – Case No. 19-003-CS-C-S

WHEREAS, on or about July 9, 2020, a Notice of Intended Action and Accusation was served by the Nevada State Board of Pharmacy ("Board") upon Respondent Lindsay Hoffman, P.A. ("Hoffman") through her attorney, E. Brett Bryson at 7730 W. Sahara Ave., Suite 109, Las Vegas, NV 89117.

WHEREAS, On February 16, 2023, Hoffman formally submitted to the Board a Stipulation and Order for consideration at its March 8, 2023, Board meeting.

THEREFORE, without admitting to the allegations and upon the filing of the Board's Order approving the Stipulation at its March 8, 2023, meeting Hoffman agrees to pay the amount of $2,500.00 pursuant to the following five (5) month payment schedule:

(1) April 1, 2023	**$500**
(2) May 1, 2023	**$500**
(3) June 1, 2023	**$500**
(4) July 1, 2023	**$500**
(5) August 1, 2023	**$500**
TOTAL	**$2,500**

Respondent Hoffman shall make each of the five (5) installment payments of $500.00 payable to "***State of Nevada, Office of the Treasurer***." Respondent Hoffman shall make all payments by *personal, business, certified or cashier's check or money order*. All payments must be received by the specified due date at the Board's Reno office located at 985 Damonte Ranch Parkway - Suite 206, Reno, Nevada 89521. Respondent has the right to pre-pay any or all the payments agreed to herein.

Respondent Hoffman shall make a single payment of $1,000 in attorney fees and costs payable to "***Nevada State Board of Pharmacy***." Respondent Hoffman shall make the payment to the Board by *personal check, business check*, *cashier's check* or *certified check* or *money order*. The attorney fees payment must be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of the Board's Order approving the Stipulation.

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

Respondent Hoffman has considered and fully understands the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.

AGREED this ____ day of February 2023.

_____

By: Lindsay Hoffman, P.A.

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA SCHAFFNER,** **Respondent.**	**Case Nos. 22-189-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.070 and NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about September 21, 2022, a Cease and Desist/Citation and Fine was served upon Respondent Joshua Schaffner ("Schaffner"), alleging the violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. On June 23, 2022, the Board received a complaint against Respondent Schaffner for offering to sell diabetic supplies, including test strips and insulin, for to City Pharmacy, in Las Vegas Nevada.

2. The complaint against Respondent Schaffner included an email from Respondent with a linked price list for the products.

3. The products offered for sale by Respondent Schaffner and listed on the price list provided to City Pharmacy included prescription drug products and/or prescription devices.

4. Respondent Schaffner advertised for the purchase of diabetic supplies in Las Vegas on Craigslist and Instagram.

5. Respondent Schaffner does not hold a Nevada wholesaler's license.

6. On or about August 4, 2022, Respondent was served with the Board's Cease-and-Desist Order and a $5,000.00 Citation and Fine for offering and/or attempting and/or engaging in wholesale distribution without a Nevada wholesaler license.

7. On or about October 24, 2022, Respondent was served with a second Cease-and-Desist Order and a $5,000.00 Citation and Fine for offering and/or attempting and/or engaging in wholesale distribution without a Nevada wholesaler license.

8. On or about November 22, 2022, Respondent appealed the Board's Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

9. It is unlawful for any person to engage in wholesale distribution, sell or dispense, or permit to be disturbed at wholesale, any drug, poison, medicine, chemical, or to dispense, or permit to be dispensed any prescription of a practitioner unless the person holds the appropriate certificate, license, or permit required by Nevada Revised Statutes ("NRS") Chapters 639, 453, or 454 and the person complies with the regulations adopted by the Board under Nevada Administrative Code ("NAC") Chapter 639. NRS 639.100(1).

10. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices, or applications that are restricted by federal law to sale by or on the order of a physician to any person located within this state shall obtain a license pursuant to the provisions of this chapter. NRS 639.233; NRS 639.500 – 639.515; NAC 639.593.

11. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any drugs, poisons, chemicals, or devices, other than those referred

to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess, or deal in such drugs, poisons, chemicals, or devices. NRS 639.288.

12. Any person who fraudulently represents himself or herself to be the holder of any certificate, license or permit issued by the Board is guilty of a misdemeanor. NRS 639.281(1); NRS 639.500 – 639.515; NAC 639.593.

13. The Board may impose an administrative fine of not more than $5,000.00 against any person who the Board determined violated NRS 639.100(1) or NRS 639.285(1). Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. NRS 639.2895(1-4).

14. A person who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge, or alteration is guilty of a category E felony. NRS 454.311.

15. A person who possesses a dangerous drug, except that furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner, is guilty of a gross misdemeanor. NRS 454.316.

16. Pursuant to NRS 622.400(1), a regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as part of its investigation, administrative and disciplinary proceedings against the person if the regulatory body enters a final order in which it finds that the person has violated any provision which the regulatory body has authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body.

COUNT ONE
Unlicensed Wholesale Distribution of Dangerous Drugs Without Prescriptions

17. By offering to purchase and sell diabetic supplies including prescription drugs and/or devices to a pharmacy and/or persons to whom the prescription drugs

were not prescribed without holding a Nevada wholesaler license Respondent violated Nevada state law including NRS 639.100(1); NRS 639.233; NRS 639.288, NRS 639.500 – 639.515; and NAC 639.593. Pursuant to NRS 639.2895(1-4) the Board may impose upon Respondent an administrative fine of not more than $5,000.00.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

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

relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 9th day of December 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of December 2022, I personally served a true and correct copy of the foregoing **Statement to the Respondent and Notice of Hearing** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

Dan Hill, Esq.
228 4th Street
Third Floor
Las Vegas, Nevada 89101

KRISTOPHER MANGOSING

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FILED
SEP 08 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **FINDINGS OF FACTS, CONCLUSIONS OF LAW, AND ORDER FOR RESPONDENTS LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH ONLY**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. of Spartacus Law Firm. Respondent Sherman Washington, MD ("Washington"), appeared through counsel Michael Mee, Esq., and agreed to a separately executed Stipulation and Order. Upon hearing the case, and based upon the evidence presented, the Board determined the following Findings of Facts, Conclusions of Law, and Order ("Order").

FINDINGS OF FACTS

The allegations against Respondents, as stated in the Notice of Intended Action and Accusation ("Accusation") on file herein, and upon which the Board determined findings of facts, incorporated along with the parties' stipulated facts, are as follows:

1. The Board has jurisdiction over Respondents because at the time of the events alleged herein, Respondent LV Scripts held Pharmacy License No. PH03930 with the Board, and

Respondent Edouard held a pharmacist registration, Certificate of Registration No. 19462 with the Board.

2. Respondent LV Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts appeared to be filling faxed, hand-delivered, or picked up prescriptions that were not signed by practitioners, but contained copied signatures.

b. LV Scripts is providing pre-printed prescription forms.

c. Respondent Edouard failed to provide proper documentation of telephoned orders.

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CONCLUSIONS OF LAW

Based upon the foregoing findings of facts, the Board concludes as a matter of law:

7. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

8. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

9. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.712, and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

10. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

11. As the pharmacy at which the violations of law alleged herein occurred, Respondent LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

/ / /

ORDER

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent LV Scripts' Pharmacy License No. PH03930 is revoked; however, the revocation is immediately stayed. Respondent LV Scripts shall be placed on probation for two (2) years from the date of entry of the Order. During the 2-year probationary period, Respondent LV Scripts shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent LV Scripts successfully completes the conditions of the probationary period, then after 2 years, Respondent's Pharmacy License No. PH03930 shall be fully restored.

2. Respondent LV Scripts shall pay fines of Ten Thousand Dollars ($10,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
3/1/2023	$1,000
4/1/2023	$1,000
5/1/2023	$1,000
6/1/2023	$1,000

7/1/2023	$1,000
***TOTAL**	**$10,000**

*Respondent LV Scripts may pre-pay a portion or all of the fines without penalty.

3. Respondent LV Scripts shall pay attorney's fees and investigative costs of Nine Hundred-Forty Dollars and Fifty Cents ($940.50) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

4. Respondent LV Scripts shall be subject to quarterly inspections by Board's staff for a period of two (2) years from entry of Order at Respondent LV Scripts' cost, not to exceed Five Hundred Dollars ($500) for each quarterly inspection.

5. Respondent LV Scripts shall ensure that all pharmacist staff who will engage in compounding have completed compounding training approved by Board staff pursuant to NAC 639.67013 within six (6) months of entry of Order.

6. Respondent Edouard's pharmacist registration, Certification of Registration No. 19462 is revoked; however, the revocation is immediately stayed. Respondent Edouard shall be placed on probation for five (5) years from the date of entry of the Order. During the 5-year probationary period, Respondent Edouard shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent Edouard successfully completes the conditions of the probationary period, then after 5 years, Respondent's Certificate of Registration No. 19462 shall be fully restored.

7. Respondent Edouard shall not be a managing pharmacist for any pharmacy for a period of two (2) years from entry of Order.

8. Respondent Edouard shall pay fines of Five Thousand Dollars ($5,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's

Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
***TOTAL**	**$5,000**

*Respondent Edouard may pre-pay a portion or all of the fines without penalty.

9. Respondent Edouard shall pay attorney's fees and investigative costs of Nine Hundred Dollars ($900) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

10. Respondent Edouard must complete two (2) additional hours of continuing education by attending two (2) discipline days of Board meetings within one (1) year upon entry of Order.

11. This Order shall be a public record pursuant to NRS 622.330, and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next scheduled Board meeting for hearing. If the show cause hearing results in a finding of a violation of this Order by any

Respondent, then the Board may impose additional discipline upon any Respondent consistent with NRS Chapter 639

13. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 8th day of September, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23nd day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 51

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 44

Chandon Alexander
2777 Paradise Rd, Suite 3006
Las Vegas, NV 89109

9171 9690 0935 0270 0152 37

KRISTOPHER MANGOSING

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ☑ Nevada ☐ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☑ No

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☑ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Adesso Therapeutics

MDEG Physical Address: 675 W Moana Lane, Suite 213

City: Reno State: NV Zip: 89509

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (831) 682-3916 Website: www.adessotherapeutics.com

Email: dcavalli@adessotherapeutics.com

Name of MDEG Administrator (NAC 639.694): Dominic Arthur Cavalli

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☑ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☑ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 1:00-5:00 PM	■ Tue: 1:00-5:00 PM	■ Wed: 1:00-5:00 PM	■ Thurs: 1:00-5:00 PM	■ Fri: 1:00-5:00 PM
☐ Sat:	☐ Sun:	☐ Holidays: Closed on New Year's Day, MLK day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving, Black Friday, Christmas Eve, Christmas Day, New Years Eve		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare NPI# 1013634609

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: N/A %: N/A

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Dominic Arthur Cavalli

Business Name: Adesso Therapeutics

Business Address: 675 W Moana Lane, Suite 213

City: Reno State: NV Zip: 89509

Telephone: (831) 682-3916 Email: dcavalli@adessotherapeutics.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dominic Arthur Cavalli

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/1/2022

Date

Board Use Only	Date Received: 11-1-22	Amount: 500.00 CK-97

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Adesso Therapeutics, LLC

Nevada Business Identification # NV20222600281
Expiration Date: 10/31/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/13/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202210133083155
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Adesso Therapeutics, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/13/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/27/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202210273118239
You may verify this certificate online at http://www.nvsos.gov

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

***THIS CERTIFICATE EXPIRES: 10/21/2027 ***

FILED
10/21/2022 02:30:53 PM
JANIS GALASSINI
Washoe County Clerk
By: #76 EC

THE UNDERSIGNED do(es) hereby certify that IT IS

conducting a(n) DURABLE MEDICAL EQUIPMENT business at

675 W MOANA LN, SUITE 213 RENO NV 89509,

under the fictitious firm name of ADESSO THERAPEUTICS

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows to wit:

ADESSO THERAPEUTICS, LLC 675 W MOANA LN, SUITE 213 RENO NV 89509
DOMINIC CAVALLI MANAGING MEMBER

Prior Related DBA Filing: _____

Alternate Mailing Address: _____

WITNESS my hand this 21st day of October, 2022.

In the case of a legal entity, the undersigned hereby swears under penalty of perjury that he/she has authority to sign on behalf of and to bind the above-named legal entity to a contract.

STATE OF NEVADA)
) SS
COUNTY OF WASHOE)

On this 21st day of October, 2022 personally appeared before me,

DOMINIC ARTHUR CAVALLI,

who acknowledged that he/she executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of Washoe the day and year in this certificate above written.

JANIS GALASSINI, WASHOE COUNTY CLERK

Deputy Clerk

174761

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/26/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

State Farm

Nicole Williams State Farm
197 Cadillac Place
Reno, NV 89509

CONTACT NAME: Matthew Tucker
PHONE (A/C, No, Ext): 775 827 1965 FAX (A/C, No): 775 827 1978
E-MAIL ADDRESS: matthew@insurewithnicole.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Fire and Casualty Company	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Adesso Therapeutics,LLC
675 W Moana Ln
Reno, NV 89509

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			98CFK5314	11/01/2022	11/01/2023	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	$
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Landlord: DLS Partners LLC is an additional insured for all products and service, additional insured endorsement attached

CERTIFICATE HOLDER

Landlord:
DLS Partners LLC
675 W Moana Ln
Reno, NV 89509

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Adesso Therapeutics

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 675 W Moana lane, suite 213

City Reno State NV Zip 89509

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Dominic Middle Arthur Last Cavalli

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] S Meadows Parkway, apartment [redacted]

City Reno State NV Zip 89521

Telephone [redacted] Email cavalli.dominic@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Diego State University		08/13-05/18	
Address	**City**	**State**	**Zip**
5500 Campanile Drive	San Diego	CA	92182
Diploma/Degree obtained, if any			
Bachelor of Science in Biology with an emphasis in Cellular and Molecular Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Monterey High School		08/09-05/13	
Address	**City**	**State**	**Zip**
101 Herrmann Dr, Monterey, CA 93940, United States	Monterey	CA	93940
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/22-ongoing	[redacted] S Meadows Parkway apartment [redacted]	Reno	NV	89521
08/22-10/22	[redacted] Orinda Way	Salinas	CA	93901
09/21-08/22	[redacted] Lexington Avenue, apartment [redacted]	San Jose	CA	95123
07/20-09/21	[redacted] Casanova Avenue	Monterey	CA	93940
05/20-07/20	[redacted] Redding Drive	Salinas	CA	93908
01/19-05/20	[redacted] Amherst Avenue	Woodland	CA	95695
10/18-12/18	[redacted] Circle Court	Elkin	NC	28621
07/18-10/18	[redacted] Hilton Head Court, apartment [redacted]	El Cajon	CA	92019
08/16-07/18	[redacted] Montezuma Rd, apartment [redacted]	San Diego	CA	92115
06/17-08/17	[redacted] Prospect Street	Toowoomba	QLD	4350

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/16-06/17	[redacted] Montezuma Rd, apartmen[redacted]	San Diego	CA	92115
05/16-07/16	[redacted] Redding Drive	Salinas	CA	93908
08/15-05/16	[redacted] Alvarado Road, unit [redacted]	San Diego	CA	92120
08/14-07/15	[redacted] Hardy Ave, apartment [redacted]	San Diego	CA	92115
05/14-08/14	[redacted] Redding Drive	Salinas	CA	93908
08/13-05/14	[redacted] Lindo Paseo, Olmeca Hall	San Diego	CA	92115
01/13-08/13	[redacted] Redding Drive	Salinas	CA	93908
-----01/13	[redacted] Oak View Place	Salinas	CA	93908

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Byram Healthcare			05/20-09/22
Business Address	**City**	**State**	**Zip**
120 Bloomingdale Rd #301	White Plains	NY	10605
Phone	**Title**		
(914) 286-2177	Account Manager		

Description of Duties
Educated medical staff on product guidelines surrounding catheters, ostomy supplies, incontinence supplies, and wound care supplies. I also communicated with the patients to make sure their needs were being met.

Business Name			From - To (MM/YY – MM/YY)
Prism Medical Products, LLC			01/19-05/20
Business Address	**City**	**State**	**Zip**
112 Church Street	Elkin	NC	28621
Phone	**Title**		
(888) 244-6421	Territory Account Manager		

Description of Duties
Educated medical staff on product guidelines for wound care dressings and ostomy supplies. Routinely spoke with clinicians and patients regarding order status and product availability.

Business Name			From - To (MM/YY – MM/YY)
Prism Medical Products, LLC			10/18-12/18
Business Address	**City**	**State**	**Zip**
112 Church Street	Elkin	NC	28621
Phone	**Title**		
(888) 244-6421	Associate Account Manager		

Description of Duties
Processed orders for wound care dressings, ostomy supplies, and urology supplies, verified insurance benefits, and resolved any issues with an order. I learned coverage guidelines for the different products and insurances.

Business Name			From - To (MM/YY – MM/YY)
Bayer Australia			06/17-08/17
Business Address	**City**	**State**	**Zip**
261 Tingira Street	Pinkenba	QLD	4008
Phone	**Title**		
1800 636 00	Trials Specialist		

Description of Duties
Trialed new and pre-commercial varities of lettuce and spinach. This involved planting the crops as well as doing the evaluation, both alone and with feedback from the farmers

Business Name			From - To (MM/YY – MM/YY)
Holaday Seed Company			05/16-08/16
Business Address	**City**	**State**	**Zip**
4 Elvee Circle	Salinas	CA	93901
Phone	**Title**		
(831) 796-0504	Data Analyst		

Description of Duties
Made a sales forecast model for different spinach varieties to improve inventory management

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Incotec			05/15-08/15
Business Address	**City**	**State**	**Zip**
1293 Harkins Road	Salinas	CA	93901
Phone	**Title**		
(831) 757-4367	Intern		
Description of Duties			
Planted vegetable trials, assessed germination rates of different seed lots, and worked with production.			

Business Name			From - To (MM/YY – MM/YY)
Incotec			05/15-08/15
Business Address	**City**	**State**	**Zip**
1293 Harkins Road	Salinas	CA	93901
Phone	**Title**		
(831) 757-4367	Intern		
Description of Duties			
Planted vegetable trials, assessed germination rates of different seed lots, and worked with production.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dominic Cavalli
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/27/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Dominic Cavalli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/27/2022
Date

Subscribed and Sworn to before me this 27 day of October, 2022

Notary Public Signature

JULIA WOOD
Notary Public, State of Nevada
Appointment No. 16-1903-2
My Appt. Expires Apr 1, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Adesso Therapeutics MDEG License # (if applicable) _____

Physical Address 675 W Moana Lane, Suite 213

City Reno State NV Zip 89509

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Dominic Middle Arthur Last Cavalli

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] S Meadows Parkway, apartment [redacted]

City Reno State NV Zip 89521

Telephone [redacted] Email cavalli.dominic@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Diego State University		08/13-05/18	
Address	**City**	**State**	**Zip**
5500 Campanile Drive	San Diego	CA	92182
Diploma/Degree obtained, if any			
Bachelor of Science in Biology with an emphasis in Cellular and Molecular Biology			

School Name		From - To (MM/YY – MM/YY)	
Monterey High School		08/09-05/13	
Address	**City**	**State**	**Zip**
101 Herrmann Dr, Monterey, CA 93940, United States	Monterey	CA	93940
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/22-ongoing	[redacted] S Meadows Parkway, apt. [redacted]	Reno	NV	89521
08/22-10/22	[redacted] Orinda Way	Salinas	CA	93901
09/21-08/22	[redacted] Lexington Avenue, apartment [redacted]	San Jose	CA	95123
07/20-09/21	[redacted] Casanova Avenue	Monterey	CA	93940
05/20-07/20	[redacted] Redding Drive	Salinas	CA	93908
01/19-05/20	[redacted] Amherst Avenue	Woodland	CA	95695
10/18-12/18	[redacted] Circle Court	Elkin	NC	28621
07/18-10/18	[redacted] Hilton Head Court, apartment [redacted]	El Cajon	CA	92019
08/16-07/18	[redacted] Montezuma Rd, apartment [redacted]	San Diego	CA	92115
06/17-08/17	[redacted] Prospect Street	Toowoomba	QLD	4350

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/16-06/17	[redacted] Montezuma Rd, apartment [redacted]	San Diego	CA	92115
05/16-07/16	[redacted] Redding Drive	Salinas	CA	93908
08/15-05/16	[redacted] Alvarado Road, unit [redacted]	San Diego	CA	92120
08/14-07/15	[redacted] lardy Ave, apartment 8	San Diego	CA	92115
05/14-08/14	[redacted] Redding Drive	Salinas	CA	93908
08/13-05/14	[redacted] Lindo Paseo, Olmeca Hall	San Diego	CA	92115
01/13-08/13	[redacted] Redding Drive	Salinas	CA	93908
-----01/13	[redacted] Oak View Place	Salinas	CA	93908
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Byram Healthcare			05/20-09/22	
Business Address		**City**	**State**	**Zip**
120 Bloomingdale Rd #301		White Plains	NY	10605
Phone	**Title**		**Number of Employed Hours**	
(914) 286-2177	Account Manager		4480	
Description of Duties				
Educated medical staff on product guidelines surrounding catheters, ostomy supplies, incontinence supplies, and wound care supplies I also communicated with the patients to make sure their needs were being met.				

Business Name			From - To (MM/YY – MM/YY)	
Prism Medical Products, LLC			01/19-05/20	
Business Address		**City**	**State**	**Zip**
112 Church Street		Elkin	NC	28621
Phone	**Title**		**Number of Employed Hours**	
(888) 244-6421	Territory Account Manager		2720	
Description of Duties				
Educated medical staff on product guidelines for wound care dressings and ostomy supplies. Routinely spoke with clinicians and patients regarding order status and product availability.				

Business Name			From - To (MM/YY – MM/YY)	
Prism Medical Products, LLC			10/18-12/18	
Business Address		**City**	**State**	**Zip**
112 Church Street		Elkin	NC	
Phone	**Title**		**Number of Employed Hours**	
(888) 244-6421	Associate Account Manager		400	
Description of Duties				
Processed orders for wound care dressings, ostomy supplies, and urology supplies, verified insurance benefits, and resolved any issues with an order. I learned coverage guidelines for the different products and insurances.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Dominic Arthur Cavalli, **certify that as the MDEG Administrator for**

Adesso Therapeutics,

that I (initial that you have read and meet the following requirements):

1. DC Have a high school diploma or its equivalent;
2. DC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dominic Cavalli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/27/2022

Date

Board Use Only	Date Received:

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☒ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Mobility Prosthetic and Orthotic Services

MDEG Physical Address: 400 Shadow Lane ste. 110

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): 400 Shadow Lane ste. 110

City: Las Vegas State: NV Zip: 89106

Telephone: (702) 800-6520 Website: _____

Email: sekhar@mobilityprosthetic.com

Name of MDEG Administrator (NAC 639.694): Chandra Sekhar Mohanty

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☒ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Chandra Sekhar Mohanty
	Telephone: 714-624-3804

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8-5pm	☑ Tue: 8-5pm	☑ Wed: 8-5pm	☑ Thurs: 8-5pm	☑ Fri: 8-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

MEDICARE PTAN : 7825570002

MEDICAID : 250013197

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: N/A % N/A

Name: _____ Credentials: _____ % _____

Name: _____ Credentials: _____ % _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Partnership

Partnership Name: Mobility Prosthetic and Orthotic Services LLC

Mailing Address: 400 Shadow Lane Ste 110

City: Las Vegas State: NV Zip: 89106

Telephone: 702-800-6520 Email: Sekhar@mobilityprosthetic.com

Contact Person Name: Chandra Sekhar Mohanty

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chandra Sekhar Mohanty

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/7/2022

Date

Board Use Only	Date Received: 11-14-22	Amount: 500.00 CK - 1112 ✓ processed 12-5-22 VB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mobility prosthetic and orthotic Services LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 400 Shadow Lane, Suite 110

City Las Vegas State NV Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 800 6520 Website www.mobilityprosthetic.com

Licensing Company Email Sekhar@mobilityprosthetic.com.

Section 2: Personal Information

First CHANDRA Middle SEKHAR Last MOHANTY.

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Bianca Bay Street

City Las Vegas State NV Zip 89144

Telephone [redacted] Email Sekhar@mobilityprosthetic.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)
Trident University		2013-2015
Address	**City**	**State / Zip**
		CA
Diploma/Degree obtained, if any		
MBA		

School Name		From - To (MM/YY – MM/YY)
University of Mumbai / Bombay		1992-96
Address	**City**	**State / Zip**
	Mumbai, India	
Diploma/Degree obtained, if any		
Bachelor in Prosthetics and Orthotics		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY)
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		

School Name		From - To (MM/YY – MM/YY
Address	**City**	**State / Zip**
Diploma/Degree obtained, if any		

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2011 - Current	[redacted] Bianca Bay Street.	Las vegas	NV	89144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Mobility Prosthetic & Orthotic Services LLC			From - To (MM/YY – MM/YY): 01/21 – 09/21	
Business Address: 1921 Motor Avenue. Suite B	City: Kingman		State: AZ	Zip: 86401
Phone: 928 377 4180	Title: Clinical Director			
Description of Duties: evaluate, fit all orthotic and Prosthetic Services				

Business Name: Mobility Prosthetic & Orthotic Services			From - To (MM/YY – MM/YY): 9/21 – Current	
Business Address: 400 Shadow lane, Suite 110	City: Las Vegas		State: NV	Zip: 89106
Phone: 702 800 6520	Title: Clinical Director			
Description of Duties: evaluate, fit all orthotic & prosthetic Services				

Business Name: Ideal HealthCare LLC			From - To (MM/YY – MM/YY): 08/2018 09/21	
Business Address: 2585 S Jones Blvd. Unit 1A	City: Las Vegas		State: NV	Zip:
Phone:	Title: Clinical Director			
Description of Duties: evaluate and fit all orthotic & prosthetic Services				

Business Name: Vogue Prosthetic & Orthotic Services			From - To (MM/YY – MM/YY): 08/17 – 08/18	
Business Address:	City: Northridge		State: CA	Zip:
Phone:	Title: Clinical Director			
Description of Duties: evaluate and fit all orthotic & prosthetic Services. Manage Clinic, business staff.				

Business Name: Hanger Clinic			From - To (MM/YY – MM/YY):	
Business Address: 4615 west Flamingo Rd.	City: Las Vegas		State: NV	Zip:
Phone:	Title: Area Clinic Manager			
Description of Duties: Manage Multiple Clinics. Evaluate & fit all orthotic & prosthetic Services				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/07/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CHANDRA MOHANTY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/07/22 11/10/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Chandra Sekhar Mohanty, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/10/22

Date

Subscribed and Sworn to before me this 10th day of Nov. 2022.

Notary Public Signature

CHRISTOFFER J. BALL
Notary Public - State of Nevada
County of Clark
APPT. NO. 19-2193-1
My App. Expires Apr. 22, 2023

(Seal)

MOBILITY PROSTHETIC AND ORTHOTIC SERVICES LLC

List of Officers/Directors

1.Chandra Sekhar Mohanty, CP,BOCO,FAAOP,MBA

2.Raju Roy, CPO,LPO,MBA

Address:400 Shadow Lane,Suite.110
Las Vegas,NV 89106

Phone :702 800 6520
Fax: 702 800 6492
Email : info@mobilityprosthetic.com

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Mobility Prosthetic and Orthotic Services LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/18/2020, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/28/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202211283183980
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name		Country
Chandra Sekhar Mohanty		USA

Address	City	State	Zip/Postal Code
[redacted] Bianca Bay Street	Las Vegas	NV	89144

CORPORATION, INDICATE THE MANAGING MEMBER:

Name		Country
Raju Roy		USA

Address	City	State	Zip/Postal Code
[redacted] Robard Street	Las Vegas	NV	89135

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Chandra Sekhar Mohanty
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Member — Title
05/18/2020 — Date

X Raju Roy
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Member — Title
05/18/2020 — Date

BUSINESS LICENSE

City of Las Vegas | Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: G69-06465

RENEWAL DATE: 09/01/2022

EXPIRATION DATE: 03/01/2023

TYPE OF LICENSE: C55 - CLINIC OR LABORATORY
ORTHOTIC CLINIC

BUSINESS LOCATION: 400 SHADOW LN 110

ISSUED TO:

MOBILITY PROSTHETIC AND ORTHOTIC SERVICES LLC
400 SHADOW LANE 110
LAS VEGAS, NV 89106

Business Licensing Manager, Department of Planning

Failure to maintain an active state license or SNHD health permit, if required, renders this business license invalid.

Post in a conspicuous place.

FM-0152-08-21
Form 167

733

BUSINESS LICENSE

City of Las Vegas | Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: G69-06438

RENEWAL DATE: 09/01/2022

EXPIRATION DATE: 09/01/2023

TYPE OF LICENSE: P55 - PROFESSIONAL SERVICES - MEDICAL ORTHOTIC CLINIC

BUSINESS LOCATION: 400 SHADOW LN 110

ISSUED TO:

MOBILITY PROSTHETIC AND ORTHOTIC SERVICES LLC
400 SHADOW LANE 110
LAS VEGAS, NV 89106

Business Licensing Manager, Department of Planning

Failure to maintain an active state license or SNHD health permit, if required, renders this business license invalid.

Post in a conspicuous place.

FM-0152-08-21
Form 167

731

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	**CONTACT NAME:** Ben Deutsch **PHONE (A/C, No, Ext):** (844) 346-3951 **FAX (A/C, No):** **E-MAIL ADDRESS:** Ben.Deutsch@vgm.com
INSURED Mobility Prosthetic and Orthotic Services LLC 1921 Motor Ave Ste B Kingman AZ 86401	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** BENCHMARK INSURANCE COMPANY — 41394 **INSURER B :** AMTRUST INSURANCE CO OF KANSAS — 15954 **INSURER C :** BENCHMARK INSURANCE COMPANY — 41394 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		P1121 X1204-3	05/29/2022	05/29/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 500,000 $ 5,000 $ 2,000,000 $ 3,000,000 $ 3,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		SWC1390035	06/10/2022	06/10/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Cyber Liability/Data Breach			P1121 X1204-3	05/29/2022	05/29/2023	Aggregate	$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured when required by a written contract.
Locations: 1921 Motor Ave Ste B, Kingman AZ 86401; 1675 Mesquite Avenue Unit A, Lake Havasu AZ 86403; 400 Shadow Lane Suite 110 Las Vegas NV 89106; 2020 Silver Creek Road Suite B 107, Bullhead City AZ 86442; 930 N Switzer Canyon Dr Suite 104, Flagstaff AZ 86004

CERTIFICATE HOLDER

Sanctuary Loans LLC
4653 Carmel Mtn Rd Suite 308-221
San Diego CA 92130

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mobility Prosthetic and Orthotic Services LLC

2 Business name/disregarded entity name, if different from above
Same

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
400 Shadow Lane,Suite.110

Requester's name and address (optional)

6 City, state, and ZIP code
Las Vegas,NV 89106

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
			-			-				

or

Employer identification number
8	5	-	1	1	1	3	8	2	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 04/18/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

hereby accredits that

Mobility Prosthetic and Orthotic Services LLC
400 Shadow LN Ste 110 ,Las Vegas Nevada 89106-4355

having successfully met the facility accreditation requirements of this Board, which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic and pedorthic services, is hereby declared to be facility accredited in

Mastectomy, Orthotics, Prosthetics

Accreditation expiration date
October 31, 2024

Brett R. Saunders, CPO, FAAOP
President

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

hereby certifies that

Chandra S. Mohanty

having successfully met the requirements and passed the examinations of this Board, which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic and pedorthic services, is hereby declared a

Certified Prosthetist

Rachel Friddle-Johnson

Rachel A. Friddle-Johnson, CPO
President

Certification Period
January 1, 2020 – December 31, 2024

Certification Number: CP003312
Original Certification Date: October 1, 2004

The Board of Certification / Accreditation, International

Owings Mills, Maryland, USA

To all persons who read these letters, Greetings:
Be it known that the Officers and Board of Directors of BOC, International, confer upon

Chandra S. Mohanty

the certification designation of

BOC-Certified Orthotist

This certification is awarded for meeting the professional standards of BOC International, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-certified practitioners.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.

Brad Watson
Brad Watson, BOCO, BOCP, LPO, Chair

Claudia Zacharias
Claudia Zacharias, MBA, CAE, President & CEO

BOARD OF CERTIFICATION / ACCREDITATION
BOC
O&P Certification 1984 DMEPOS Accreditation

Certificate Number C21578

Certified Through December 2022

Certified Since 2005

This certification is the property of BOC—the certificate holder agrees to abide by the BOC Code of Ethics and satisfy annual renewal fees and five-year Continuing Education (CE) requirements.

© 2021 BOC

The Board of Certification / Accreditation, International

Owings Mills, Maryland, USA

To all persons who read these letters, Greetings:
Be it known that the Officers and Board of Directors of BOC, International, confer upon

Chandra S. Mohanty

the certification designation of

BOC-Certified Prosthetist

This certification is awarded for meeting the professional standards of BOC International, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-certified practitioners. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.

Brad Watson

Brad Watson, BOCO, BOCP, LPO, Chair

Claudia Zacharias

Claudia Zacharias, MBA, CAE, President & CEO

BOARD OF CERTIFICATION / ACCREDITATION
BOC
O&P Certification 1984 DMEPOS Accreditation

Certificate Number C21578

Certified Through December 2022

Certified Since 2004

This certification is the property of BOC—the certificate holder agrees to abide by the BOC Code of Ethics and satisfy annual renewal fees and five-year Continuing Education (CE) requirements.

© 2021 BOC

The Board of Certification / Accreditation, International

Owings Mills, Maryland, USA

To all persons who read these letters, Greetings:
Be it known that the Officers and Board of Directors of BOC, International, confer upon

Sujata Mohanty

the certification designation of

BOC-Certified Orthotist

This certification is awarded for meeting the professional standards of BOC International, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-certified practitioners. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.

Brad Watson
Brad Watson, BOCO, BOCP, LPO, Chair

Claudia Zacharias
Claudia Zacharias, MBA, CAE, President & CEO

BOARD OF CERTIFICATION / ACCREDITATION
BOC
O&P Certification 1984 DMEPOS Accreditation

Certificate Number C22250

Certified Through December 2022

Certified Since 2005

This certification is the property of BOC—the certificate holder agrees to abide by the BOC Code of Ethics and satisfy annual renewal fees and five-year Continuing Education (CE) requirements.

© 2021 BOC

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

INCORPORATED UNDER THE LAWS OF DELAWARE

Certification

To all those who witness these presents, be it known that:

Raju Roy

having complied with the requirements of the American Board for Certification in Orthotics, Prosthetics and Pedorthics, an organization fostering, stimulating and maintaining the highest standards of competent and ethical practices on the part of those engaged in the provision of orthotic, prosthetic and/or pedorthic services, is hereby declared to be a

Certified Prosthetist Orthotist

In witness whereof *we hereunto set our hands this month of December 2016*

Eric Ramcharran, CPO
President

Deborah M. Plescia, CPO
President-Elect

Larry D. Word, CPO, FAAOP
Secretary-Treasurer

THIS CERTIFICATE, NO. CPO03822, IS ISSUED TO THE PROVISIONS OF THE BYLAWS WHICH REQUIRE ANNUAL RENEWAL AND MUST BE SURRENDERED UPON DEMAND BY THE BOARD OF DIRECTORS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Mobility Prosthetic and Orthotic Services MDEG License # (if applicable) N/A

Physical Address 400 Shadow Lane ste 110

City Las Vegas State NV Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 800 6520 Website _____

Licensing Company Email _____

Section 2: Personal Information

First CHANDRA Middle SEKHAR Last MOHANTY

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] BIANCA BAY St.

City LAS VEGAS State NV Zip 89144

Telephone [redacted] Email sekhar@mobilityprosthetic.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Trident University			From - To (MM/YY – MM/YY): 2013
Address: 5757 Plaza Dr, # 100	City: Cypress	State: CA	Zip: 90630
Diploma/Degree obtained, if any: Masters in Business Administration.			
School Name: University of Bombay			From - To (MM/YY – MM/YY): 1992-1996
Address	City: Bombay/Mumbai	State: India	Zip
Diploma/Degree obtained, if any: Bachelor of Science Degree in Prosthetics & Orthotics			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2011 - Current	[redacted] Banner Bay St.	Las Vegas	NV	89144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Mobility Prosthetic & Orthotic Services LLC			From - To (MM/YY – MM/YY): 01/2021 – Current
Business Address: 400 Shadow Lane, Suite 110	City: Las Vegas	State: NV	Zip: 89106
Phone: 702 800 6520	Title: Clinical Director		Number of Employed Hours: 40hrs/week
Description of Duties: Provide orthotic and prosthetic services			

Business Name: Ideal HealthCare			From - To (MM/YY – MM/YY): 08/2018 – 09/2021
Business Address:	City: Las Vegas	State: NV	Zip:
Phone:	Title: Clinical Director		Number of Employed Hours: 40hrs/week
Description of Duties: Provide orthotic & prosthetic services			

Business Name: Vogue Prosthetic & Orthotic Centre			From - To (MM/YY – MM/YY): 08/2017 – 08/2018
Business Address:	City: Northridge	State: CA	Zip:
Phone:	Title: Clinical Director		Number of Employed Hours: 40hrs/week
Description of Duties: Provide orthotic & prosthetic services			

Business Name: Hanger Clinic			From - To (MM/YY – MM/YY): 08/2003 – 08/2017
Business Address:	City: Las Vegas	State: NV	Zip:
Phone:	Title: Area Clinic Manager		Number of Employed Hours: 40hrs/week
Description of Duties: provide orthotic & prosthetic services			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/28/22
Date

I, Chandra Sekhar Mohanty, **certify that as the MDEG Administrator for** Mobility Prosthetic and orthotic Services LLC,

that I (initial that you have read and meet the following requirements):

1. CM Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chandra Sekhar Mohanty

Print Name (First, Last)

CSMohanty

Original Signature (electronic, copies or stamps not accepted)

11/28/2022

Date

Board Use Only	Date Received: 12-1-22

9

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: LAUGHLIN PHARMACY & WELLNESS CENTER

Physical Address: 3100 NEEDLES HWY, STE 700

City: LAUGHLIN State: NV Zip: 89029

Mailing Address (if different from physical address): [redacted] E CLUBHOUSE COVE

City: FORT MOHAVE State: AZ Zip: 86426

Telephone: 408-892-7695 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: YMWELL2022@GMAIL.COM

Website: _____

Nevada Business License # (if applicable) NV2022254979

Supervising/Managing Pharmacist Name (NRS 639.220): THU VO ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18661 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: THU VO	NV Pharmacist Registration #: 18661
Name: YOUJIN SEO	NV Pharmacist Registration #: 18704
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Y&M WELLNESS LLC

Mailing Address: 2877 GREEN FALLS AVE

City: HENDERSON State: NV Zip: 89052

Telephone: [redacted] Email: YMWELL2022@GMAIL.COM

Contact Person Name: YOUJIN SEO

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

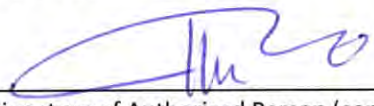
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PHARMACY MANAGER (title) for LAUGHLIN PHARMACY & WELLNESS CENTER (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

THU VO

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

9/27/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, THU VO hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACY MANAGER (title) for LAUGHLIN PHARMACY & WELLNESS CENTER (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 27th day of September, 2022

Notary Public

JODY M LOPEZ
Notary Public - Arizona
Mohave County
Commission # 616448
My Comm. Expires Dec 1, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: THU VO Pharmacist Registration #: 18661

Pharmacy Name: LAUGHLIN PHARMACY & WELLNESS CENTER

Initial each statement below to indicate you have read and agree with the following:

TV _____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TV _____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TV _____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TV _____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TV _____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TV

Original signature of Managing Pharmacist (copies or stamps not accepted)

9/27/22

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			YS ✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓ YS	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓ N/A	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓ YS	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THU VO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

9/27/22

Date

Board Use Only	Date Received: 10.3.22	Amount: 500.00 CK - 1001037403

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E25639632022-5
Secretary of State	Filing Number
State Of Nevada	20222563962
	Filed On
	08/23/2022 09:13:30 AM
	Number of Pages
	2

Formation - Limited-Liability Company

- ☑ NRS 86 - Articles of Organization Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
- ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Y&M WELLNESS LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

YOUJIN SEO
Name of Registered Agent **OR** Title of Office or Position with Entity

[redacted]GREEN FALLS AVE — Henderson — Nevada 89052
Street Address — City — Zip Code

Mailing Address (If different from street address) — City — Nevada — Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X YOUJIN SEO — 08/23/2022
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☐ Manager(s) **OR** ☑ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) YOUJIN SEO (Name)
[redacted]GREEN FALLS AVE (Address) — HENDERSON (City) — NV (State) — 89052 (Zip Code)

2) THU VO (Name)
[redacted]E CLUB HOUSE CV (Address) — Fort Mohave (City) — AZ (State) — 86426 (Zip Code)

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Y&M WELLNESS LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/23/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202209153005702
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: LAUGHLIN PHARMACY & WELLNESS CENTER

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 3100 Needles Hwy. STE 700

City: LAUGHLIN State: NV Zip: 89029

Mailing Address (if different from physical address): [redacted] GREEN FALLS AVE

City: HENDERSON State: NV Zip: 89052

Telephone: Website: WWW.LAUGHLINPHARMACY.COM

Licensing Company Email: ymwell2022@gmail.com

Section 2: Personal Information

First: YOUJIN Middle: Last: SEO

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] GREEN FALLS AVE

City: HENDERSON State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]@GMAIL.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SCIENCES SCHOOL OF PHARMACY		06/10-06/13	
Address	**City**	**State**	**Zip**
10920 S River Front Pkwy	South Jordan	UT	84095
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
UTAH VALLEY UNIVERSITY		01/07-05/10	
Address	**City**	**State**	**Zip**
800 W University Pkwy	OREM	UT	84058
Diploma/Degree obtained, if any			
161 credits towards B.S Biology			

School Name		From - To (MM/YY – MM/YY)	
College of Medicine, Pochon Cha University		03/05-12/06	
Address	**City**	**State**	**Zip**
120 Haeryong-ro, Donggyo-dong	Pocheon-si, South Korea		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Myungduk Girls High School		03/02-12/04	
Address	**City**	**State**	**Zip**
34-10 Gangseo-ro 47-gil, Gangseo-gu,	Seoul, South Korea		
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/18-Current	[redacted] Green Falls Ave	Henderson	NV	89052
08/16-12/18	[redacted] Settlers inn Ct	Las Vegas	NV	89178
04/15-08/16	[redacted] Amber Pine St, apt# [redacted]	Las Vegas	NV	89144
12/13-04/15	[redacted] Alan Ladd Dr	Kingman	AZ	86409
07/13-12/13	[redacted] Country Club Dr	Kingman	AZ	86401
01/13-07/13	[redacted] Viewcrest Rd	Henderson	NV	89014
07/12-12/12	[redacted] S. Clear Vista Cir	Salt Lake	UT	84118
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SAM'S CLUB PHARMACY			07/15-CURRENT
Business Address	**City**	**State**	**Zip**
7175 SPRING MOUNTAIN RD	LAS VEGAS	NV	89117
Phone	**Title**		
702-247-1129	PHARMACY MANAGER		

Description of Duties
Manage pharmacy department and staff
Provide pharmacy services including MTM, Immunizations, counseling and more

Business Name			From - To (MM/YY – MM/YY)
SAM'S CLUB PHARMACY			04/15-07/15
Business Address	**City**	**State**	**Zip**
8080 W TROPICAL PKWY	LAS VEGAS	NV	89149
Phone	**Title**		
(702) 515-7214	STAFF PHARMACIST		

Description of Duties
Provide pharmacy services including MTM, immunizations, counseling and more

Business Name			From - To (MM/YY – MM/YY)
SMITH'S FOOD AND DRUGS			08/14-04/15
Business Address	**City**	**State**	**Zip**
3490 STOCKTON HILL RD	KINGMAN	AZ	86401
Phone	**Title**		
(928) 757-3338	PHARMACY MANAGER		

Description of Duties
Manage pharmacy department and staff
Provide pharmacy services including prescriptions, OTC ,immunizations, counseling and more

Business Name			From - To (MM/YY – MM/YY)
SMITH'S FOOD AND DRUGS			08/13-07/14
Business Address	**City**	**State**	**Zip**
3490 STOCKTON HILL RD	KINGMAN	AZ	86401
Phone	**Title**		
(928) 757-3338	STAFF PHARMACIST		

Description of Duties
Provide pharmacy services including prescriptions, OTC ,immunizations, counseling and more

Business Name			From - To (MM/YY – MM/YY)
SMITH'S FOOD AND DRUGS			01/13-08/13
Business Address	**City**	**State**	**Zip**
3850 E FLAMINGO RD	LAS VEGAS	NV	89121
Phone	**Title**		
(702) 451-5536	PHARMACY INTERN		

Description of Duties
Provide pharmacy services including prescriptions, immunizations, counseling and more under the supervision of pharmacist

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
SMITH'S FOOD AND DRUGS			09/11-10/12	
Business Address		**City**	**State**	**Zip**
5560 W 13400 S		HERRIMAN	UT	84096
Phone	**Title**			
(801) 254-8336	PHARMACY INTERN			
Description of Duties				
Provide pharmacy services including prescriptions, immunizations, counseling and more under the supervision of pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/13/2010	07/21/2011	UT	WEST JORDAN	SALT LAKE COUNTY

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
105310739	WEST JORDAN CITY TRAFFIC COURT

Reason/Charge
FAIL TO GIVE NAME & ASSISTANCE AT ACCIDENT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
WEST JORDAN CITY/YOUJIN SEO/	

Name of Business/Industry/Entity

Provide explanation below:

My sister in law asked me if I could pick her up in Park City, UT. I never drove by myself to Park City before and wasn't familiar with the road so I asked my friend to drive with me. When I got to my friend's place (Willow Cove apartment), the parking stall was pretty tight. I tried to adjust several times to park and I felt that my car bumper hit a tire of the pickup truck which was parked in the next stall. After I checked the condition of the tire and my car bumper, I went up to my friend's house while running my car to ask her opinion on what to do. She said she knows where the truck owner lives and she will explain to him in person since the damages are barely noticeable. I didn't have much experience and never been involved in any type of car accident before. I was vulnerable to take my friend's advice. When we got out of her apartment, she mentioned that I'm not allowed to park my car in the residential parking area so I moved my car to the public parking area which was the closest available one from the pickup truck. While leaving my car there,I requested my friend to drive her car instead. After we got back from Park City, the note from the truck owner was left on my car windshield. The note was saying that I need to contact him right away. When I called him back, he said that he wanted to give me a lesson about not leaving contact information after the accident and he said that he already called the police. After I explained what was going on, he said that he wanted to help me cancel the police report. So we called back to the police station but the officer said that it's impossible to cancel the report once the report was accepted by the police station. I got a fine and my license had been on probation for 6 months. Based on my clean driving history, my case was dismissed.

Youjin Seo

Original Signature (electronic, copies or stamps not accepted)

9-15-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

YOUJIN SEO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-22-2022

~~9-15-2022~~ YS

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Youjin Seo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-22-2022

Date

State of Nevada Clark County

Subscribed and Sworn to before me this 22nd day of September 2022

Notary Public Signature

LISA HICKS
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 18-1978-2
MY APPT. EXPIRES NOV. 24, 2025

(Seal)

WEST JORDAN CITY JUSTICE COURT
SALT LAKE COUNTY, STATE OF UTAH

WEST JORDAN CITY vs. YOUJIN SEO

ASE NUMBER 105310739 Traffic Court Case

HARGES

Charge 1 - 41-6A-401 - FAIL TO GIVE NAME & ASSISTANCE AT ACCIDENT - Class B Misdemeanor
Offense Date: October 13, 2010
Location: 9300 S REDWOOD RD
Plea: December 21, 2010 No Contest
Disposition: July 21, 2011 Dismissed (w/o prej)

URRENT ASSIGNED JUDGE

RONALD E KUNZ

ARTIES

Plaintiff - WEST JORDAN CITY

Defendant - YOUJIN SEO

EFENDANT INFORMATION

Defendant Name: YOUJIN SEO
Offense Tracking Number: 19678416
Date of Birth: [redacted]
Law Enforcement Agency: SOUTH JORDAN POLICE
Prosecuting Agency: WEST JORDAN CITY
Citation Number: J4441304
Violation Date: 10-13-2010

CCOUNT SUMMARY

Total Revenue Amount Due:	622.64
Amount Paid:	622.64
Amount Credit:	0.00
Balance:	0.00

Time Pay: 50.00 monthly on the 25th.
Most Recent Payment: January 24, 2011
Final Payment: January 25, 2012

REVENUE DETAIL - TYPE: PLEA ABEY. MISDMNR

Original Amount Due:	620.00
Amended Amount Due:	620.00
Amount Paid:	620.00

ASE NUMBER: 105310739 Traffic Court Case

Balance:	0.00

REVENUE DETAIL - TYPE: Interest

Amount Paid:	1.39
Amount Credit:	0.00
Balance:	0.00

Account Adjustments Sum To Date	Amount	Reason
2011-01-24	1.39	Criminal post judgment interest

REVENUE DETAIL - TYPE: COPY FEE

Original Amount Due:	1.25
Amended Amount Due:	1.25
Amount Paid:	1.25
Amount Credit:	0.00
Balance:	0.00

ASE NOTE

10h015186

ROCEEDINGS

.0-19-2010 Filed: Citation

.0-19-2010 Judge RONALD E KUNZ assigned.

.0-19-2010 ARRAIGNMENT scheduled on November 22, 2010 at 03:00 PM in Courtroom 1 with Judge RONALD E KUNZ

.0-19-2010 NOTICE for Case 105310739 ID 5522176
Judge: RONALD E KUNZ
ARRAIGNMENT is scheduled.
Date: 11/22/2010
Time: 03:00 p.m.
Location: Courtroom 1
West Jordan Justice Court
8040 S. Redwood Rd.
West Jordan, UT 84088
Before Judge: RONALD E KUNZ
Delivered/Mailed/Faxed a true copy of this notice to above said defendant.

.0-19-2010 Note: def called to get court date/time - clerk verified address and phone number -

.0-20-2010 Note: Arr made for Korean interp-Heidi Anderson for 11/22/10 at 3 pm

.1-22-2010 NOTICE for Case 105310739 ID 5604918
Judge: RONALD E KUNZ
PRETRIAL CONFERENCE is scheduled.
Date: 12/21/2010

ASE NUMBER: 105310739 Traffic Court Case

Location: Courtroom 1
West Jordan Justice Court
8040 S. Redwood Rd.
West Jordan, UT 84088
before Judge RONALD E KUNZ
CC: CA's Office
Delivered/Mailed/Faxed a true copy of this notice to above said defendant.

.1-22-2010 Ruling Entry - Minutes for Arraignment
Judge: RONALD E KUNZ
PRESENT
Clerk: karyw
Defendant Present
Defendant pro se
Interpreter: Heidi Anderson (Korean)
Language: Korean
ARRAIGNMENT
Advised of rights and penalties.
The defendant is advised of right to counsel.
Defendant is arraigned.
NG plea entered-Def requested an LDA-def told to come meet with the pros and that, if they will be recommending jail, then the court will then revisit the issue-PTC set-def told date/time in open court
PRETRIAL CONFERENCE is scheduled.
Date: 12/21/2010
Time: 01:30 p.m.
Location: Courtroom 1
West Jordan Justice Court
8040 S. Redwood Rd.
West Jordan, UT 84088
before Judge RONALD E KUNZ

.1-22-2010 PRETRIAL CONFERENCE scheduled on December 21, 2010 at 01:30 PM in Courtroom 1 with Judge RONALD E KUNZ

.1-22-2010 Note: Arr made for Korean interp-Heidi Anderson for 12/21/10 at 1:30 pm

.2-01-2010 Filed: Information Replaces Citation from ca's office

.2-21-2010 Ruling Entry - Minutes for PRETRIAL
Judge: RONALD E KUNZ
PRESENT
Clerk: karyw
Prosecutor: NAMBA, B J
Defendant Present
Defendant pro se
Interpreter: Heidi Anderson (Korean)

ASE NUMBER: 105310739 Traffic Court Case

HEARING
Resolution
Def to plead NC
City moves to hold that plea in abeyance
Cities motion granted
Defendant said that she knows and understands her rights-waiver signed
NC plea entered

PLEA IN ABEYANCE
Defendant's plea is held in abeyance.
Conditions of Agreement:
Submit to full set of fingerprints through West Jordan Police Dept
No repeat offenses for 6 months
Upon successful completion of all PIA terms, the violation will be dismissed
Plea in abeyance fees to be paid in full by the end of the PIA period
Commit no moving violations during the term of the PIA

PLEA IN ABEYANCE ADDITIONAL CONDITIONS
Def to attend 1 session West Jordan Traffic School within 30 days-CLERK TO ASSIGN DATE
Def to pay $620 plea in abeyance fees
Tracking review date for Plea in Abeyance: 06/21/2011
The defendant is ordered to pay the fee of 620.00 for PLEA ABEY. MISDMNR.

SENTENCE FINE PAYMENT NOTE
Def to pay $50/mo beg 1/20/11 HOWEVER ALL FEES/COSTS MUST STILL BE PAID IN FULL WITHIN THE PLEA IN ABEYANCE PERIOD (6/21/11)

SCHEDULED TIMEPAY
The following cases are on timepay 105310739.
The defendant is to pay $50.00 monthly on the 25th.
The number of payments scheduled is 12 plus a final payment of $28.59.
The first payment is due on 01/25/2011 the final payment of $28.59 is due on 01/25/2012 . The final payment may vary based on interest.
Pay fine to The Court.

.2-21-2010 Charge 1 Disposition is Plea in abeyanc
.2-21-2010 Fee Account created Total Due: 620.00
.2-21-2010 Note: Added to payment schedule 732198
.2-21-2010 Note: def came out of court - def will attend Traffic School on 12/27/10 at 6:45 pm

ASE NUMBER: 105310739 Traffic Court Case

)1-14-2011	Filed: notification of charges/waiver of rights signed by defendant
)1-24-2011	Fee Account created Total Due: 1.39
)1-24-2011	Note: Added to payment schedule 732198
)1-24-2011	PLEA ABEY: MISDMNR Payment Received: 620.00
)1-24-2011	Interest Payment Received: 1.39
)7-21-2011	Note: Checked DL & CORIS no new viol found
)7-21-2011	Charge 1 Disposition is Dismissed
)7-21-2011	Stay Ends December 21, 2010
)7-21-2011	Stay Ends December 21, 2010
)7-21-2011	Stay Ends December 21, 2010
)7-21-2011	Stay Ends December 21, 2010
)7-21-2011	Stay Ends December 21, 2010
)7-21-2011	Case Closed
	Disposition Judge is RONALD E KUNZ
.1-28-2011	Note: Def came in to get a copy of docket.
)2-27-2012	Note: def came in for copy of docket
.1-18-2013	Note: def called will be sending in $6.00 for certified copy of docket and charging document-said she might send a friend in to pick up
.1-18-2013	Note: def friend came in to get copy of docket (Puja Sharma)
.1-18-2013	Fee Account created Total Due: 1.25
.1-18-2013	COPY FEE Payment Received: 1.25
.1-18-2013	Note: Puja Sharma- Basmet came in for cert copy of docket

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: LAUGHLIN PHARMACY & WELLNESS CENTER

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 3100 Needles Hwy, STE 700

City: LAUGHLIN State: NV Zip: 89029

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website: WWW.LAUGHLINPHARMACY.COM

Licensing Company Email: ymwell2022@gmail.com

Section 2: Personal Information

First: THU Middle: T Last: VO

Alias(es, nicknames, name changes, etc.): MICHELLE

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: [redacted] CLUBHOUSE COVE

City: FORT MOHAVE State: AZ Zip: 86426

Telephone: [redacted] Email: [redacted]@YAHOO.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY HEALTH AND SCIENCE SCHOOL OF PHARMACY		05/10 - 05/13	
Address	**City**	**State**	**Zip**
11 SUNSET RD	HENDERSON	NV	89014
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
SAN JOSE STATE UNIVERSITY		12/08-05/10	
Address	**City**	**State**	**Zip**
ONE WASHINGTON SQUARE	SAN JOSE	CA	95192
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
DE ANZA COLLEGE		08/05-12/08	
Address	**City**	**State**	**Zip**
21250 Stevens Creek Blvd	CUPERTINO	CA	95014
Diploma/Degree obtained, if any			
A.S. BIOLOGICAL SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
HO CHI MINH UNIVERSITY OF EDUCATION		09/04-05/05	
Address	**City**	**State**	**Zip**
280 AN DUONG VUONG, DIST 4, HCMC, VIETNAM	HO CHI MINH		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
LUONG VAN CHANH GIFTED HIGHSCHOOL		09/00-05/03	
Address	**City**	**State**	**Zip**
05 PHAN LUU THANH ST, PHU YEN, VIETNAM	TUY HOA		
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14-PRESENT	[redacted]E CLUBHOUSE COVE	FORT MOHAVE	AZ	86426
8/13-5/14	[redacted]RAMAR RD	BULLHEAD CITY	AZ	86442
07/2005-08/13	[redacted]ENSIGN WAY	SAN JOSE	CA	95133
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: VALLEY VIEW MEDICAL CENTER			From - To (MM/YY – MM/YY): 10/16- PRESENT
Business Address: 5330 S HWAY 95	City: FORT MOHAVE	State: AZ	Zip: 86426
Phone: 928-788-7223	Title: PHARMACIST		
Description of Duties: PHARMACIST			

Business Name: SMITH FOOD AND DRUG			From - To (MM/YY – MM/YY): 08/11-10/19
Business Address: 1775 LAKESIDE DR	City: BULLHEAD CITY	State: AZ	Zip: 86442
Phone: 928-763-8777	Title: PHARMACIST INTERN, PHARMACIST		
Description of Duties: INTERN PHARMACIST THEN PHARMACIST			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THU, VO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/03/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Mohave

I, Thu Vo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/8/22

Date

Subscribed and Sworn to before me this 8th day of September 2022.

Notary Public Signature

JAMES ELKINS JR
Notary Public - Arizona
Mohave County
Commission # 557642
My Comm. Expires Jan 4, 2023

(Seal)

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-State	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Josephine Pharmacy

Physical Address: 2013 E. Charleston Blvd.,

City: Las Vegas State: NV Zip: 89104

Mailing Address (if different from physical address): 6013 Cottontail Cove St.,

City: Las Vegas State: NV Zip: 89130

Telephone: (702) 480-6221 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: Josephinepharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Obiageli Lisa Momodu ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20461 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Obiageli Lisa Momodu	NV Pharmacist Registration #: 20461
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Josephine Pharmacy, LLC

Mailing Address: 6013 Cottontail Cove St.,

City: Las Vegas State: NV Zip: 89103

Telephone: (702) 480-6221 Email: Josephinepharmacy@gmail.com

Contact Person Name: Obiageli Lisa Momodu

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

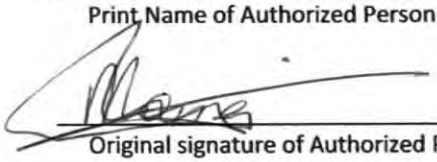
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Co-Owner / Managing Pharmacist (title) for Josephine Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Obiageli Lisa Momodu

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

11/22/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Obiageli Lisa Momodu hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Co-Owner / Managing Pharmacist (title) for Josephine Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada County of Clark
SUBSCRIBED AND SWORN TO
Before me, a notary public this 23 day of November, 2022

Notary Public

CHAY PADILLA
Notary Public State of Nevada
County of Clark
APPT NO 17-3715-1
My App Expires Oct. 15, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Obiageli Lisa Momodu Pharmacist Registration #: 20461

Pharmacy Name: Josephine Pharmacy

Initial each statement below to indicate you have read and agree with the following:

OLM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

OLM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

OLM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

OLM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

OLM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/22/22
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Obiageli Lisa Momodu

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/22/22

Date

Board Use Only	Date Received: 11-28-22	Amount: 500.00 CK-1596718137

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JOSEPHINE PHARMACY LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/01/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/22/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202211223176825
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Josephine Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 2013 E. Charleston Blvd.,

City Las Vegas State NV Zip 89104

Mailing Address (if different from physical address) 6013 Cottontail Cove St

City Las Vegas State NV Zip 89130

Telephone (702) 480-6221 Website _____

Licensing Company Email Josephinepharmacy@gmail.com

Section 2: Personal Information

First Obiageli Middle Lisa Last Momodu

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Cottontail Cove St

City Las Vegas State NV Zip 89130

Telephone [redacted] Email [redacted]@yahoo.com.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Roseman College of Pharmacy			08/2015 - 05/2019	
Address	**City**		**State**	**Zip**
11 Sunset Way	Henderson		NV	89014
Diploma/Degree obtained, if any				
Pharm. D				
School Name			**From - To (MM/YY – MM/YY)**	
Baruch College			08/1998 - 05/2002	
Address	**City**		**State**	**Zip**
55 Lexington Ave.,	New York		NY	10010
Diploma/Degree obtained, if any				
Bachelor's				
School Name			**From - To (MM/YY – MM/YY)**	
Federal Government Girls' College			08/1988 - 05/1992	
Address	**City**		**State**	**Zip**
Benin City, Nigeria				
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/13 - Present	[redacted] Cottontail Cove St.,	Las Vegas	NV	89130
12/11 - 05/13	[redacted] Palace Monaco Ave.,	Las Vegas	NV	89117

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Walgreens			12/20 - Present
Business Address	**City**	**State**	**Zip**
4905 W. Tropicana Ave.,	Las Vegas	NV	89103
Phone	**Title**		
(702) 889-0922	Pharmacy Manager		
Description of Duties			
Perform all pharmacist functions in addition to monitoring operational, fiscal and monetary reports periodically and making adjustments accordingly. Maintain rapport with staff, health professional and community at large			

Business Name			From - To (MM/YY – MM/YY)
Vesper Specialty Pharmacy			07/20 - 11/20
Business Address	**City**	**State**	**Zip**
4225 S. Eastern Ave.	Las Vegas	NV	89119
Phone	**Title**		
(702) 333-4377	Pharmacist		
Description of Duties			
Managed Pharmacy and all services provided; precepted pharmacy students.			

Business Name			From - To (MM/YY – MM/YY)
Aaron Pharmacy			04/20 - 11/20
Business Address	**City**	**State**	**Zip**
2465 Reynolds Ave., Ste 204	N. Las Vegas	NV	89030
Phone	**Title**		
(775) 372-8344	Pharmacist		
Description of Duties			
Performed medication for delivery by verifying, labeling and packaging pharmaceuticals.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Obiageli Lisa Momodu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Obiageli Lisa Momodu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/23/22

Date

Subscribed and Sworn to before me this 23 day of November 2022

Notary Public Signature

CHAY PADILLA
Notary Public State of Nevada
County of Clark
APPT NO 17-3715-1
My App Expires Oct. 15, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Josephine Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 2013 East Charleston Blvd

City Las Vegas State NV Zip 89104

Mailing Address (if different from physical address) 6013 Cottontail Cove Street

City Las Vegas State NV Zip 89130

Telephone 702-480-6221 Website _____

Licensing Company Email Josephinepharmacy@gmail.com

Section 2: Personal Information

First Abudu Middle Lateef Last Momodu

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Cottontail Cove Street

City Las Vegas State NV Zip 89130

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Eindhoven University of Technology		09/92 - 10/96	
Address	**City**	**State**	**Zip**
Den Dolech 2, 5612 AZ Eindhoven, Netherlands	Eindhoven, Nederland		
Diploma/Degree obtained, if any			
Bachelor of Science in Computer Science			
School Name		**From - To (MM/YY – MM/YY)**	
University of Benin		09/1984 - 07/1989	
Address	**City**	**State**	**Zip**
Ugbowo Campus, Benin City, Nigeria	Benin City, Nigeria		
Diploma/Degree obtained, if any			
Bachelor Of Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Edo College		09/1976 - 06/1982	
Address	**City**	**State**	**Zip**
3rd East Circular Road, Benin City, Nigeria	Benin City, Nigeria		
Diploma/Degree obtained, if any			
West Africa School Certificate			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2010 - 05/2010	[redacted] Palace Monaco Avenue	Las Vegas	NV	89117
05/2013 - present	[redacted] Cottontail Cove Street	Las Vegas	NV	89130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Amazon Web Services				From - To (MM/YY – MM/YY): 07/2022 - present
Business Address: 410 Terry Avenue North		City: Seattle	State: WA	Zip: 98109
Phone: 702-875-2680	Title: Technical Account Manager			
Description of Duties: Account Management				

Business Name: Providence Services LLC				From - To (MM/YY – MM/YY): 05/2022 - present
Business Address: 6013 Cottontail Cove Street		City: Las Vegas	State: NV	Zip: 89130
Phone: 702-635-6420	Title: Manager			
Description of Duties: Information Technonogy Services				

Business Name: SSM Health via Ranstad USA				From - To (MM/YY – MM/YY): 01/2022 -07/2022
Business Address: 6420 Clayton Rd		City: Richmond Heights	State: MO	Zip: 63117
Phone: (314) 768-8000	Title: PACS Engineer			
Description of Duties: Radiology PACS Administration				

Business Name: Philips Healthcare via Experis Manpower USA (Virtual Work)				From - To (MM/YY – MM/YY): 11/2020 - 06/2021
Business Address: 100 MANPOWER PLACE		City: Milwaukee	State: WI	Zip: 53212
Phone: 877-626-6797	Title: Technical Implementation Consultant			
Description of Duties: Radiology PACS Implementation				

Business Name: GE Healthcare				From - To (MM/YY – MM/YY): 06/2010 - 06/2020
Business Address: 3000 N Grandview Blvd		City: Waukesha	State: WI	Zip: 53188
Phone: (866) 281-7545	Title: PACS Engineer			
Description of Duties: Radiology PACS Field Engineer				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Abudu Lateef Momodu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Abudu Lateef Momodu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/23/2022

Date

Subscribed and Sworn to before me this 23 day of November 2022

Notary Public Signature

TAMMY ERICKSON
Notary Public - State of Nevada
County of Clark (Seal)
APPT. NO. 00-60602-1
My App. Expires Mar. 5, 2025

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b

☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Medicine Shoppe LTC Pharmacy

Physical Address: 5801 W. Craig Dr., Ste 130

City: Las Vegas, NV State: Zip Code: 89130 Telephone: (702) 268-8808

Fax: (702) 268-8848 Toll Free Number: N/A

E-mail: 2169@medicineshoppe.com

Website: www.medicineshoppe.com

Managing Pharmacist: Angela Marie Caracci License Number: 20417

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☑	☐ Parenteral
☐	☑ Internet	☑	☐ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☑	☐ Long Term Care
☐	☑ Other: _____	☑	☐ Sterile Compounding
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☑	☐ Mail Service Sterile Compounding
	For the application to be complete	☐	☑ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Mariana A. S

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariana Tadros

Print Name of Authorized Person

7/17/2020

Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: N/A

Corporation Name: N/A

Mailing Address: N/A

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

Telephone: N/A Fax: N/A

Contact Person: N/A

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A

Registration number issued: N/A

Stock Exchange: N/A

Hours of Operation for the pharmacy:

Monday thru Friday N/A am N/A pm Saturday N/A am N/A pm

Sunday – N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: [redacted] Sardinia Sands Dr.

City: Las Vegas State: NV Zip: 89141

Telephone: (702) 268-8808 Fax: (702) 268-8848

Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

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

a) Mariana Tadros - [redacted] Spyglass Dr., Corona, CA 92883
Name Business Address

b) Wael Anwar - [redacted] Lion St., Rancho Cucamonga, CA 91730
Name Business Address

c) Chad Valencia - [redacted] Sardina, Las Vegas NV 89141
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. 5,000

3) What was the price paid per share? $0.00

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 09:00pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191561333

Include with the application for a non publicly traded corporation continued

Certificate of Corporate Status (also referred to as Certificate of Good Standing): The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General N/A Limited N/A

List names of 4 largest partners and percentage of ownership:

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Partnership Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Telephone Number: N/A Fax Number: N/A

Contact Person: N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday N/A am N/A pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Angela Marie Caracci Pharmacist Registration #: 20417

Pharmacy Name: The Medicine Shoppe LTC Pharmacy

Initial each statement below to indicate you have read and agree with the following:

AC — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AC — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AC — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AC — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AC — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

9/26/22
Date

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: N/A

Business Name: N/A

Current Business Address: N/A

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

Telephone: N/A Fax: N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A %: N/A

Name: N/A N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday N/A am N/A pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Include with the application for a sole owner

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Mariana Tadros

Responsible Person of The Medicine Shoppe LTC Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Mariana. A S

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariana Tadros
Print Name of Authorized Person

7/17/2020
Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside)

On July 17, 2020 before me, D. Antonio Martin Notary Public
(insert name and title of the officer)

personally appeared Mariana Tadros,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

D. ANTONIO MARTIN
Comm. #2239451
Notary Public · California
Riverside County
Comm. Expires Jan 26, 2022

Signature D. Antonio Martin (Seal)

List of officers and directors

President	Mariana Tadros
Secretary	Mariana Tadros
Treasurer	Mariana Tadros
Director	Mariana Tadros

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Allied Heath Care Solutions, INC - DBA The Medicine Shoppe

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5801 W Craig Road , Suite # 130

City: Las Vegas State: NV Zip: 89130

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-268-8701/ 702-268-8808 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-268-8848 Contact Email: 2168@medicineshoppe.com

Website: _____

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Angela M. Caracci

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20417

Name of Person with direct knowledge of compounding procedures: Angela M. Caracci

Email of Person with direct knowledge of compounding procedures: angelamariecaracci@gmail.com

Telephone of Person with direct knowledge of compounding procedures: 702-862-6582

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Antibiotics (Ceftriaxone , Cefepime/ Zosyn), Vancomycin , Tobramycin , Gentamcycin, Amikacin

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?
Name: N/A
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
-Checking vial/bags before compounding
-Checking calculations & dosing before compounding
-Checking final product for any particulate &/or turbidity
-Checking final product for any leaking
-Checking expiration dates pursuant to recommended guidelines

8. How often do you perform glove fingertip and medial fill testing?
once every 6 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?
Repeat the test - Incubate the test as per guidelines - check results

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial orientation of workspace & process of sterile compounding
Initial testing of Sterile compounding personal (mediafill -fingertip- calculations - gowning & didactic training)
testing of IV personnal every 6 months there after

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Daily cleaning in the begining and end of the day using sterile alcohol in the Am- weekly cleaner pm
weekly cleaning using Oxivir or equivalent
pharma'd cleaner / TexQ
Monthly cleaning using sporocidal agent

(See Attachment)

12. Who performs the sterile compounding process at your facility?
The trained IV (sterile compounding) personal only

13. Who is responsible and accountable for the sterile compounding process at your facility?
Pharmacist on duty

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Following USP 797 conditions

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? N/A		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? N/A		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
N/A

2. What sterilization methods are utilized at your facility?
N/A

3. Does your facility utilize biological indicators? ☐ Yes ☒ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Angela M. Caracci
Name of Person who Completed the Form

Managing Pharmacist
Title

Signature (copies or stamps not accepted)

02/02/2023
Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tadros | Mariana | Awni Al Fakhouri
Last Name | First Name | Middle Name

Maiden name: "Mariana Alfakhouri"
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Spyglass Dr., Corona, CA 92833
Present Residence Address-Street or RFD | City | State/Zip

[redacted] Magnolia Ave., Riverside, CA 92503 Dates 04/2015 - Present
Present Business Address | City | State/Zip

Administration/Manager Dates 04/2018 - Present
Occupation

Phone: Residence [redacted]

Business (951) 977-8667

[redacted]
Date of Birth

Al Salt , Amman, Jordan
Place of Birth (City, County, State)

33 | [redacted] | Female
Age | Social Security Number | Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Light	119lbs	Slim	5'4"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date [redacted]

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial M.T

A. **Current Marriage** [redacted] Pasadena, Los Angeles, CA
Date City, County and State

Spouse's full name (Maiden) Michael Tadros S.S. No [redacted]

Date of Birth [redacted] Place of Birth Cairo, Egypt

Resident address [redacted] Spyglass Dr., Corona, CA 92833
Street City State Zip

Telephone: Residence [redacted] Business (909) 542-9365

Spouse's employer The Medicine Shoppe Occupation Pharmacist / Pharmacy Owner

Address of employer [redacted] Monte Vista Ave., Ste. A, Montclair, CA 91763
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Edward Tadros	11/16/2016	Newport Beach, CA	[redacted] Spyglass Dr., Corona, CA 92833
Ethan Tadros	11/16/2016	Newport Beach, CA	[redacted] Spyglass Dr., Corona, CA 92833
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial MT

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Awni Alfakhouri	[redacted]	[redacted] Spyglass Dr., Corona, CA 92833	Clerk
Mother	Raghda Alfakhouri		[redacted] Spyglass Dr., Corona, CA 92833	Home maker
Father-in-Law	Edward Tadros (deceased)		Cairo Egypt	Teacher
Mother-in-Law	Nariman Hanna		[redacted] Spyglass Dr., Corona, CA 92833	Teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Hisham Alfakhouri	[redacted]	Alsalt, Jordan	Sales Representative
Spouse	Rita Dawoud		Alsalt, Jordan	Medical Assistant
	Hussam Alfakhouri		Alsalt, Jordan	Sales Representative
Spouse	Mera Fakhoury		Alsalt, Jordan	Preschool Principle
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A	N/A	N/A	Yes ☐ No ☐
High School	Granite Hills	Apple Valley, CA	2002 - 2004	Yes ☑ No ☐
College University	La Sierra University	Riverside, CA	2007 - 2010	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Biology

College or university where obtained La Sierra University

Applicant's initial M.T

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial M.T

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2015 - Present	[redacted] Spyglass Dr.,	Corona,	CA 92883
09/2013 - 03/2015	[redacted] Dakin Dr.,	Corona,	CA 92882
04/2008 - 09/2013	[redacted] Miami St.,	Riverside,	CA 92506
05/2002 - 04/2008	[redacted] Apple Valley Rd,.	[redacted] Apply Valley,	CA 92307
07/1995 - 05/2002	Alsalt, Jordan		
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's initial M.T

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

04/2018 - Present	The Medicine Shoppe - 9194 Magnolia Ave., Riverside, CA 92503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Administration and Management	Self
Title	Description of Duties	Name of Supervisor
06/2015 - 04/2018	The Medicine Shoppe - 10237 Magnolia Ave., Riverside, CA 92503	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Human Resources Associate	Assist with employee training, relations, benefits, compensation	Michael Tadros
Title	Description of Duties	Name of Supervisor
12/2013 -	Allergan - 2525 Dupont Dr, Irvine, CA 92612	Laid off
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
07/2013 - 12/2013	Adecco Medical Sciences - 2525 Dupont Dr, Irvine, CA 92612	Hired at Allergan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettias
Title	Description of Duties	Name of Supervisor
09/2010 - 08/2012	LLVare - 710 Brookside Ave, Redlands, CA 92373	Personal Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Research Technician	Isolation of RNA & DNA, measurements of mRNA & pre-mRNA	Yossouf Amaar
Title	Description of Duties	Name of Supervisor
01/2009 - 06/2010	La Sierra University - 4500 Riverwalk Pkwy, Riverside, CA 92505	Contract Ended
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Teacher Assistant	Assistance in office & lab classes for Physics & Biology	Eugene Joseph
Title	Description of Duties	Name of Supervisor
10/2004 - 01/2009	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial M.T

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Rindala Obeid	Home Loma Linda, CA 92354				[redacted]	12
Employer Kaiser	Business [redacted] Sierra Ave, Fontana, CA 92335					
Name Miriam Nagoulat	Home San Bernardino, CA 92346					13
Employer Loma Linda University	Business [redacted] Barton Rd., Loma Linda, CA 92354					
Name Uyan Azia	Home Eastvale, CA 92880					11
Employer Riverside University Health System	Business [redacted] County Circle Dr., Riverside, CA 92503					
Name Dina Wasef	Home Corona, CA 92882					11
Employer Kaiser	Business [redacted] Magnolia Ave, Riverside, CA 92505					
Name Hamsa Azar	Home Upland, CA 91784					10
Employer Kaiser	Business Sierra Ave, Fontana, CA 92335					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held
Liquor - Irvine, CA - 2019
N/A
N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☑ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

(Pharmacy; 04/2018 - Present; The Medicine Shoppe; 9194 Magnolia Ave., Riverside, CA 92503; California State Board of Pharmacy)
(Pharmacy; 02/2019 - Present; The Medicine Shoppe; 31946 Mission Trl., Ste. A-1, Lake Elsinore, CA 92530; California State Board of Pharmacy Partner - Fady Mosaad - 3100 Van Buren Blvd., #924, Riverside, CA 92503)
(Restaurant; 11/2014 - Present ; Cafe 350 - 350 Commerce, Unit 150, Irvine, CA 92602
Partner - Gerges 704 Pointe Vista Ln., Corona, CA 92881)

Applicant's initial M.T

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☑ No ☐

AT



Date of photograph 7/2/2020

Applicant's initial MT

STATE OF California

ss.

COUNTY OF Riverside

I, Mariana Tadros, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Mariana A. T.
Original Signature of Applicant

Subscribed and Sworn to before me this 17 day of

July 2020

D. Antonio Martin
Notary Public

(seal)

D. ANTONIO MARTIN
Comm. #2239451
Notary Public · California
Riverside County
Comm. Expires Jan 26, 2022

Applicant's initial M.T

ADDITIONAL INFORMATION

N/A

Applicant's initial M-T

THE UNITED STATES OF AMERICA

No. [redacted]

CERTIFICATE OF CITIZENSHIP

[redacted]

Personal description of holder
as of date of naturalization

Date of birth [redacted]

Sex FEMALE

Height 5 feet 4 inches

Complexion MEDIUM

Color of eyes BROWN

Color of hair BLACK

Other visible distinguishing marks

NONE



HAS DULY

(Here insert full name of person to whom certificate is issued)

SAN BERNARDINO, CALIFORNIA

(Here insert present residence)

MARIANA AWNI ALFAKHOURI YADRES

CORONA, CALIFORNIA

IS ADMITTED TO CITIZENSHIP

US DISTRICT COURT CENTRAL DISTRICT

LOS ANGELES, CALIFORNIA

[redacted]

[redacted]

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/16/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Anwar (Last Name) | Wael (First Name) | Nabil (Middle Name)

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Lion St., Rancho Cucamonga, CA 91730
Present Residence Address-Street or RFD | City | State/Zip

[redacted] World Way, Los Angeles, CA 90045 Dates 09/2012 - Present
Present Business Address | City | State/Zip

Flight Attendant Dates 06/2001 - Present
Occupation

Phone: Residence [redacted]

Business (800) 693-3582

[redacted]
Date of Birth

Cairo, Egypt
Place of Birth (City, County, State)

43
Age

[redacted]
Social Security Number

Male
Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Light	185lbs		5'7"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date [redacted]

Place Pomona, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial WA

A. **Current Marriage** [redacted] (Date) Mississauga, ON, Canada (City, County and State)

Spouse's full name (Maiden) Maria F. Kozman S.S. No [redacted]

Date of Birth [redacted] Place of Birth Cairo, Egypt

Resident address [redacted] Lion St., Rancho Cucamonga, CA 91730 (Street / City / State / Zip)

Telephone: Residence [redacted] Business N/A

Spouse's employer Self Occupation Homemaker

Address of employer [redacted] Lion St., Rancho Cucamonga, CA 91730 (Street / City / State / Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Paul Anwar	[redacted]	Glendora, CA	7481 Lion St., Rancho Cucamonga, CA 91730
Mina Anwar		Glendora, CA	7481 Lion St., Rancho Cucamonga, CA 91730
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial WA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Nabil Awad	[redacted]	[redacted] Archiblad Ave., Rancho Cucamonga, CA 91701	Manager
Mother	Zeizaf Ibrahim		[redacted] Archiblad Ave., Rancho Cucamonga, CA 91701	Home Maker
Father-in-Law	Fayez Mousa Kozman		[redacted] Mohamad Abdalla St., Cairo, Egypt	Public Relations Manager
Mother-in-Law	Kamilia Abdelsayed		[redacted] Lion St., Rancho Cucamonga, CA 91730	Home Maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Sameh Awad	[redacted]	[redacted] Elder Eastwood Ave., Orange, CA 92689	Business Owner
Spouse	Maria Botrous		[redacted] Elder Eastwood Ave., Orange, CA 92689	Home Maker
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	College Patriarcal	Egypt	1981-1990	Yes ☑ No ☐
High School	College De La Salle	Egypt	1990 - 1993	Yes ☑ No ☐
College University	Helwan University	Egypt	1994 - 1998	Yes ☑ No ☐
Other	N/A			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Commerence & Business Administration

College or university where obtained Helwan University

Applicant's initial WA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ 'No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial WA

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/2012 - Present	[redacted]Lion St.,	Rancho Cucamonga,	CA 91730
01/2007 - 08/2012	[redacted]Grove Ave., [redacted]	Rancho Cucamonga,	CA 91730
02/2005 - 12/2006	[redacted]Lomita Dr., [redacted]	Alta Loma,	CA 91701
02/2003 - 01/2005	[redacted]Placer St., [redacted]	Rancho Cucamonga,	CA 91730
06/2002 - 01/2003	[redacted]Brevoort St.,	Kew Gardens,	NY 11415
01/2002 - 05/2002	[redacted]118th St.,	Kew Gardens,	NY 11415
04/2001 - 12/2001	[redacted]Talbot St., #PH-6E,	Kew Gardens,	NY 11415
01/2001 - 03/2001	[redacted]Cameron Ave.,	Rancho Cucamonga,	CA 91729
01/2000 - 12/2000	[redacted]Pacific Ave.,	Riverside,	CA 92509
10/1999 - 12/1999	[redacted]W. Badillo St.,	West Covina,	CA 91790
12/1994 - 09/1999	[redacted]Kaitbay St.,	Heliopolis, Cairo,	Egypt

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

06/2001 - Present	Delta Airlines - 1 World Way, Los Angeles, CA 90045	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Flight Attendant	Guide and assist the safety and comfort of passengers	Jesse Rhodes
Title	Description of Duties	Name of Supervisor
12/2010 - Present	Miracle Medical Industries, Inc. - 1701 S. Vineyard Ave., #E, Ontario, CA 91761	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Importing and Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
09/2013 - 12/2014	Delicare Medical Supplies - 2132 S. Grove Ave., #6, Ontario, CA 91761	Closure of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
03/2005 - 12/2010	Valero - 01 W. 6th St., Corona, CA 92882	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2003 - 02/2005	Valaro - 5700 Atlantic Blvd., Maywood, CA 90270	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2000 - 05/2001	Mobil - 6824 Valley Way, Riverside, CA 92509	Hired at Delta Airlines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Managing employees and daily operations	Nagy Attalla
Title	Description of Duties	Name of Supervisor
06-1999 - 09/1999	Delta Bank - 1191 Kornich El Nile , Downtown , Cairo , Egypt.	Immigrated to USA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Accountant	Process letter of credits to receive and send internationally	Tarek
Title	Description of Duties	Name of Supervisor
08/1998 - 05-1999	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial WA

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Adel Ebeid	Home [redacted]	Church St., Apt 106, Rancho Cucamonga CA 91730			[redacted]	5
Employer The Medicine Shoppe	Business [redacted]	Magnolia ave Riverside CA, 92503				
Name Ramy Barsoum	Home [redacted]	Shelby P., Apt 136 Rancho Cucamonga, CA 91739				5
Employer The Medicine Shoppe	Business [redacted]	Magnolia ave Riverside CA, 92503				
Name Philip Youssef	Home [redacted]	Melbourne Pl., Riverside CA 92508				5
Employer The Medicine Shoppe	Business [redacted]	Magnolia ave Riverside CA, 92503				
Name Marianna Tadros	Home [redacted]	Spyglass Dr., Corona, CA 92883				5
Employer The Medicine Shoppe	Business [redacted]	Magnolia ave Riverside CA, 92503				
Name Michael Tadros	Home [redacted]	Spyglass Dr., Corona, CA 92883				5
Employer The Medicine Shoppe	Business [redacted]	Magnolia ave Riverside CA, 92503				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial WA

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑



Date of photograph 06/20/20

Applicant's initial WA

STATE OF Calfornia
ss.

COUNTY OF San Bernardino

I, WAEL N. ANWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this ..... day of

.....

.....
Notary Public

(seal)

See Attached
Notarial Certificate

Applicant's initial WA

CALIFORNIA JURAT

(CALIFORNIA GOVERNMENT CODE § 8202)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF San Bernardino

Subscribed and sworn to (or affirmed) before me on this 16 day of July, 2020,
by Wael Nabil Anwar, proved to me on the basis of
(Name of Signer(s))
satisfactory evidence to be the person(s) who appeared before me.

CONTESSA RENEA LEE
Notary Public - California
San Bernardino County
Commission # 2180146
My Comm. Expires Jan 16, 2021

Signature of Notary Public

(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Personal History Document Date: 7/16/2020

Number of Pages: 10 Signer(s) Other Than Named Above: N/A

Additional Information: N/A

N/A

Applicant's initial WA

THE UNITED STATES OF AMERICA

CERTIFICATE OF NATURALIZATION

No. [redacted]

Personal description of holder as of date of naturalization:

Date of birth: [redacted]

Sex: **MALE**

Height: **5** *feet* **7** *inches*

Marital status: **SINGLE**

Country of former nationality:
EGYPT



CIS Registration No.: [redacted]

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **LOS ANGELES, CALIFORNIA**

The Secretary having found that:

WAEL NABIL ANWAR

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT COURT CENTRAL DISTRICT

at: **POMONA, CALIFORNIA** *on:* [redacted]

that such person is admitted as a citizen of the United States of America.

Director, U. S. Citizenship and Immigration Services

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 REV. 4/04

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07-16-2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Valencia (Last Name) | Chad (First Name) | Alexander (Middle Name)

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Sardinia Sands Dr., Las Vegas, NV 89141
Present Residence Address-Street or RFD | City | State/Zip

[redacted] Beckman Glen Ct., Las Vegas, NV 89141 Dates 10/2019 - Present
Present Business Address | City | State/Zip

Data Analyst/Scientist, Consultant Dates 10/2019 - Present
Occupation

Phone: Residence [redacted]
Business [redacted]

[redacted]
Date of Birth

Whitter, Los Angeles, CA
Place of Birth (City, County, State)

37 (Age) | [redacted] (Social Security Number) | Male (Sex)

Brown	Black	Tan	220lbs	Large	5'7"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☑ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant s initial CV

MARITAL INFORMATION-Continued

A. **Current Marriage**_____
Date City, County and State

Spouse's full name (Maiden)_____ S.S. No_____

Date of Birth_____ Place of Birth_____

Resident address_____
Street City State Zip

Telephone: Residence_____ Business_____

Spouse's employer_____ Occupation_____

Address of employer_____
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial_____

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Arturo Valencia	[redacted]	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Business Development
Mother	Cristina Enrile		[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Accountant
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Robert Valencia	[redacted]	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Teacher
Spouse	N/A			
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	GSE / Suzanne Middle School	Walnut, CA	09/1991 - 06/1996	Yes ☑ No ☐
High School	Walnut High School	Walnut, CA	09/1997 - 06/2000	Yes ☑ No ☐
College University	UCLA	Los Angeles, CA	09/2000 - 06/2003	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science, Mathematics-Economics

College or university where obtained University of California, Los Angeles

Applicant's initial CV

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☑ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Art Valencia	Father	Immigration Fraud	Los Angeles, CA	2008
N/A				
N/A				

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
10/2019 - Present	[redacted] Sardinia Sands Dr.,	Las Vegas,	NV 89141
09/2018 - 10/2019	[redacted] 52nd St., Apr. [redacted]	Woodside,	NY 11377
03/2013 - 09/2018	[redacted] Laurel Ridge Dr.,	Riverside,	CA 92509
09/2012 - 03/2013	[redacted] Sardinia Sands Dr.,	Las Vegas,	NV 89141
09/2009 - 09/2012	[redacted] Beckman Glen Ct.,	Las Vegas,	NV 89141
01/2007 - 09/2009	[redacted] Laurel Ridge Dr.,	Riverside,	CA 92509
09/2005 - 01/2007	[redacted] 52nd St., Apr. [redacted]	Woodside,	NY 11377
06/2003 - 09/2005	[redacted] Muirfield Ln.,	Walnut,	CA 91789
06/2002 - 06/2003	[redacted] Gayley Ave.,	Los Angeles,	CA 90024
09/2000 - 06/2002	[redacted] De Neve Dr.,	Los Angeles,	CA 90024
12/1994 - 09/2000	[redacted] Muirfield Ln.,	Walnut,	CA 91789

Applicant's initial CW

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

05/2019 - 12/2019	Noble Desktop - 185 Madison Ave., New York, NY 10016	Moved to Las Vegas
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Zach Cohen
Title	Description of Duties	Name of Supervisor
05/2018 - 05/2019	Codecademy - 575 Broadway, New York, NY 10012	Moved to New York
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Tracy Teague
Title	Description of Duties	Name of Supervisor
10/2017 - Present	Freelance Data Scientist	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Data Scientist	Independent Data Projects	Self
Title	Description of Duties	Name of Supervisor
10/2004 - 09/2017	Owl Homecare Pharmacy - 13851 Garvey Ave Suite A Baldwin Park, CA 91706	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Analyst	Billing Analysis and Consulting	Cristina Valencia
Title	Description of Duties	Name of Supervisor
10/2001 - 10/2004	Unemployed	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
10/2000 - 10/2001	UCLA Access Control - 330 De Neve Dr, Los Angeles, California 90024	Focus on graduating
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Volunteer	Access Monitor Security for Droms	Junji Toshima
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jane Lagunilla	Home [redacted] White Sands Way, Arverne, NY 11692				[redacted]	15
Employer Memorial Sloan Kettering	Business [redacted] E. 60th St., New York, NY 10022					
Name Theresa Francisco	Home [redacted] White Sands Way, Arverne, NY 11692					30
Employer Retired	Business N/A					
Name Tony Chou	Home [redacted] Walnut Canyon Rd., Walnut, CA 91789					25
Employer LA-USC	Business [redacted] Marengo St., Los Angeles, CA 90033					
Name David Aure	Home [redacted] Scotch Pine Ridge, Yorba Linda, CA 92886					25
Employer Realtor	Business [redacted] Scotch Pine Ridge, Yorba Linda, CA 92886					
Name Brandon Nichols	Home [redacted] Overland St., Riverside, CA 92503					10
Employer Self-Employed	Business [redacted] Overland St., Riverside, CA 92503					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial CV

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

ATTACH PHOTOGRAPH



Date of photograph 07-16-2020

Applicant's initial CW

STATE OF Nevada
ss.

COUNTY OF Clark

I, Chad Valencia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of July 2020

Notary Public

STEPANIE PARLADE
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-3090-1
My App. Expires July 12, 2022

Applicant's initial

ADDITIONAL INFORMATION

N/A

Applicant's initial _____

GEORGE S. CARDONA
United States Attorney
THOMAS P. O'BRIEN
Assistant United States Attorney
Chief, Criminal Division
ELISA FERNANDEZ (Cal. State Bar No. 172004)
Assistant United States Attorney
Public Corruption & Civil Rights Section
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E-mail: Elisa.fernandez@usdoj.gov

Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA Plaintiff, v. ARTURO VALENCIA, Defendant.	CR No. 05-0002-PA STIPULATION TO CONTINUE DEFENDANT ARTURO VALENCIA'S SENTENCING HEARING Sentencing Date: July 20, 2007 Proposed Date: January 7, 2008

Plaintiff United States of America, by and through its counsel of record, the United States Attorney for the Central District of California, defendant Arturo Valencia ("Valencia"), individually and through his counsel, Federal Public Defender Nadine Hettle, hereby agree and jointly stipulate, and request that the court continue defendant Valencia's sentencing hearing from July 20, 2007, at 8:30 a.m., to January 8, 2008, at 8:30

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a.m. for the following reasons:

1. On February 14, 2005, defendant Valencia pled guilty to a two-count information of conspiring to commit immigration fraud and his participation in an immigration fraud scheme which involved the law corporation of Korenberg, Abramowitz & Feldun ("KAF").

2. After defendant entered his guilty plea, the government continued its investigation into the illegal activities of KAF in relation to KAF's partners, associates and employees who participated in an immigration fraud scheme. To that end, defendant agreed to assist the government in completing its investigation, and has been doing so since entering his guilty plea.

3. Two partners of the KAF law firm, Daniel Korenberg ("Korenberg") & Steven Rodriguez ("Rodriguez"), have been indicted on presenting false immigration documents and petitions to the Immigration and Naturalization Service ("INS") in violation of Title 18, United States Code, Sections 371, 1001, and 1546(a). Korenberg and Rodriguez are set to proceed to trial on October 16, 2007.

4. Several defendants are scheduled to be sentenced in November and December 2007. Defendant Valencia's cooperation may be needed to prepare for those sentencings.

5. Defendant presently is on bond and has fully complied with all of the terms of pretrial release. Neither defendant nor defendant's counsel object to a continuance of the sentencing in this matter. Therefore, the parties request that defendant's sentencing date be continued to December 3, 2007 to provide

defendant further opportunity to cooperate and for the government to evaluate the scope and extent of defendant's cooperation and file a Section 5K1.1 motion, if warranted. The parties also request a continuance in the time to respond to the Presentence Report, and agree to serve the Probation Department their respective response by hand delivery.

Accordingly, the parties jointly request that the sentencing in this matter should be continued from July 20, 2007 to January 8, 2008, at 8:30 a.m.

June ___, 2007

Respectfully submitted

GEORGE S. CARDONA
United States Attorney

ELISA FERNANDEZ
Assistant United States Attorney

Attorneys for Plaintiff
United States of America

June ___, 2007

ARTURO VALENCIA
Defendant

June ___, 2007

NADINE HETTLE
Attorney for Defendant
ARTURO VALENCIA

GEORGE S. CARDONA
United States Attorney
THOMAS P. O'BRIEN
Assistant United States Attorney
Chief, Criminal Division
ELISA FERNANDEZ (Cal. State Bar No. 172004)
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Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, Plaintiff, v. ARTURO VALENCIA, Defendant.	CR No. 05-0002-PA [PROPOSED] ORDER REGARDING STIPULATION TO CONTINUANCE SENTENCING HEARING FOR DEFENDANT ARTURO VALENCIA Sentencing Date: July 20, 2007 Proposed Date: January 7, 2008

GOOD CAUSE HAVING BEEN SHOWN in the parties' stipulation to continue the sentencing in the above-entitled matter from July 20, 2007 to January 7, 2008, at 8:30 a.m., IT IS FOUND AND ORDERED that the sentencing in this matter is continued from July 20, 2007 to January 7, 2008, at 8:30 a.m. IT IS FURTHER ORDERED THAT Defendant Arturo Valencia appear on January 8, 2008,

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at 8:30 a.m. in the courtroom of the Honorable Percy Anderson located at 312 N. Spring Street, Los Angeles, California, Courtroom 15.

DATED: June __, 2007

THE HON. PERCY ANDERSON
United States District Judge

Submitted By:

ELISA FERNANDEZ

defendant further opportunity to cooperate and for the government to evaluate the scope and extent of defendant's cooperation and file a Section 5K1.1 motion, if warranted. The parties also request a continuance in the time to respond to the Presentence Report, and agree to serve the Probation Department their respective response by hand delivery.

Accordingly, the parties jointly request that the sentencing in this matter should be continued from July 20, 2007 to January 8, 2008, at 8:30 a.m.

June ___, 2007

Respectfully submitted

GEORGE S. CARDONA
United States Attorney

ELISA FERNANDEZ
Assistant United States Attorney

Attorneys for Plaintiff
United States of America

June ___, 2007

ARTURO VALENCIA
Defendant

June ___, 2007

NADINE HSTTLE
Attorney for Defendant
ARTURO VALENCIA

FEDERAL PUBLIC DEFENDER
321 East 2nd Street
Los Angeles, California 90012-4202

Telephone (213) 894-2854
Facsimile (213) 894-0081



FACSIMILE TRANSMISSION COVER SHEET

Date Sent:

TO:

NAME: Arturo Valencia

FAX #: 951-727-0696 VOICE #:

Number of Pages to Follow: 5

FROM: Nadine Hettle

COMMENTS: Art, just return the signature page (p. 3)

IN EVENT OF TRANSMISSION ERROR OR FOR VOICE COMMUNICATION

FAX (213) 894-0081 or CALL (213) 894-2854

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

2 attorneys charged with work visa fraud

The immigration lawyers allegedly filed false applications for foreign nationals employed at their firm, and perhaps for others.

By ANNA GORMAN
Times Staff Writer

Two local immigration attorneys have been charged with fraud after allegedly filing false employment visa applications for 14 foreign nationals working for their firm, according to a federal grand jury indictment released Thursday.

The lawyers, of ASK Law Group in Sherman Oaks, filed the fraudulent applications and paid their employees in cash while awaiting approval for the visas, according to the indictment. Investigators believe the attorneys also filed false visa applications on behalf of hundreds of other foreigners looking for work at other companies.

"This is the largest immigration fraud probe ever mounted against a Los Angeles-area law firm," said Jennifer Silliman, deputy special agent in charge of the local office of Immigration and Customs Enforcement.

The indictment charges Daniel Korenberg, a senior partner at the law firm, and Steven James Rodriguez, a senior associate, with visa fraud and conspiracy to commit visa fraud. Korenberg faces a possible sentence of 225 years in federal prison. Rodriguez faces up to 15 years in prison.

Another partner in the firm, Philip Abramowitz, 53, has already pleaded guilty to conspiracy and visa fraud.

The indictment accused the men of committing fraud between 2000 and 2003.

To obtain an employment visa for a foreign worker, a company must prove it cannot find a qualified U.S. employee to fill a specific job. The H-1B visas are limited to foreign workers with at least a bachelor's degree. Firms must pay foreign workers the prevailing wage.

Investigators said Korenberg, 57, and Rodriguez, 40, wrote false job titles and salaries on the visa applications, citing jobs that didn't exist. They also allegedly lied about the foreigners' work experience.

The fake job titles included accountant, human resources specialist and systems analyst/programmer. The employees were actually doing secretarial work, investigators said.

Several were here on visitors' visas, which did not allow them to work, agents said.

U.S. Citizenship and Immigration Services plans to review all the visa applications that are suspect, said spokeswoman Marie Sebrechts. If applicants were complicit in any fraud, their visas could be revoked, she said.

The ASK Law Group is based in Sherman Oaks, but has offices in Los Angeles, San Diego, San Francisco and Las Vegas. According to the firm's website, lawyers provide services to individuals, small businesses and large corporations.

Because the defendants are attorneys, Silliman said, they know how to work the system and get around loopholes.

"It's always disturbing when attorneys manipulate the system for financial gain," said Thom Mrozek, spokesman for the U.S. attorney's office in Los Angeles.

Korenberg, Abramowitz and Rodriguez did not return calls for comment. Korenberg and Rodriguez are scheduled to appear in U.S. District Court in Los Angeles on March 29.

The firm had a decent reputation, so the charges were shocking, said John Ayala, vice chairman of the Southern California chapter of the American Immigration Lawyers Assn.

"We hope the allegations are not true," Ayala said. "If they are found true, I think it's an aberration. It doesn't reflect the immigration bar of Southern California."

anna.gorman@latimes.com

STOCK TRANSFER LEDGER

NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
			CERTIF. NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
Mariana Tadros	[redacted]Spyglass Dr. Corona, CA 92883	9/6/19	1	2000	Original					
Wael Anwar	[redacted]Lion Street Rancho Cucamonga CA 91730	9/6/19	2	2000	Original					
Arturo I. Valencia	[redacted]Sardinia Sands Dr., Las Vegas, NV 89141	9/6/19	3	1000	Original		07/15/20	Chad Valencia	3	1000
Chad Valencia	[redacted]Sardinia Sands Dr. Las Vegas, NV 89141	07/15/20	4	1000	Arturo Valencia	$1.00				

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 9/26/22

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for LTC Pharmacy
(Nature of Pharmacy or Wholesaler)

The Medicine Shoppe LTC Pharmacy, 5801 Craig Drive Suite 130, Las Vegas, NV 89130
(Name and Address of Business for Which Designated Representative Is Requested)

N/A
(If applicable, Name Under Which It Is Now Operated)

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Caracci	Angela	Marie

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): N/A

Present Residence Address-Street or RFD	Dates	City	State/Zip
[redacted]Verismo Street	03/2020-Present	Las Vegas	Nevada/89141

Present Business Address	Dates	City	State/Zip
[redacted]N Durango Drive	03/2020-Present	Las Vegas	Nevada/89149

Present Position with the Pharmacy or Wholesaler: Pharmacist

Phone: Residence [redacted]

Date of Birth	Place of Birth (City, County, State)	Business
[redacted]	Las Vegas, Clark, Nevada	702-470-2694

Age	Social Security Number or ITIN	Sex
32	[redacted]	Female

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Fair	220 lbs	Full	5'2"

Scars, tattoos or distinguishing marks and/or characteristics: Tattoos on both feet, right upper arm and scapula

Are you a citizen of the United States? Yes ✓ No — If alien, registration No ____

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ✓ Married — Separated — Divorced — Widowed — Engaged —

Applicant's initial AL

MARITAL INFORMATION-Continued

A. Current Marriage N/A
Date City, County and State

Spouse's full name (Maiden) N/A SS# or ITIN N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Stuart Hoffman (Stepfather)	[redacted]	Verismo St. Las Vegas, NV 89141	Doctor
Mother	Nicole Caracci	[redacted]	Verismo St. Las Vegas, NV 89141	Nurse
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Allison Baker	[redacted]	[redacted] Prospect Ave., Plattsburgh,NY 12901	Student
Spouse N/A			
N/A			
Spouse N/A			
N/A			
Spouse N/A			
N/A			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	John Beatty Elementary	Las Vegas, NV	1997-2000	Yes ✓ No
High School	Sierra Vista High School	Las Vegas, NV	2004-2008	Yes ✓ No
College University	SUNY Potsdam	Potsdam, NY	2010-2014	Yes ✓ No
Other	Roseman University of Health Sciences	Henderson, NV	2014-2018	Yes ✓ No

Type of degree obtained, if any Master of Business Administration, Doctor of Pharmacy

College or university where obtained Roseman University of Health Sciences

Applicant's initial CP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☑ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
___ If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2003-Present (on and off)	[redacted] Verismo St.	Las Vegas	Nevada
2018-2019	[redacted] E Murray Canyon Dr. [redacted]	Palm Springs	California
2013-2014	[redacted] Washington St.	Potsdam	New York
2010-2013	[redacted] Birchwood Dr.	Gouverneur	New York
2000-2003	[redacted] S Eastern Ave.	Henderson	Nevada
1997-2000	[redacted] Garden Breeze Way	Las Vegas	Nevada

Applicant's initial OL

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2021-Present	Walmart Pharmacy, 1807 W Craig Rd, Las Vegas, NV 89032	1500 Hours
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	Participated and lead COVID-19 vaccine clinics, dispensed medications, counseled patients	Michael DiPede

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2020-Present	Centennial Hills Hospital-CentRx, 6850 N Durango Dr, Las Vegas, NV 89149	3100 Hours
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	Dispensed bedside delivery prescription medications to patients within the hospital	Arsen Dadja

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/2018-02/2019	Eisenhower Medical Center, 39000 Bob Hope Dr, Rancho Mirage, CA 92270	1200 Hours
Title	**Description of Duties**	**Name of Supervisor**
Graduate Intern Pharmacist	Sterile Preparation of medications, updated existing clinical guidelines with current data and evidence based practice	Marie Simard

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
01/2016-08/2017	Walgreens Pharmacy, 10510 Southern Highlands Pkwy, Las Vegas, NV, 89141	620 Hours
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Intern	Received new prescriptions by phone, transferred prescriptions, Counseled patients, provided immunizations	Tallie Pederson

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Glecille Saloriga RPh	Home [redacted] N 56th St #2085,	Phoenix,	AZ,	85258	[redacted]	7
Employer HonorHealth	Business 10200 N 92nd St #140,	Scottsdale,	AZ,	85258	[redacted]	
Name Aira Joy Canlapan RPh	Home 956 E Sunset Rd,	Henderson,	NV,	89011	[redacted]	7
Employer VA Southern Nevada	Business 6900 N Pecos Rd,	North Las Vegas,	NV,	89086	[redacted]	
Name Michelle Baeza RPh	Home 335 Values Circle,	Henderson,	NV,	89011	[redacted]	8
Employer VA Southern Nevada	Business 6900 N Pecos Rd,	North Las Vegas,	NV,	89086	[redacted]	
Name Joey Clark	Home 7548 Earnshaw Ave,	Las Vegas,	NV,	69179	[redacted]	9
Employer Aria Hotel & Casino	Business 3730 S Las Vegas Blvd,	Las Vegas,	NV,	89158	[redacted]	
Name Sean Miller	Home 2105 Hidden Ranch Terrace,	Henderson,	NV,	89052	[redacted]	9
Employer Clark County School District	Business 5100 West Sahara Ave,	Las Vegas,	NV,	89146	[redacted]	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ✓ No

If yes, state type, where and years held

Intern Pharmacist License,California #INT42355, 06/2018-12/2020

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No ✓

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No ✓

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No ✓

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial CC

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

N/A

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☑

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☑ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☑ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☑ No ☐

N/A



Date of photograph 9/24/22

Applicant's initial

STATE OF Nevada

ss.

COUNTY OF Clark

I, Angela Marie Caracci, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

State of Nevada County of Clark

Subscribed and Sworn to before me this 26th day of September, 2022

by Angela Marie Caracci

Notary Public

(seal)

BLAKE BURNEY
Notary Public State of Nevada
County of Clark
APPT. NO. 19-7381-01
My App. Expires Sept. 12, 2023

Applicant's initial

ADDITIONAL INFORMATION

N/A

Applicant's initial

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
*Addition of Sterile Compounding to Exisiting License		
N/A New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
N/A Ownership Change*		☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
N/A Location Change *	PH 02195	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
N/A Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Optum Infusion Services 550, LLC

Physical Address: 7167 E Kemper Rd

City: Cincinnati State: OH Zip: 45249

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 513-792-7080 Toll Free # (NAC 639.708, NRS 639.23286): 866-442-4679

Fax: 513-792-3838 Contact Email: BKestler@optum.com

Website: https://www.optum.com/

Nevada Business License # (if applicable) NV20111212238

Supervising/Managing Pharmacist Name (NRS 639.220): Brendon Kestler ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21304 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Retail/Community	☑ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☑ Sterile Compounding
☐ Nuclear	☑ Mail-Order Service
☑ Other: Home Infusion Pharmacy	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Brendon Kestler	NV Pharmacist Registration #: 21304
Name: John McMaken	NV Pharmacist Registration #: 22085
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A the owner is Optum Infusion Services 550, LLC	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Diplomat Blocker, LLC

Corporation/Organization Name: Optum Infusion Services 550, LLC

Mailing Address: 7167 E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Telephone: 513-792-7080 Email: ORxPharmLic@optum.com

Contact Person Name: Cathy Winters

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Optum Infusion Services 550, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Karen Bohmer

Print Name of Authorized Person

Karen Bohmer

Original signature of Authorized Person (copies or stamps not accepted)

8/25/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

N/A Pharmacy will perform Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Brendon Kestler Pharmacist Registration #: 21304

Pharmacy Name: Optum Infusion Services 550, LLC

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ 8-25-2022

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
N/A • **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
N/A • **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
N/A • **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karen Bohmer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/25/2022

Date

Board Use Only	Date Received: 9-20-22	Amount: 500.00 CK - 1196890

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Optum Infusion Services 550, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH02195

Physical Address: 7167 E Kemper Rd

City: Cincinnati State: OH Zip: 45249

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 513-792-7080 Toll Free # (NAC 639.708, NRS 639.23286): 866-442-4679

Fax: 513-792-3838 Contact Email: ORxpharmlic@optum.com

Website: www.optumrx.com

Nevada Business License # (if applicable) NV20111212238

Supervising/Managing Pharmacist Name (NRS 639.220): Brendon Kestler

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21304

Name of Person with direct knowledge of compounding procedures: Brendon Kestler

Email of Person with direct knowledge of compounding procedures: bkestler@optum.com

Telephone of Person with direct knowledge of compounding procedures: 513-810-6805

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ■ Low ■ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

We currently do not serve any patients in Nevada. We have the capibility to compound TPN and anti-biotic products.

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ■ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

N/A

6. What laboratory performs this additional testing?

Name: N/A

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Visually inspect each compounded dose using a contrasting (black/white) background to determine whether the physical appearance of the CSP is as expected (e.g., free of visible particulate matter, discoloration, or other defects). The CSP must be visually inspected to confirm that the CSP and its labeling match the prescription or medication order. The inspection must also include a visual inspection of the container-closure integrity (e.g. checking for leakage, cracks in the container, or improper seals.) CSPs with observed defects must be discarded or marked and segregated from acceptable units in a manner that prevents them from being released or dispensed.

8. How often do you perform glove fingertip and medial fill testing?

Every 6 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Re-education/training. Once completed, employee will be re-evaluated/tested.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial: APEX compounder Competency Assessment, Assessment of Aseptic Technique and related practices, Assessment of cleaning and Disinfection practives, Assessment of Hand hyqience and garbing practices, Donning sterile gloves assessment, Ciritical Point Module completion, General ACD competency, Gloved fingertip sampling (post garb, post medial fill), Personell medial fill skill verification, Acknowledgement of Eye protection, Hazardous drug Risk sign-off, Surface air sampling, Viable air impaction sampling.
Annual: Hazardous Drug risk sign-off, Apex compounder Competency assessment, Assessment of cleaning and disinfection practices, Assessment of surface sampling, assessment of viable air impaction sampling, critical point sterile compounding modules (23 modules), General ACD competency, Aseptic technique and related practices, donning PPE, hand hygeine and garbing, Gloved fingertip sampling (post garb, post medial fill. Optum policy 9700

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Optum policy 9701A5:
2. Complete Clean:This typically refers to a specific room or the entire SPC and is defined in the 9580A1 SOP Sanitizing the Non-Hazardous Sterile Compounding Environment. It includes cleaning ALL surfaces such as ceilings, walls, floors, exterior and interior of hoods,carts, tables, equipment, bins and anything else residing in the space being cleaned.
3. Cleaning Agent:
Any germicidal or sporicidal agent that also contains a detergent (surfactant). The surfactant properties reduce surface tension of contaminants and aid in theirremoval while the germicidal and sporicidal agents render bio particles inactive.
b. Refer to Policy 9580 for Company-approved germicidal and sporicidal agents.
c. NOTE: Sterile 70% isopropyl alcohol and aqueous sodium hypochlorite (bleach) as well as sterile water are not considered cleaning agents and cannot be substituted for a cleaning agent when a cleaning agent is required by USP <797> or company policy.

12. Who performs the sterile compounding process at your facility?

Pharmacist and Certified Technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in charge and pharmacist checking/verifying/compounding product.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Optum Policy: 9650 ; refridgerated/cooler boxes, ice packs, tracking, and test shipments/temperature testing.
Refrigerated Compounded Sterile Preparations (CSPs) and/or Prescription Drugs
1. Medications requiring refrigeration will be packaged appropriately to guarantee the product will be maintained at the required temperature of 36-46°F or 2-8°C until they are received by the patient.
2. All refrigerated products must be shipped same day (i.e., internal driver, courier service) or overnight (i.e., FedEx) to minimize the effects current environmental stressors could have on
product stability and integrity.
3. Refer to Infusion Supply Chain 8°C same day or overnight pack out job aids

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?
N/A

2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No

7. If yes, list the name of the device:
N/A

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?
N/A

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
N/A

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
N/A

2. What sterilization methods are utilized at your facility?
N/A

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:
N/A

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brendan A Kestler, PharmD.
Name of Person who Completed the Form

Clinical Pharmacist / Nevada PIC
Title

Signature (copies or stamps not accepted)

9-14-2022
Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

Optum Infusion Services – Standard Operating Procedure (SOP)

SUBJECT:	SOP - Sterile Products Complex Cleaning and Environmental Monitoring after New Construction or Remodel	REFERENCE #:	9701A5
DEPARTMENT:	Pharmacy Operations	EFFECTIVE DATE:	03/31/2019
APPROVED BY:	VP Clinical Pharmacy Services		
ANNUAL REVIEW DATE:	05/31/2023	APPROVAL DATE:	05/11/2022

SCOPE

This policy and procedure applies to pharmacies or other entities under the ownership or control of Optum Infusion Services (the Company).

PURPOSE

To provide the process of cleaning and environmental monitoring of the sterile products complex (SPC) after new construction, a significant remodel involving extensive construction, or after any event that would warrant cleaning beyond normal daily or monthly cleaning and achieve the desired state to prevent microbial growth.

DEFINITIONS/BACKGROUND

USP <797> does not provide specific guidance on cleaning a sterile complex facility after construction or a remodel. It also does not define a commonly used industry term, "triple clean." For the purposes of this SOP, the following definitions of cleaning terms apply.

1. Triple Clean:
    a. Three (3) separate cleanings, in succession.
    b. Cleaning agents are a detergent germicidal agent and a detergent sporicidal agent.
        i. NOTE: all detergent cleaners used in the classified space will be sterile
    c. Acceptable rotation of the cleaning agents may be:
        i. Detergent germicidal > detergent sporicidal > detergent sporicidal OR
        ii. Detergent germicidal > detergent germicidal > detergent sporicidal
    d. The sporicidal agent should always be used as the last step of the triple clean.
    e. A Triple Clean may be used to clean a single room, the entire SPC or equipment used in a classified clean room space.

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2. **Complete Clean:**

    a. This typically refers to a specific room or the entire SPC and is defined in the 9580A1 SOP Sanitizing the Non-Hazardous Sterile Compounding Environment.

    b. It includes cleaning **ALL** surfaces such as ceilings, walls, floors, exterior and interior of hoods, carts, tables, equipment, bins and anything else residing in the space being cleaned.

3. **Cleaning Agent:**

    a. Any germicidal or sporicidal agent that also contains a detergent (surfactant).

        i. The surfactant properties reduce surface tension of contaminants and aid in their removal while the germicidal and sporicidal agents render bio particles inactive.

    b. Refer to Policy 9580 for Company-approved germicidal and sporicidal agents.

    c. **NOTE: Sterile 70% isopropyl alcohol and aqueous sodium hypochlorite (bleach) as well as sterile water are not considered cleaning agents and cannot be substituted for a cleaning agent when a cleaning agent is required by USP <797> or company policy.**

4. Once the newly constructed or remodeled facility has been thoroughly triple cleaned and has passed certification by the 3rd party vendor, proper contamination control and work practices such as hand hygiene and garbing, material handling and personnel conduct within the controlled environments is essential to ensure the facility remains in a state of particulate and microbial control.

PROCESS STEPS

1. **Post Construction Clean**
    a. When the SPC construction is complete, the SPC HVAC system is operating, and all rooms appropriately balanced for airflow:
        i. Remove all construction tools and supplies
        ii. The SPC will need to be cleaned to remove all visible contaminants. This may involve multiple cleanings and there is no set number of times the SPC may need to be cleaned to remove all gross contaminants. The key is until all visible contaminants are removed. A one-time use of a vacuum is allowed. Tacky rollers should be used to aid in the removal of dust and debris.
        iii. Avoid introducing any new equipment into the SPC. A cart may be used for holding cleaning supplies and a non-porous, cleanable step stool or ladder available for cleaning (and may remain for future use) and other equipment that may be needed to perform environmental monitoring (EM). It is understood that the BSC may already be installed as it needs to be externally vented. If possible, perform the cleaning prior to the non-hazardous hoods being installed in the room for easier

cleaning. If non-hazardous hoods are installed after construction cleaning, rooms will be balanced at this point.

iv. Once all post construction cleaning is complete, the SPC should be allowed to rest and cycle for a minimum of 5 days prior to the triple cleaning. This will allow the HEPA filters to scrub the air, and time to adjust the air balance and/or attend to any unexpected HVAC/room issues.

2. Triple Clean

a. SPC gross cleaning has been completed, rooms have cycled for at least 5 days.

i. Point at which the start of all formal SPC cleaning, gowning, hand hygiene and gloving is to occur. Selected cleaning agents must be company approved; EPA registered sterile detergent germicidal and sporicidal agents. DO NOT USE bleach, water, or Sterile 70% Isopropyl Alcohol (IPA) for cleaning. All cleaning material such as wipes and mop covers shall be sterile and low linting. See Policy 9580 for more detail.

ii. See suggested sequence under the Triple Clean definition above: germicidal > sporicidal > sporicidal OR alternatively – germicidal > germicidal > sporicidal. The key is that the sporicidal is used as the last step.

iii. Use disposable cleaning applicators, wipers and mop heads and dedicated mops as described in 9580A1 SOP Sanitation of Non-Hazardous Sterile Compounding Environment.

iv. Clean all surfaces of the room and any furniture and/or equipment such as PECs that are present.

v. Primary Engineering Controls (PEC)s must be turned on at this point and remain on from this point forward.

1. The interior of the PECs will be cleaned three times using the same sequence of germicidal / sporicidal detergent cleaning.
2. A final step for the PEC requires applying Sterile 70% IPA following the triple clean.
3. An "Easy Reach" tool must be available for each hood and be used to clean the interior of the hood. This tool is to be left inside the hood and hung to the side when not in use.

vi. Room Cleaning: follow the process outlined in 9580A1 SOP Sanitation of Non-Hazardous Sterile Compounding Environment under the section "Monthly Cleaning and Disinfecting."

vii. Ensure that applicators are changed when they become visibly soiled.

viii. Follow the cleaning agent manufacturer's required dwell times.

ix. Ensure that the room is left to rest between each cleaning and that all surfaces are dry. Minimum suggested rest time between cleaning is one hour.

x. After triple clean is completed, maintain the SPC with daily and monthly clean processes as outlined in 9S80A1 SOP Sanitation of Non-Hazardous Sterile Compounding Environment.
xi. Follow the guidance outlined in policies 9580 and 9701 regarding the required environmental monitoring documentation.

3. **Certification**
   a. After the post construction cleaning and the triple cleaning have been completed.
   b. All HVAC and PECs are running.
      i. Allow the room to rest for at least 12 -24 hours before the 3rd party certification process.
      ii. Bring in all furniture such as carts, tables, shelves, stools that have been "triple cleaned" as well as any compounding devices that have been "triple cleaned."
      iii. A clean cart that resides on the clean side of the line of demarcation will be provided for the certification company to transfer their equipment. This is the preferred method of equipment transfer and will follow the company guidelines for transferring equipment and supplies from the dirty side of the line of demarcation to the clean side. If the third-party certifier requires their company owned cart to enter the SPC, it will need to be thoroughly cleaned under the supervision of the local branch staff. The equipment shall be wiped with a sporicidal cleaner and allow wet for the dwell time, then a final wipe with Sterile 70% IPA.
      iv. A ladder or step stool that has been triple cleaned and resides in the buffer room will be provided to the certification tech if needed.
      v. The initial certification should be done under dynamic conditions. Although no actual patient compounding will be done, staff can perform media fills using sterile water or saline while viable air and surface sampling occurs inside the PECs.
      vi. A complete cleaning should occur after the 3rd party certification vendor has completed the certification process.
      vii. SPC certification by the 3rd party will be repeated every 6 months per USP <797> standard and company policy 9701 for low and medium risk compounding facilities.

4. **Environmental Monitoring**
   a. Active air sampling and surface sampling (see P&P 9701) will occur daily for 3 consecutive days by pharmacy staff for all new construction.
   b. Compounding shall not commence until the final results of the 3rd party certification company and the in-house air and surface sampling are completed and the results show no action levels as defined in USP <797>.
      i. **Active Air Sampling:**
         1. Will be performed using a Company approved microbial air sampling device.
         2. Only staff that have demonstrated competency with the device will be allowed to use the device and complete air sampling.

3. Refer to policies 9702 and 9702A3.
4. TSA 90mm media plates are to be used and sent to Chattanooga Lab or EMLab for appropriate incubation and analysis.
5. Active air sampling sites will include all ISO 5 PECs, and each room of the classified space. Testing should follow the branch specific SPC map with respect to sampling sites and order of sampling.
6. Any sites that result in an action level as defined in USP 797, will be recleaned and those specific sites retested.

ii. **Surface Sampling:**

1. TSA plates that contain polysorbate 80 and lecithin will be used for surface sampling.
2. Sampling sites will include all ISO 5 PECs, pass-throughs and commonly used surfaces in each room such as carts, tables, shelves, etc. Follow the steps outlined in SOP 9701A4 and incubate in-house accordingly.
3. A map should be developed for the environmental monitoring sites as described in policy 9701 Environmental Monitoring. The SPC branch specific map will be used to identify the sites to sample and the order of sampling.
4. Thereafter, surface sampling will be done on a monthly basis and active air sampling quarterly.
5. All sampling data will be compiled and trended as required by state law regulations and at least annually using Simplifi 797.
6. Any sites that result in an action level as defined in USP 797, will be recleaned and those specific sites retested. Follow the remediation process outlined in policy 9701.

REFERNECES

9580 *Maintenance of the SPC*

9580A1 *Sanitizing the Non-Hazardous Sterile Compounding Environment*

9701 *Environmental Monitoring*

9701A4 *Surface Sampling of SPC*

Optum Infusion Services – Standard Operating Procedure (SOP)

CURRENT REVISION DATE	05/11/2022

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Optum Infusion Services Policies and Procedures

SUBJECT:	Compounded Sterile Preparations Finished Product Release Checks and Testing	REFERENCE #:	9620
DEPARTMENT:	Pharmacy Operations	EFFECTIVE DATE:	01/01/2015
APPROVED BY:	VP Clinical Pharmacy Services		
ANNUAL REVIEW DATE:	07/31/2023	APPROVAL DATE:	07/15/2022

SCOPE

This policy and procedure applies to pharmacies or other entities under the ownership or control of Optum Infusion Services (the Company).

PURPOSE

To ensure that sterile admixtures are reviewed for compounding procedures, visually inspected, and verified for color, clarity, container closure integrity, particulate matter and labeled strength.

POLICY

1. Company pharmacy will comply with all USP <797> Compounded Sterile Preparations (CSP) standards.

2. All sterile compounded preparations will comply with the current defined USP <797> standards for "Beyond Use Dating" (BUD).

3. All Compounding equipment must be cleaned and calibrated per policy prior to a compounding session.

4. All Sterile compounding will only be performed by personnel that have successfully completed and are current with required competencies and aseptic technique validation tests.

5. All compounded medications require a valid, patient specific prescription.

6. Company pharmacy will not "batch" any sterile products in anticipation of prescription orders without prior approval from the VP Clinical Pharmacy Services. USP <797> standards required sterility sampling will be followed.

7. All sterile compounded preparations will be compounded using sterile, commercially available products obtained through an FDA approved wholesaler or manufacturer.

8. High Risk sterile compounding (non-sterile to sterile compounding) must meet all the requirements as defined in USP 797. Refer to policy 9615 *Preparation of Sterile Solutions from Non-Sterile* Components for detailed guidance. .

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PROCEDURE

1. At the completion of a sterile compounding session, the pharmacist will complete the following checks:

   a. Visually inspect each compounded dose using a contrasting (black/white) background to determine whether the physical appearance of the CSP is as expected (e.g., free of visible particulate matter, discoloration, or other defects). The CSP must be visually inspected to confirm that the CSP and its labeling match the prescription or medication order. The inspection must also include a visual inspection of the container-closure integrity (e.g. checking for leakage, cracks in the container, or improper seals.) CSPs with observed defects must be discarded or marked and segregated from acceptable units in a manner that prevents them from being released or dispensed.

   b. Re-verify selected ingredients on the compounding work order, including NDC numbers, lot numbers, expiration dates and delivery device, if applicable.

      - Compare drug vials, amount used, syringes used to make dose.

   c. Review compounding instructions and verify any handwritten calculations or changes made on the compounding work order. Place your initials to indicate that it is verified.

   d. Sign the compounding record and review the prescription label for accuracy and initial.

   e. If required by the state Board of Pharmacy, each compounded unit label is to be initialed by the pharmacist completing the final check and verification.

   f. When a CSP will not be released or dispensed on the day of preparation, an additional visual inspection must be conducted immediately before it is released or dispensed to make sure that the CSP does not exhibit any defects, such as precipitation, cloudiness, or leakage which could develop during storage. A CSP with such defects must be immediately discarded or marked and segregated from acceptable units in a manner that prevents it from being released or dispensed. Any defect may indicate sterility or stability problems, which must be investigated to determine the cause.

2. All PN compounding reports produced from the compounder are to be printed, reviewed by the pharmacist, initialed, and stored with the compounding record and in the patient's electronic medical record. Reports include:

   - Verification process of ingredients used (i.e., barcode scan process)
   - Volume of ingredient added to PN compound
   - Final percentage of completed bag volume compared to expected volume

   Any variation that exceeds the acceptable range from the expected formula must be researched, and the affected bags must not be dispensed to a patient. Issues relating to

compounding must be immediately brought to the attention of the Directory of Pharmacy for appropriate follow-up.

3. Pharmacist will verify prescription label for accuracy per policy.

4. Final product quality assurance testing for sterile compounds:

   a. At least annually, or as required by Federal or State Rules and Regulations, or as needed (in cases of a reported or suspected issue with a sterile compound), company pharmacies will have (2) final products tested. One product to be tested for potency (quantitative) and one product tested for sterility. Antibiotic test samples may be used for potency testing but must not be used for sterility testing. A non-antibiotic compound will be sent in for sterility testing.

   b. Testing will be conducted by a qualified 3rd party laboratory to determine integrity, quality, and accuracy of the compound and ingredient potency. Quantitative and qualitative measures will be compared to the labeled amounts/strength as described and expected on the compounding record. Acceptable quantitative range is ±10% of the labeled ingredient.

   c. Variation to expected results will be reviewed immediately for potential issues.

   d. Quantitative tests resulting in values outside of the acceptable range of ±10% will be immediately reported to the Director of Pharmacy/Pharmacist-in-Charge and an investigation into the compounding staff, process and any equipment used will be conducted. A CAPA will be put in place and will consist of any needed changes in process, re-education / training of staff. A follow up sample will be re-submitted to the lab for testing after appropriate remediation has occurred.

   e. Failure in sterility testing will invoke an investigation into branch processes and personnel competencies. A CAPA will be put in place and will consist of any needed changes in process, re-education, and training of staff. A follow up sample will be re-submitted to the lab for testing after appropriate remediation has occurred.

   f. If required, company pharmacies will conduct appropriate follow-up to patient and physician as well as State Board of Pharmacy reporting requirements.

   g. All results from final product quality assurance testing will be reported in the branch Performance Improvement Reviews.

ATTACHMENTS

9151.A1 ARL Sample Submission Guidelines (010714)
9151.A2 ARL Sample Submission Form
9151.A3 ARL Marketing Piece
9151.A4 ARL Price List (2014)
9151.A5 ARL Potency List Tables (030414)

Account and Sample Submission Website: http://www.arlokapps.com

Optum Infusion Services Policies and Procedures

General Company Website: http://www.arlok.com/

CURRENT REVISION DATE	07/15/2022

Optum

Officer and Ownership Information

Optum Infusion Services 550, LLC
7167 E. Kemper Rd.
Cincinnati OH 45249

Officers:

Officer Name	Title	ADDRESS
Erin A. Satterwhite	President & CEO	[redacted] Optum Circle Eden Prairie MN 55344
Peter M. Gill	Treasurer	[redacted] Bren Road East Minnetonka, MN 55343
Karen E. Bohmer	Secretary	[redacted] McConnor Parkway Schaumburg, IL 60173
Heather A. Lang	Assistant Secretary	[redacted] Bren Road East Minnetonka, MN 55343
David J. Oberg	Assistant Secretary	[redacted] Main Street Irvine, CA 92614
Timothy J. Langdon	Assistant Secretary	[redacted] N 118th St., Suite 300 Omaha, NE 68164

The pharmacy is wholly owned by:
Optum Infusion Services 550, LLC
7167 E. Kemper Rd.
Cincinnati OH 45249
FEIN: 01-0808529

Optum Infusion Services 550, LLC, is owned by:
Diplomat Blocker, LLC
4100 S. Saginaw Street
Flint MI 48507
FEIN: 27-4022876

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OPTUM INFUSION SERVICES 550, LLC, a Delaware Limited Liability Company, Registration Number 1980583, was registered in the State of Ohio on December 2, 2010, is currently authorized to transact business in this state.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of August, A.D. 2022.

Ohio Secretary of State

Validation Number: 202222901506

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2023.

Optum Infusion Services 550, LLC

7167 E. KEMPER RD

CINCINNATI, OH 45249

License Number: 022104800

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2023

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: SP - Specialty Pharmacy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
MARK KESTLER RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

eLicense.Ohio.gov
(/OH_HomePage)

Have a licensing question? Contact your licensing board or check their website. Help desk representatives are not trained to answer licensing questions.

Technical Support - Help desk representatives are available weekdays 8:00 AM to 5:00 PM to answer login or registration questions by calling (855) 405-5514.

Callers may experience extended wait times due to the high number of calls. If you're unable to wait for a representative, you can leave a call back number.
If you're experiencing technical issues with the eLicense website, make sure you are using Google Chrome or Mozilla Firefox as your browser.

License Look-Up

To look up an individual or a business, complete the information below and click 'Search'. The information requested will be available at the bottom of the screen. To access an individual or business record you can click on the link provided for each record.

Search INDIVIDUAL BUSINESS

Note: When searching for a license it is recommended to start by selecting the Board. Searches can be conducted by entering either the entire business name or a portion of the business name. Searches will return results that contain the business name search criteria. The entry of more search criteria will help to narrow down your search results.

Business Name

License Number

022104800

Doing Business As

City

State

---Select--

County

--None--

Board

--None--

License Type

--None--

SEARCH

Current date & time: **9/16/2022 12:49 PM**

Business Name	Board	License/Endorsement #	Type	Status	Sub Status	Sub Category	Board Action?	Street Address	City	State	County	Zip Code
Optum Infusion Services 550, LLC	Board of Pharmacy	022104800	Terminal - Pharmacy - Category 3	Active		SP – Specialty Pharmacy	No	7167 E. KEMPER RD	CINCINNATI	OH	Hamilton	45249

1

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

SUPPORT (OH_SUPPORTPAGE)

REGISTRATION GUIDE (/SERVLET/SERVLET.FILEDOWNLOAD?FILE=015T0000000UG2L)

CONTACT (OH_CONTACTUS)

PRIVACY NOTICE (OH_PRIVACYNOTICE)

WWW.OHIO.GOV (HTTP://WWW.OHIO.GOV)

GENERAL TERMS (OH_GENERALTERMS)

Optum

Attachment to Online Verification of License to be used as Official Verification of License

On page 2 of the Online Verification print-out for the Ohio Board of Pharmacy it states that "***Disclaimer:*** *The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards."*

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

262/525

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB8820537	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	05-03-2019

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB8820537	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	05-03-2019

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB8820537	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	05-03-2019

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 022104800

Optum Infusion Services 550, Llc

7167 E. Kemper Rd
Cincinnati, OH 45249
Hamilton County

Terminal - Pharmacy - Category 3

Compounding Inspection for Pharmacies

November 29, 2021

License 022104800 - Optum Infusion Services 550, Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Elizabeth Bond
Start 11/29/2021 7:49 AM
End 11/29/2021 4:39 PM

Organization

Name
Optum Infusion Services 550, Llc

License Type
Terminal - Pharmacy - Category 3

Category

License Number
022104800

Business Type
SP - Specialty Pharmacy

DEA Number
BB8820537

Responsible Person
Mark Robert Kestler, RPH

Hours of Operation
M-F: 8:30 AM- 5:30 PM; Closed Sat & Sun

Contact

Address
7167 E. Kemper Rd
Cincinnati, OH 45249
Hamilton County

Primary Number
(513) 792-7080

Fax Number
(513) 792-3838

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christopher Thomas Ball, RPH		Pharmacist	03228422	[redacted]	[redacted]@gmail.com
Alexander James Carter		Certified Pharmacy Technician	09308066	[redacted]	[redacted]@diplomat.is
Mark Robert Kestler, RPH		Pharmacist	03215192	[redacted]	[redacted]@diplomat.is
Rosa Maria Voyten, RPH		Pharmacist	03234248	[redacted]	[redacted]@gmail.com

1) General Operations and Information

1) Multiple inspection reports were generated during this inspection. A full report will include the following information:

No

Observation
This is a complete sterile compounding inspection conducted at the request of the licensee. The inspection will be used in renewing multiple out of state licenses. The inspection focused on sterile compounding, drug security, record keeping, controlled substance accountability, and overall pharmacy operations.

2) The pharmacy intends to use this inspection as part of the NABP Multistate Pharmacy Inspection Blueprint Program.

Yes

3) Ohio State Board of Pharmacy Personnel Present at Inspection Include:

Observation
Compliance Specialist Elizabeth Bond, RPh

4) Description of Business

Observation
The pharmacy is a closed door specialty pharmacy that provides both specialty and sterile compounded drug products. The specialty products are primarily for hemophilia, neurologic, GI, and immunodeficiency conditions. The sterile products are primarily TPNs for nutritional support. Only low and medium risk compounded sterile products are compounded at this location. The pharmacy services approximately 1700 patients with an approximate prescription volume of about 6,000 prescriptions per month. Staffing includes: 14 pharmacists, 13 technicians, and 5 support staff personnel.

5) Is the license current and on-site available for viewing at the time of inspection?

Yes

Observation
TDDD: 022104800 Exp: 03/31/2023
DEA Registration: BB8820537 Exp: 12-31-2022

6) The pharmacy is licensed in other states.

Yes

Observation
Optum Infusion Services is licensed in all 50 states.

7) The pharmacy is registered with the FDA as a repackager or 503B outsourcer?

No

8) The pharmacy is licensed as a wholesaler/outsourcing classification by the Ohio State Board of Pharmacy?

No

9) At all times a pharmacist provides supervision and control of dangerous drugs.

Yes

10) Pharmacy staff are properly credentialed and performing duties within their scope of practice.

Yes

11) What is the approximate breakdown of products dispensed by the pharmacy

Observation
CSPs: approximately 12% of total volume. Of the sterile compounded products, about 85% are TPNs.
Specialty products: approximately 88% of the total volume.

12) The pharmacy is appropriately staffed to conduct the practice of pharmacy in a safe and effective manner.

Yes

2) Security/Theft or Loss of Drugs

1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?

Yes

Observation
The building is a single story building with solid floors, walls, and ceilings. The site has four entrances/exits to the outside and four garage doors. The garage type doors can only be opened from inside the facility. The site is equipped with a total of 61 cameras and motion sensors monitoring the exterior and interior of the facility (including the parking lot). The building is equipped with an alarm system. The system is monitored via Dial One and leadership, as well as, local law enforcement are notified as necessary. The exterior doors are equipped with badge access and key back ups. Keys to the main entrance (non-pharmacy space) are in the possession of select individual employees and pharmacists. All visitors must sign in and have a photograph taken prior to entering the facility.
The pharmacy space is equipped with a separate alarm system. Only pharmacists have individual alarm codes. Access to a code is granted by corporate security and audited by pharmacy leadership. Cameras and motion sensors are located throughout. The alarm panels are equipped with a panic function. The doors to the pharmacy barricade are badge access and turn key back up. The keys are under the control of pharmacists only. The walls to the pharmacy barricade are solid to the roof. No issues were noted.

2) Dangerous drugs, exempt narcotics, hypodermics, poisons, D.E.A controlled substance order forms and records related to the practice of pharmacy are located inside the pharmacy barricade.

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

No

Observation
All records are stored on-site within the pharmacy barricade.

4) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

5) Drug Theft or Loss Statement

Observation
Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

3) Electronic Record Keeping Systems and Positive Identification

1) The pharmacy uses the following electronic record keeping system

Observation
The dispensing software is CPR Plus. It is accessed initially with a fingerprint (biometrics) followed by a unique username and password. The system has a 30 second lock out. The licensee is utilizing pen and ink signatures on end of day reports for positive identification. All dispensing records are scanned into the EMR after pen and ink signatures obtained. Optum nursing care completes patient assessments in CPR Plus and utilizes an electronic communication tool called CareLink to provide additional information to other specialties, including pharmacy.

2) Positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy is documented in accordance with OAC 4729-5-01.

Yes

Observation
Physician orders are received via fax and include pen and ink signature of the prescriber. Faxed orders are scanned into the EMR and electronically maintained. Observed scanned RX from Dr. Pinto for Jenelle Dormer dated July 2, 2021. Script manually signed by physician- no issues noted.

3) Additional findings regarding the pharmacies electronic record keeping system and/or positive identification include:

Observation
The licensee maintains paper records of temperature logs, controlled substance inventories, controlled prescriptions, and some drug invoices.

4) Controlled Substances

1) The facility maintains controlled substances on-site.

Yes

2) The facility compounds using controlled substances.

Observation
The site does minimal compounding with controlled substances including diazepam and methadone.

3) The facility orders controlled substances using the following methods:

Paper DEA 222 Forms

4) Executed DEA 222 forms are properly completed and filed.

Yes

Observation
Observed Form number 211597511- completed on 10/27/2021.

6) The facility maintains a record of all controlled substances received, dispensed, administered, sold or used.

Yes

7) The facility maintains a perpetual or running inventory of controlled substances on-hand.

Yes

8) Controlled substances awaiting destruction are maintained with appropriate security and control.

Yes

Observation
The site utilizes a reverse distributor for controlled substance destruction. Controlled substances awaiting destruction are stored in the narcotic cabinet.

9) Controlled substance destruction is conducted in accordance with OAC 4729-9-06.

Yes

Observation
The reverse distributor is Pharma Link.

10) The facility conducts a complete and accurate inventory of all controlled substances on-hand annually.

Yes

Observation
The inventory was completed on April 30, 2021. Observed inventory, completed by Rosa Voyten, RPh. Also observed an additional inventory dated October 11, 2021. This inventory was conducted due to name change on DEA Registration.

11) An audit of controlled substances was conducted during the inspection:

Observation
An audit was not conducted during the inspection. Appropriate records were reviewed with no issues noted.

12) Compounded patient specific prescriptions containing controlled substances are reported to OARRS daily.

Yes

Observation
If the patient is out of state, dispensings are reported as directed by the patient's home state's rules and regulations.

13) Compounded products sold/distributed non-patient specific are reported to OARRS monthly.

No

Observation
The licensee does not sell non-patient specific controlled substances.

14) Additional Findings regarding controlled substances include:

Observation
The licensee completes an audit of all controlled substances on a monthly basis. No discrepancies noted.

5.3) General Non-Sterile Compounding Information

7) Additional general information regarding non-sterile compounding includes:

Observation
The licensee does not perform non-sterile compounding.

6.1.1) *General Sterile Compounded Product Information

1) *The licensee reports they compound the following risk levels for sterile products:

Low Risk
Medium Risk

2) *The licensee compounds the following types of sterile products.

IV Fluids
Antibiotics
TPN
Body Cavity or Wound Irrigations

3) The pharmacy does not compound essential copies of commercially available drug products unless they are listed on the FDA Drug Shortage List, or documented as medically necessary by the prescriber.

Yes

4) *All CSP's are dispensed pursuant to a patient specific prescription?

Yes

5) Compounded products are distributed to prescribers as samples?

No

6) Does the pharmacy supply compounded products to other pharmacies through a central fill contract or agreement?

No

7) *The licensee maintains current compounding references.

Yes

Observation
LexiComp, Micromedex, Extended Stability for Parenteral Drugs, Clinical Pharmacology

6.1.2) Sterile Compounded Blood Products/Biologics/Sensitizing Agents

1) The licensee is performing compounding activities with blood-derived or biological material?

No

6.1.3) Allergen Extracts

1) The licensee prepares CSPs which are considered allergen extracts?

No

6.1.4) Radiopharmaceuticals

1) Does the licensee prepare CSPs which are considered radiopharmaceutials?

No

6.1.5) Sterile Compounding for Animals

1) The pharmacy sterile compounds animal products.

No

6.2) *Compounding Policies and Procedures

1) *The facility has a policy and procedure manual for sterile product compounding.

Yes

Observation
The policy and procedure manual is on-line and is a proprietary manual. It is updated and reviewed on a yearly basis. The approval and review dates are included on each policy. Reviewed policy number 9650, Medication and Supply, Packaging and Delivery Process (approved on 10/1/2021) and Cold Chain Packaging: 36 hr Strict Refrigeration (2-8 degrees C) Destination Temperature 53-91 degrees F. For sterile compounding, Compounding Sterile Preparations (number 9612) approval date 10/15/2021. No issues noted.

2) The policy and procedure manual contains written and properly approved SOPs designed to ensure the quality of the quality of the environment in which the CSP is prepared?

Yes

3) Observation of facility adherence to policies and procedures:

Yes

Observation
Observed Sterile Glove Donning Procedure (9515 E1) approved 6/21/2021 by Alex Carter (technician) with no issues noted.

4) Observation of facility adherence to policies and procedures:

Yes

Observation
Observed Alex Carter (technician) in appropriate PPE while compounding. No issues noted.

8) *The pharmacy has a plan in place to provide continued compounding services in the event the cleanroom fails environmental testing, as as a result must be closed for additional cleaning and re-certification.

Yes

Observation
The licensee would transfer the compounding to a sister location.

6.3) *Sterile Compounding Training

1) *The training program includes the following essential elements to safely compound sterile products.

Yes

2) *Compounding supervisors are adequately trained to supervise and/or verify staff training and compounding?

Yes

Observation
Observe competencies for Rosa Voyten, RPh completed by Mike Baker. Gowning and Garbing dated 8/13/2021, Hand Hygiene on 8/13/2021, Cleaning and Disinfecting dated 8/13/2021, Aseptic Practice Assessment dated 8/13/2021, Media Fill Skill Verification dated 7/30/2021 with no growth, Gloved Fingertip Sampling dated 7/30/2021, and didactic exam (Critical Point Sterile Compounding Modules) dated August 12, 2021. No issues noted.

3) Relief personnel from outside agencies performing sterile compounding are appropriately trained.

No

Observation
No agency staff utilized in sterile compounding.

4) *There is documentation that compounding staff have completed and passed a didactic compounding review and exam prior to compounding and annually/semiannually thereafter.

Yes

Observation
Critical Point Sterile Compounding Modules are utilized for the didactic portion of staff competencies. Observed completion for Brian Baker, RPh dated 4/23/2021 and Mike Baker (lead tech) dated 7/15/2021.

6) *There is documentation that compounding personnel have passed an annual/semi-annual gowning procedure and gloved fingertip sampling test.

Yes

Observation
Observed completion for Brian Baker, RPh dated 7/29/2021 and Mike Baker (lead tech) dated 7/29/2021.

7) *There is documentation that compounding personnel have passed a media fill test of appropriate breadth and depth prior to compounding and at least annually/semi-annually.

Yes

Observation
Observed completion for Brian Baker, RPh dated 7/29/2021 and Mike Baker (lead tech) dated 7/29/2021.

8) *There is documentation that compounding personnel who have failed gloved fingertip or media fill testing are prohibited from compounding until training is performed/reviewed, and subsequent testing is performed correctly.

No

Observation
Observed no failed testing

9) *There is documentation that compounding personnel have passed an initial and annual/semi-annual observational compounding skills assessment.

Yes

Observation
Observed completion for Brian Baker, RPh dated 7/29/2021 and Mike Baker (lead tech) dated 7/29/2021.

10) *There is documentation that compounding personnel have received training on the operation of any equipment that may be used when preparing compounded sterile products.

Yes

Observation
Observed completion for Mike Baker (lead tech) dated 7/29/2021.

6.4.1) *General Storage for Sterile Product Components

1) *Temperature monitoring of controlled room temperature drug storage areas is performed at least once daily.

Yes

Observation
Licensee performs temperature checks twice daily and documents results on paper logs with pen and ink signatures. Current temperature is 71 degrees F. Observed records for Aug, Sept, and Oct 2021. No issues noted.

2) *Temperature monitoring for refrigerated drug storage areas is performed at least once daily.

Yes

Observation
Licensee performs temperature checks twice daily and documents results on paper logs with pen and ink signatures. Current temperature is 40 degrees F. Observed records for Aug, Sept, and Oct 2021. No issues noted.

3) *Temperature monitoring for frozen drug storage areas is performed at least once daily.

Yes

Observation
Licensee performs temperature checks twice daily and documents results on paper logs with pen and ink signatures. Current temperature is -10 degrees F. Observed records for Aug, Sept, and Oct 2021. No issues noted.

4) The pharmacy has an action plan in place for temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.

Yes

Observation
Discussed excursion plan with licensee- no issues noted. Will relocate to another refrigerator within the facility if possible and then to another location if necessary.

5) *Expired components for compounding are segregated from drug stock, and properly destroyed.

Yes

Observation
A segregated area within the specialty drug area is dedicated to expired drug stock.

6) Additional findings regarding general storage and labeling for sterile product components includes:

Observation
Currently, Lab Alert is utilized as a continuous, electronic monitoring temperature system. The system alerts pharmacists (based on a call tree) via telephone of temperature excursions. Dial One also provides temperature alarms to the licensee. The site is also equipped with a large back up generator (powered via natural gas) for use in the event of a power outage. The site will begin transitioning to Optum's continuous, electronic monitoring system, IntelliCommand, next week. Once operational, IntelliCommand will replace Lab Alert.

6.4.2) *Active pharmaceutical Ingredients used in Sterile Compounding

1) Prior to compounding, personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality.

Yes

2) The pharmacy does not compound drugs for human use using ingredients which appear on the FDA list of drug products withdrawn or removed from the market for safety reasons.

Yes

3) *The pharmacy compounds preparations using bulk powder active pharmaceutical ingredients (APIs).

No

6.4.3) Single and Multiple-Dose Vials used in Sterile Compounding

1) Single-dose vials used more than one (1) time after puncture follow USP 797 standards.

Yes

2) Multiple-dose vials were observed stored outside of USP 797 and USP 51 standards.

Observation
If a MDV is used- it is used all at one time and only for one patient. The site does not store MDVs for use up to 28 days.

6.4.4) Sterile Compounded Stock Solutions

1) The pharmacy compounds stock solutions.

No

6.4.5) APIs for Animal Compounding

1) APIs or other components labeled for veterinary use only are segregated or identified to prevent use in human compounding.

No

6.5) *Sterile Compounding Environmental Certification, Sampling and Monitoring

1) *Certification of primary engineering controls and ISO classified spaces has been conducted every 6 months, and whenever a device or room is moved, or major work is done to the space, by a CETA Certified vendor.

Observation
Observed Steris certification dated 3-13-2021 and certification by Energy Plus Scientific dated September 28, 2021.

2) *The certification report includes information about the equipment used for performing calibration testing.

Yes

3) Compounding supervisors are familiar with certification requirements and interpretation of results.

Yes

4) *ISO spaces meet or exceed the required air changes per hour (ACPH).

Observation
ISO7 Cleanroom: 52 ACPH
ISO8 Ante-Room: 40 ACPH

5) *Air pattern analysis using smoke studies was performed under dynamic conditions.

Yes

6) *Particle generating equipment located in ante and buffer areas are actively used during certification processes.

Yes

7) *Differential air pressures between rooms was measured and recorded during certification.

Observation
The differential pressure measured from the clean/buffer room to the anteroom was 0.03 water column positive pressure.

The differential pressure measured from the anteroom and all adjacent spaces was 0.07 water column positive pressure.

Readings were taken when all doors were closed.

8) Air velocity from buffer rooms (or zones) to ante areas is at least 40 feet/minute.

Observation
PECs:
609- 92 FMP
112- 92 FPM
614- 95 FPM
516- 97 FPM
817- 88 FPM

9) *Certification included the measurement of particle counts 0.5um and larger under dynamic conditions.

Observation
Ante Room: Range 7,170 to 13,390
Cleanroom: Range 0 to 26,365

10) *HEPA filters were leak tested.

Yes

Observation
All HEPA filters

11) *Viable air sampling has been conducted no less than every 6 months in each PEC, in all compounding rooms, and whenever a device or room is relocated or altered, or if major service to the facility was performed.

Observation
Observed viable results (air and surface) dated 9-28-21 and reported on 10-12-21. Additionally, the pharmacy conducts in-house air sampling quarterly.

12) *Viable air samples were collected in appropriate locations, on appropriate growth media, and incubated for an appropriate interval.

Yes

Observation
Licensee has a testing air and surface sampling plan for desired test locations including 10 air samplings and twenty surface samplings. Energy Plus Scientific (EPS) is a new testing company to Optum- this is the first certification at this location. EPS did not follow the provided map and only tested 8 air and 8 surface locations.

13) *Viable air samples did not exceed USP action levels.

Observation
Air sampling exceeded action levels in two locations- one in the Buffer Room and one in the Anteroom. All PEC air samples showed zero growth.
Retesting was completed per policy on 10-20-21 and reported on 10-29-21. Retesting showed zero growth.

14) *Surface sampling has been conducted periodically according to the pharmacy surface sampling plan.

Observation
Additionally, the pharmacy conducts surface sampling in-house on a monthly basis. If a positive result is obtained, the plates are sent to Chattanooga Labs for identification.

15) *Surface samples did not exceed USP action levels.

Yes

16) *Compounding operations are suspended if mold, yeast, coagulase positive staphylococcus or gram negative rods are detected in the PEC.

Yes

Observation
All PEC testing showed zero growth.

17) Document CAI or CACI manufacturers provided the licensee with written documentation based on validated environmental testing that any components of personal protective equipment or cleansing is not required during compounding.

19) Additional findings regarding the sterile compounding environmental certification include:

Observation
Observed remediation plan for the positive growth results. Site cleaned twice and retested. Preventative action will include observation of the testing technician for appropriate garbing and cleaning of the air sampler and validation of anteroom cleaning procedures including allowing the cleaning solution to dwell in the sink.

6.6) Sterile Compounding Equipment Certification and Calibration

1) Appropriate equipment and utensils are available, clean, and in good working order.

Yes

2) *Types of equipment/compounding devices utilized include:

Incubators
Automated Compounding Devices
Repeater Pumps
Balances

Observation
Maintenance for incubators includes confirmation of correct functioning, including control of gas levels, temperature mapping of empty and simulated load chambers and alarm functioning.

Maintenance for automated compounding devices involves programming the ACD to deliver a specific volume to a volumetric device. The volume delivered should be accurately represented on the volumetric device (and/or) weight accuracy; If sterile water (assuming relative density of water is 1.0) the weight of the water in grams should equal the volume of water measured. Tubing is changed daily.

Maintenance for repeater pumps involves programming the pump to deliver a specific volume to a volumetric device. The volume delivered should be accurately represented on the volumetric device (and/or) weight accuracy; If sterile water (assuming relative density of water is 1.0) the weight of the water in grams should equal the volume of water measured.

Balance maintenance includes internal calibration per manufacturer instructions. Performance check after auto-calibration. Weigh known weights individually, shall be within 0.1% of actual mass value of the individual weight. Drift test uses one weight weighted 10 times (sometimes over several days) variation of observed weights from the mean shall not exceed +/- 0.2mg. Calibrate daily, after any maintenance, and after relocation of or failure of balance.

3) *The pharmacy maintains documentation of calibration and maintenance of equipment/compounding devices?

Yes

Observation
Observed documentation of repeater pump #2 calibrations from April 2021 to November 2021; repeater pump #1 from Aug to November of 2021. APEX calibration reports are electronic and printed on a monthly basis.

4) *Environmental monitoring equipment and gauges are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines, and calibration is documented.

Yes

Observation
Completed with PEC and room recertifications.

6.7.1) *General Sterile Environment

1) *Sterile Compounding is performed in a separate and distinct compounding area.

Yes

2) *Surfaces of sterile product compounding area are resistant to disinfectants, non-permeable, and low particulate generating.

Yes

3) *Walls are painted with epoxy based paint or other impermeable surface, and are seamless or have sealed seams.

Yes

4) *Ceiling tiles and light fixtures are impervious, smooth, mounted flush and sealed.

Yes

5) *Floors are overlaid with wide sheet flooring with seamless or heat welded seams and coving.

Yes

6) *Compounding areas do not contain dust collecting overhangs.

Yes

7) *HEPA filtered air is introduced though ducts in the ceiling and returns are located low on walls.

Yes

8) *ISO room which are completely enclosed are equipped with monitors/gauges to measure differential pressure.

Yes

Observation
Licensee performs pressure checks daily and documents results on paper logs with pen and ink signatures. Current pressure is 0.02 wc in the ante room and 0.07 wc in the cleanroom. Observed logs from Aug, Sept, and Oct 2021 with no issues noted.

9) *Pressures are continuously monitored and a plan is in place to detect and react to pressure differentials outside acceptable limits.

Yes

Observation
Observed pressure differential logs from Aug, Sept, and Oct 2021.

10) If the clean/buffer room and anteroom are not fully enclosed, and the air flow is measured across the opening and recorded continuously or at a minimum each shift.

No

11) *Temperatures of the compounding areas are controlled by a thermostat, with appropriate air-conditioning systems in place.

Yes

12) Temperature monitoring of the compounding is in place to detect any excursions.

Yes

13) Humidity of the compounding area is maintained to provide humidity within the specified ranges.

Yes

Observation
Licensee performs humidity checks twice daily and documents results on paper logs with pen and ink signatures. Current humidity is 30% in the ante-room. No issues noted.

14) Doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being opened at the same time.

Yes

Observation
This is accomplished via staff training and badge access only admittance from the pharmacy into the ante room.

15) The inside and outside doors of a pass-through are prevented from both being open at the same time.

Yes

Observation
The pass-throughs are equipped with interlocking doors.

6.7.2) *Sterile Compounding Ante-Area

1) *A working sink is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PECs.

Yes

2) Hand drying is with non-linting paper towels, or an electronic HEPA filetered hand dryer.

Yes

3) Pre-sterilization procedures for high risk level CSPs are performed in no worse than an ISO 8 environment.

No

6.7.3) *Cleanrooms for Sterile Compounding

1) *The licensee maintains the following primary engineering control devices.

Laminar Air Flow Hoods (LAFW)

Observation
The site has five PECs.

2) *The buffer/clean room (ISO 7) space does not contain sinks or drains.

Yes

3) Primary engineering controls are located out of traffic flow and avoid disruption from the HVAC system.

Yes

4) *Only appropriate furniture, equipment, supplies and other material required for compounding is located in the clean room.

Yes

5) *Clean room provides adequate windows/observational space for compounding supervision.

Yes

6) *Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than 8 hours.

Yes

6.7.4) *Isolators for Sterile Compounding

8) Additional findings regarding isolators used for sterile compounding include:

Observation
The site does not utilize isolators for sterile compounding.

6.7.5) *Sterile Low Risk 12 Hour BUD Compounding Spaces

1) *PECs not located in an ISO 7 clean/buffer room have been certified to maintain ISO 5 during compounding activities.

No

2) *PECs not located in an ISO 7 clean/buffer room are used for only low-risk compounded preparations with a 12 hour or less BUD assigned.

No

3) PECs not located in ISO 7 clean/buffer rooms are located in segregated areas maintained under sanitary conditions.

No

4) PECs not located in an ISO 7 clean/buffer room have a sink separated from the immediate area of the ISO 5 workbench.

No

5) *Personnel compounding in PECs not located in ISO 7 spaces gown/garb in accordance with standard procedures.

No

6.8) *Sterile Compounding Environment Cleaning

1) *Personnel cleaning compounding areas follow proper garbing procedures.

Yes

2) Personnel cleaning compounding areas correctly prepare concentrations of disinfectant solutions according to manufacturer's instructions.

No

3) Cleaning equipment and solutions are appropriate and labeled to prevent inappropriate use.

Yes

Observation
All cleaning solutions are RTU.

4) Procedures are in place to rinse and sanitize cleaning tools which are re-used.

Yes

Observation
Observed tools stored in the ISO areas. Mop heads are disposable, single use products.

5) *Cleaning agents effective for bacteria, viruses, fungi and spores are used in the appropriate order and for the appropriate dwell times.

Yes

Observation
TBI 3300 (sporicidal, sterile EPA registered one-step product) and Peridox are utilized at this location. The site also uses sterile alcohol.

6) *All ISO 5 PECs are cleaned at the beginning of each shift, between compounding activities, and at least every 30 minutes while compounding, and after spills or suspected surface contamination.

Yes

7) *The pharmacy has documentation that counters, easily cleanable work surfaces, and floors are cleaned and disinfected daily.

Yes

Observation
Observed cleaning logs from July 2021 to November 2021 with no issues noted.

8) Fatigue mats are cleaned daily and/or there is a procedure to replace tacky mats routinely.

No

9) *Monthly cleaning includes cleaning and disinfecting of walls, ceilings and shelving in the buffer/clean room and in the ante-room.

Yes

Observation
Observed cleaning logs from July 2021 to November 2021 with no issues noted.

6.9.1) General Requirements of Compounding Personnel- observed

1) Entry to compounding areas is limited to authorized staff only.

Yes

2) Compounding personnel were observed free of rashes, burns, sunburn, weeping sores, conjunctivitis or active respiratory infections.

Yes

3) Compounding personnel were observed free of personal outer garments, cosmetics, visible jewelry and artificial nails/nail polish.

Yes

4) *No food, drink or inappropriate materials were observed in ante-areas, buffer areas, or segregated compounding areas.

Yes

6.9.2) *Sterile Environment Ante-Room Observation

1) *There is a clear line of demarcation between the dirty and clean side of the ante-room.

Yes

3) *Compounding personnel were observed donning all required personal protective equipment, in the correct order and replacing personal protective equipment when appropriate.

Personal items such as sweaters, coats, hats etc. were removed prior to entering the ante-area.

Head and facial hair covers and masks were donned prior to crossing the line of demarcation

Shoe covers were donned while crossing the line of demarcation, and the dedicated shoe cover never touched the dirty side of the line of demarcation.

Face masks and eye shields were donned after crossing the line of demarcation

Hand cleansing procedures were performed

Hands and forearms were dried using a lint-free disposable towel or an electronic hand dryer

A nonshedding gown with sleeves that fit snugly around the wrist and enclosed at the neck was donned.

4) *Personnel do not enter the ante-room and cross the line of demarcation without donning shoe covers or dedicated shoes.

Yes

Observation
The licensee utilizes dedicated cleanroom shoes and shoe covers.

5) Packaged compounding supplies and components were observed cleaned with a disinfectant in ISO Class 8 air or better?

Yes

6) Compounding personnel performing high-risk compounding mix and weigh non-sterile ingredients while donning proper garb and personal protective equipment.

No

6.9.3) *Sterile Environment Cleanroom Observation

1) *Personnel enter the clean room properly garbed from the ante room and immediately complete aseptic hand cleansing using alcohol-based surgical hand scrubs with persistent activity.

Yes

2) *Sterile gloves are donned after personnel complete aseptic hand sanitizing.

Yes

Observation
Observed with no issues noted.

3) *Disinfection of contaminated gloved hands is accomplished by wiping/rubbing sterile 70% isopropyl alcohol to all contact surfaces and letting the gloved hands dry thoroughly.

Yes

4) *Compounding personnel were observed routinely applying sterile 70% isopropyl alcohol throughout the compounding process and whenever non-sterile surfaces were touched.

Yes

5) The compounder routinely inspected gloves and immediately replaced them if tears, holes, punctures were detected.

Yes

6) Persons exiting the compounding area during a work shift retain their exterior gown for re-donning during the same work shift.

Yes

7) Particle shedding materials were not observed in the buffer area.

Yes

8) Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing.

Yes

9) Vials and ampules were observed sanitized with sterile 70% IPA prior to introduction of a needle/spike.

Yes

10) Observed open ampules in the ISO Class 5 environment.

No

11) *Observations or concerns with compounding staff handling of first air in the primary engineering control included:

Observation
Observed Alex Carter compounding multiple TPN bags for one patient with no issues noted. He worked appropriately within the DCA, didn't obstruct first air, frequently sanitized gloves, deck of the PEC and vial tops. Alex did a great jog- no issues noted.

7.3) Hazardous Drug Compounding

1) *Does the licensee prepare hazardous drugs as CSPs?

No

2) *Does the licensee have a negative pressure room?

Yes

Observation
The negative pressure room is currently decommissioned and not in use.

8) *Record Keeping For Compounding

1) The pharmacy maintains a record of all drugs purchased.

Yes

2) Records are readily retrievable within a seventy-two hour period.

Yes

Observation
Paper drug invoices are stored on-site.

3) The pharmacy maintains a record of all compounds dispensed.

Yes

4) The pharmacy maintains records related to the compounding of drugs, other than dispensing.

Yes

5) *The pharmacy maintains records of all drugs compounded.

Yes

Observation
Observed TPN records and label for June Ducharme dated 11/8/2021. No issues noted.

6) Records provide accountability to ensure patients do not receive more drugs than intended by the prescriber.

Yes

13) Patient Counseling

1) Patient counseling is offered for all new and refill prescriptions dispensed to patients not residing in an institutional facility.

Yes

Observation
Licensee contacts patients via telephone with any prescription changes or necessary drug information. The licensee also provides patients with a telephone number to contact a pharmacist with any questions or concerns.

2) An offer to counsel is made by telephone or in writing on a separate document accompanying a prescriptions if the patient or caregiver is not present when the prescription is picked-up/delivered.

Yes

Observation
The licensee provides a written offer to counsel with every prescription. Telephone service is provided free of charge on a 24/7 basis.

3) Does the pharmacy provide caregiver training materials to patients?

Yes

Observation
Nursing primarily educates the patient on drug administration, however pharmacy provides written patient training materials and reinforces education via telephone.

4) Patients are instructed on the signs of product instability or contamination, and to report any changes in the physical characteristics of the product to the pharmacy.

Yes

5) Is initial and on-going training provided to home-care patients?

Yes

14) Product Shipment and Delivery

1) The facility delivers compounded products to locations within the same institution.

No

2) The facility delivers compounded products to locations outside the facility.

Yes

3) If CSPs are shipped outside the facility, is the procedure appropriate?

Yes

Observation
Drugs are shipped according to shipping standards and policies directly to patient homes. Reviewed policy number 9650, Medication and Supply, Packaging and Delivery Process (approved on 10/1/2021). The delivery personnel are employed by the pharmacy. Gel packs are used for cold shipping. The packaging specifics are detailed in the seasonal (winter/summer) pack out guides to ensure the integrity of the CSPs until they are received by the patient. No issues noted.

4) If the licensee transports CSPs through the pneumatic tube system, are foam padding and/or inserts used to cushion certain CSPs?

No

5) Does the licensee attach tubing sets to CSPs?

Yes

Observation
CSPs are only primed/tubing attached if the patient requests this service.

6) Does the licensee add a tamper-evident closure or seal to CSP ports?

Yes

Observation
The CSP ports are sealed with foil seals and the packaging is sealed with tamper evident tape.

15) Pick-up Station

1) Sales, shipping, mailing and delivering of dangerous drugs that are compounded or used for the purpose of compounding are provided to locations licensed as terminal distributors of dangerous drugs.

No

2) The pharmacy delivers patient specific compounded medications to a pick-up station.

No

3) The pharmacy receives patient specific prescriptions from a pick-up station.

No

16) Quality Assurance and Recall Procedures for Sterile, Non-Sterile and Hazardous Compounding

1) Does the licensee have a formal QA program for monitoring, evaluating, correcting and improving the activities and processes for CSPs?

Yes

Observation
The facility utilizes a Quality Action Team (QAT) for peer review. The team meets monthly (2nd Tuesday of each month) and minutes are maintained. The team addresses incident reports from a variety of errors and potential errors, and focuses on those identified as reaching a patient. The errors are investigated and processes and policies are reviewed and updated/changes as necessary.

2) Does the QA program include a recall method?

Yes

3) Has the licensee recalled any CSPs due to contamination?

No

17) Error in Dispensing

1) How are dispensing errors being documented by the pharmacy?

Errors are documented as an electronic report (Document observations)

2) Have the frequency of errors caused a standard of practice issue for the pharmacy with a pharmacist or the pharmacy as a whole?

No

3) Has the pharmacy experienced any drug losses due to dispensing errors?

No

4) Has a dispensing error occurred in the pharmacy?

No

18) Records Request

1) Requested Records

Observation
No records were requested during this inspection.
For Information Only:
The pharmacy is to produce, within three (3) business days (in a mutually acceptable format), any records of accountability or dispensing, to the Board of Pharmacy upon request. Cut and paste this language into the observation section of your records request, and document what is .

(C) Records relating to the practice of pharmacy, the administration of drugs, or any patient specific drug transaction which may be required as evidence of a violation shall be released, upon request, to a member, inspector, agent, or investigator of the state board of pharmacy or any state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug. Such person shall furnish a receipt to the person having legal custody of the records. If the record is a prescription, the receipt shall list the following information:

(1) Prescription identification number; or, if an order for medication, the name of the patient;
(2) The drugs prescribed or ordered;
(3) Quantity of drugs prescribed, dispensed, administered or personally furnished;
(4) Name of the prescriber;
(5) Date, name of agency, and signature of person removing the records.

20) Inspection Affirmation

1) Inspection Affirmation

Observation
As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Mark Robert Kestler, RPH 

(signature)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Optum Infusion Services 550, LLC

Pharmacy/Wholesaler License # (if applicable): PH02195

Physical Address: 7167 E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 513-792-7080 Website: specialty.optumrx.com/infusion

Licensing Company Email: ORxpharmlic@optum.com

Section 2: Personal Information

First: Brendon Middle: A Last: Kestler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Telephone: [redacted] Email: BKestler@optum.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/I

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
James L Winkle College of Pharmacy (University of Cincinnati)		08/13-04/17	
Address	**City**	**State**	**Zip**
3255 Eden Ave (161 Kowalewski Hall)	Cincinnati	OH	45229
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati (College of Arts and Sciences)		08/10-05/13	
Address	**City**	**State**	**Zip**
2700 Campus Way	Cincinnati	OH	1;;219
Diploma/Degree obtained, if any			
Neuroscience (Biology)			

School Name		From - To (MM/YY – MM/YY)	
Trine University		08/09-04/1 0	
Address	**City**	**State**	**Zip**
1 Universtiy Ave.	Angola	IN	46703
Diploma/Degree obtained, if any			
Transferred to Cincinnati			

School Name		From - To (MM/YY – MM/YY)	
Lakota West High School		08/06-05/09	
Address	**City**	**State**	**Zip**
8940 Union Centre Blvd	West Chester	OH	45069
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13- current	[redacted] Moatbridge Court	West Chester	OH	45069
06/11-06/13	[redacted] Stratford Ave	Cincinnati	OH	45219

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Optum Infusion Services 550, LLC			06/17 - current
Business Address	**City**	**State**	**Zip**
7167 E Kemper Rd	Cincinnati	OH	45249
Phone	**Title**	**Number of Employed Hours**	
513-792-7080	Clinical Pharmacist	9360	
Description of Duties			
Perform clinical and dispensing duties relating to patient clinical service; including proper documentation.			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Staff Pharmacist			06/17-04/19
Business Address	**City**	**State**	**Zip**
7804 Cincinnati Dayton Rd (Floater)	West Chester	OH	45069
Phone	**Title**	**Number of Employed Hours**	
513-779-8302	Staff/Floater Pharmacist	750	
Description of Duties			
Perform clinical and dispensing duties.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8-19-22
Date

I, Brendon A. Kestler, **certify that as the designated representative for**

Optum Infusion Services 550, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brendon Kestler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-19-22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brendon Kestler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-19-22

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Hamilton

I, Brendon A. Kestler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-25-22

Date

Subscribed and Sworn to before me this 25th day of August, 2022

Albert D. Ranz

Notary Public Signature

ALBERT D. RANZ, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration
date, Section 147.03 O.R.C.

(Seal)

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	■ Non-sterile Compounding
	☐ Location Change *	☐ Internet	■ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 02259		■ Other: Veterinary Only.

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Roadrunner Pharmacy, LLC

Physical Address: 711 East Carefree Hwy., Ste. 140

City: Phoenix State: AZ Zip: 85085

Mailing Address (if different from physical address): Same as Physical Address.

City: _____ State: _____ Zip: _____

Telephone: 877-518-4589 Toll Free # (NAC 639.708, NRS 639.23286): 877-518-4589

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Lee Martin ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22150 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Lee Martin	NV Pharmacist Registration #: 22150
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RXLicesing@covetrus.com

Contact Person Name: Matthew Malenfant

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Roadrunner Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lee Martin

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

09/06/2022

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lee Martin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Roadrunner Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 6th day of September, 2022

Notary Public

SUMMER ROPER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 603552
Expires April 30, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Lee Martin Pharmacist Registration #: 22150

Pharmacy Name: Roadrunner Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

LM — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LM — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LM — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LM — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LM — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LM RPh — Original signature of Managing Pharmacist (copies or stamps not accepted)

09/06/2022 — Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Martin

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

09/06/2022

Date

Board Use Only	Date Received: 9-8-22	Amount: 500.00 CC ✓



Roadrunner Pharmacy, LLC.
711 East Carefree Hwy., Ste. 140
Phoenix, AZ 85085
877-518-4589

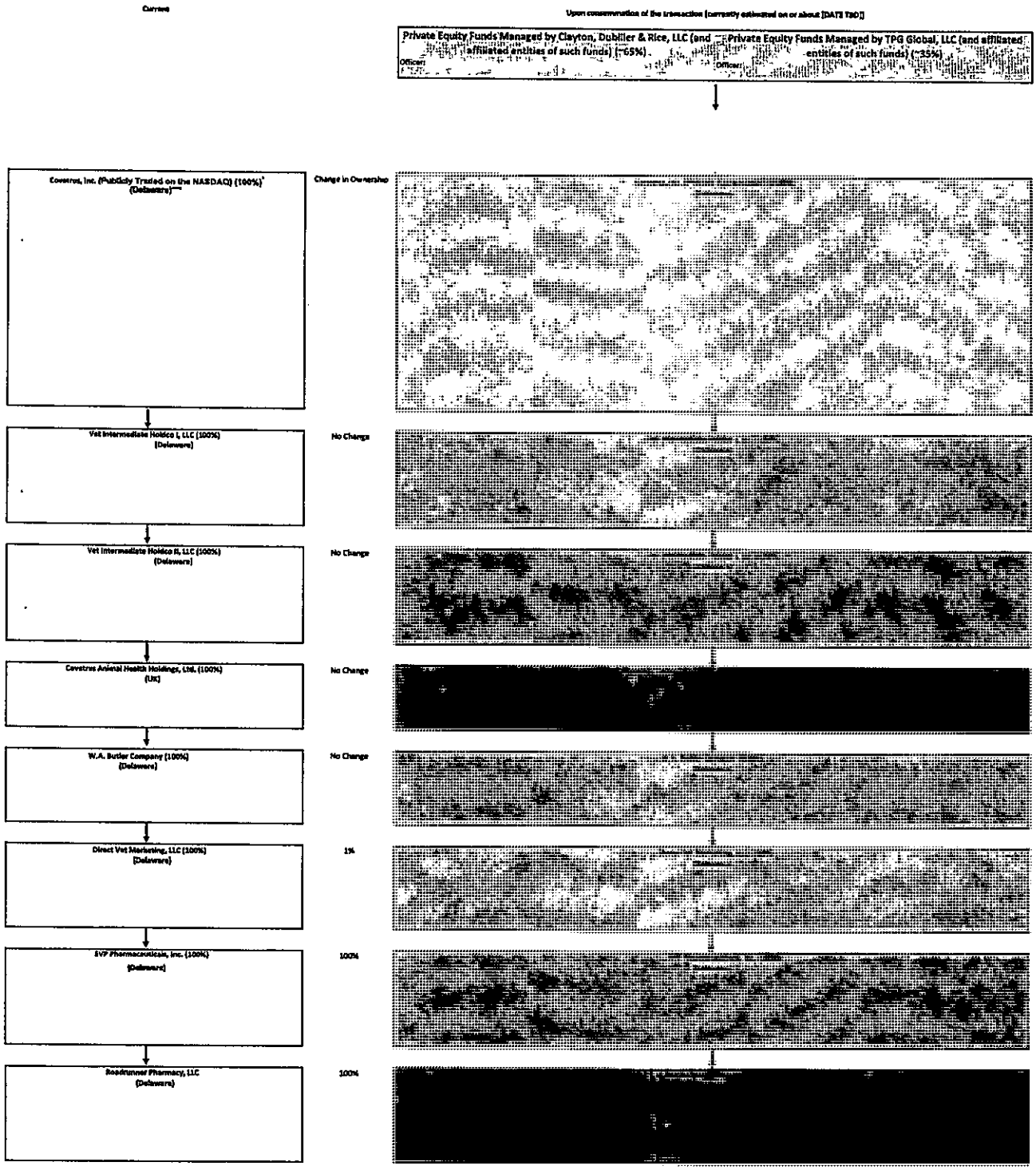
Roadrunner Pharmacy, LLC
List of Officers

Georgia Wraight
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Matthew Foulston
Title: Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Covetrus North America , LLC Business Organizational Structure



* Currently, private equity funds managed by Clayton, Dubilier & Rice, LLC (and affiliated entities of such funds) own approximately 34.2% of the outstanding shares of Covetrus, Inc.'s common stock and will continue as indirect owners of Covetrus, Inc. following the consummation of the transaction.

** Note that in preparation of the consummation of the transaction, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown on this organizational structure chart).

***EIN of all entities listed will remain the same.

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ROADRUNNER PHARMACY, LLC

ACC file number: 23317183

was incorporated under the laws of the State of Arizona on 01/07/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **08/29/2022**

Matthew Neubert, Executive Director

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR8419067	04-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-17-2022

ROADRUNNER PHARMACY, INC.
711 E CAREFREE HWY STE 140
PHOENIX, AZ 850850105

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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ROADRUNNER PHARMACY, INC.
711 E CAREFREE HWY STE 140
PHOENIX, AZ 850850105

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Roadrunner Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH02259

Physical Address: 711 East Carefree Hwy., Ste. 140

City: Phoenix State: AZ Zip: 85085

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 877-518-4589 Toll Free # (NAC 639.708, NRS 639.23286): 877-518-4589

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Lee Martin

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22150

Name of Person with direct knowledge of compounding procedures: Lee Martin

Email of Person with direct knowledge of compounding procedures: lee.martin@covetrus.com

Telephone of Person with direct knowledge of compounding procedures: 877-518-4589

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☒ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
See list attached

4. Will you be utilizing beyond use dates in excess of USP-797? ☒ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
Current testing includes:
Container closure at day 0, 180
Visualization, Identification, packaging intact, potency at day 30, 60, 120, 150, 180
Evaluation of Organoleptic properties, chemical properties including degradation over time, container closure system properties and sterility.
Method validation summary.
Evaluation of sterility by validation of filter choice for the product with integrity testing through the forward flow bubble point procedure after batch production for all sterile products using sterilization by filtration.
Endotoxin testing for sterile injectables.

6. What laboratory performs this additional testing?
Name: Covetrus North America, LLC
Address: 2401 West Grandview Road, Ste. 500
City: Phoenix State: AZ Zip: 85023
Telephone: 877-518-4589, Ext.17727

7. What is your procedure for visual inspection of compounded sterile products?
Hold the vial in front of the white background, gently swirl the vial and inspect for descending or floating particulates Check vial closure for defects. Verify fill level is correct. Gently turn the vial upside down and check for any descending or floating particulates. Inspect bottom of container for cracks or damage Avoid vigorous swirling, air bubbles will rise to the top and do not require rejection if present. Total time of inspection in front of white background must be at least 5 seconds. Hold vial in front of the black background, gently swirl the vial and inspect for descending or floating particulates Gently turn the vial upside down and check for descending or floating particulates.Total time of inspection in front of black background must be at least 5 seconds. If vial leaks, has potentially catastrophic container imperfections, or contains visible particulates, it must be rejected and disposed of.

8. How often do you perform glove fingertip and medial fill testing?

Every six months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

When gloved fingertip sample results exceed action levels,a review of hand hygiene and garbing procedures as well as glove and surface disinfection procedures and work practices are performed and documented.
If a media fill test fails then a repeat media fill will be performed with assessment of compounding technicians technique during media fill process.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Please see attachments;
Sterile Compounding Training and Competency Program Policy
Sterile Compounding Training and Competency Program Procedure
Sterile Compounding Training Itinerary

All pharmacists and compounding technicians involved in sterile compounding must also take a certification course called "Sterile Compounding and Aseptic Technique" through Austin Community College.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

PEC-Each day of use at the beginning of each work shift, before each batch preparation, every 30 minutes during continuous compounding, when spills occur, and when surface contamination is known or suspected.
Counters and easily cleanable work surfaces and floors daily.
Walls, Ceilings, Storage shelving monthly.
Cleaning, disinfectant, sporacidal and deactivation/decontamination products;
Peridox
Hypo-Chlor 0.52%
Decon-Spore 200 Plus
Sterile Isopropyl Alcohol 70%

12. Who performs the sterile compounding process at your facility?

Pharmacists and Certified Pharmacy Technicians.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Lee Martin Pharmacist In Charge
Michael Martinez Sterile Compounding Pharmacist Supervisor

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Please see attachment:
Shipping Integrity Procedure

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

BSC

2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☑ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☑ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☑ No

7. If yes, list the name of the device:

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Included with every shipment is a Medication Guide printed from Plumb's Veterinary Drug Handbook, as well as appropriate auxiliary labels.
Please see attached photos of labels for sterile products.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Please see attached SOPs:
Sterile Compounding Training Itinerary (See Attachments for Section 2, 10.)
Sterile Compounding Training and Compentency Program Policy (See Attachments for Section 2, 10.)
Sterile Compounding Training and Compentency Program Procedure (See Attachments for Section 2, 10.)
HD Compounding Training and Competency Assessment

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

Please see attached list. All sterile products compounded are high risk.

2. What sterilization methods are utilized at your facility?

Filtration sterilization and sterilization by steam heat.

3. Does your facility utilize biological indicators? ☒ Yes ☐ No

4. If yes, describe how they are utilized:

The biological indicator is placed inside the autoclave with each sterilization cycle. Results are interpreted 24 hours later to validate the cycle.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Martin

Name of Person who Completed the Form

Pharmacist in Charge

Title

RPh

Signature (copies or stamps not accepted)

09/06/2022

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

I. PURPOSE AND SCOPE

The pharmacy will establish and implement requirements for all sterile compounding pharmacy personnel to receive training and/or education to competently perform the required client/patient and veterinarian service activities prior to being assigned to work independently.

II. RESPONSIBILITIES

Role	Responsibility
VP of Pharmacy Operations	Ensures the Pharmacist in Charge (PIC) is trained in this policy.
Pharmacist in Charge (PIC)	Ensures all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently and receive training and assessments on a continual basis.
Pharmacy Manager(s) / Supervisor(s)	Assumes the role of the PIC in their absence.
Operations Management	In conjunction with the PIC, ensures all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently, and receive training and assessments on a continual basis.
Pharmacy Compliance Coordinator (PCC) or Designee	Adheres to this policy.
Pharmacy Trainer	Adheres to this policy.
Pharmacist(s) & Pharmacy Technician(s)	Adhere to this policy.

III. DEFINITIONS

Term	Definition
Client	Animal owner.
Designated Person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel. These individuals must have the training, experience, responsibility, and authority to serve in this role.
Patient	Animal
Sterile Compounding Pharmacy Personnel	Pharmacist(s) and pharmacy technician(s) who have received training and/or education to competently perform assigned work in sterile compounding areas.
Veterinarian	Clinic partner or prescriber.

IV. POLICY

1. The pharmacy must define the minimum education and training, licensure, certification, experience, and the minimum competencies required for each service offered.
    A. Sterile compounding pharmacist(s).
    B. Sterile compounding pharmacy technician(s).

2. Designated person(s) must be identified to oversee a training and competency assessment program. Those roles that serve as the designated person(s) must be identified.
3. The training and competency assessment program must describe:
    A. Required training and competency assessments,
    B. Frequency of training and competency assessments,
        i. Frequency of training and competency assessments must be consistent with the risk level of the compounding being performed.
    C. Process for evaluating the competency of personnel,
    D. Documentation of training and competency assessments,
    E. Requirements for competency assessments that are not satisfactory.

V. REFERENCES

1. Sterile Compounding Training & Competency Program Procedure
2. Training & Competency Program Matrix
3. Training & Competency on New Tasks Policy
4. Training & Competency on New Tasks Procedure
5. Relates to PCAB Sterile Compounding Standard, TCRX3-B, ACHC Accreditation Standards current version
6. USP Compounding Compendium, Chapter 797 current versions

VI. VERSION HISTORY

Version	Version Date	Change Details	Prepared By
AA	05/05/2021	New unified policy.	Erin Bonham

covetrus	Sterile Compounding Training & Competency Program Procedure	Page 1 of 8

I. PURPOSE AND SCOPE

This procedure outlines how the pharmacy ensures that sterile compounding pharmacy personnel receive training and/or education to competently perform the required client/patient and veterinarian service activities prior to being assigned to work independently.

II. RESPONSIBILITIES

Role	Responsibility
VP of Pharmacy Operations	Ensures the Pharmacist in Charge (PIC) is trained in this procedure.
Pharmacist in Charge (PIC)	Ensures all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently and receive training and assessments on a continual basis.
Pharmacy Manager(s) / Supervisor(s)	Assumes the role of the PIC in their absence.
Operations Management	In conjunction with the PIC, ensures all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently, and receive training and assessments on a continual basis.
Pharmacy Compliance Coordinator (PCC) or Designee	Adheres to this procedure.
Pharmacy Trainer	Adheres to this procedure.
Pharmacist(s) & Pharmacy Technician(s)	Adhere to this procedure.

III. DEFINITIONS

Term	Definition
Apyrogenicity	The lack of pyrogens. Pyrogens are materials that cause a rise in temperature when administered to humans or animals (e.g. fever). Pyrogens can include endotoxins.
Aseptic Technique	A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum.
Cleaning	The process of removing soil (e.g., organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Client	Animal owner.
Colony Forming Unit (CFU)	A unit used to estimate the concentration of microorganisms in a test sample.
Competent	Adequately performing a skill, task, or procedure for which an evaluation has been documented.

Term	Definition
Compounding Record (CR)	Documents the compounding of each preparation. Documents the actual ingredients in a preparation, the person(s) responsible for compounding, the process used in preparing the compound, and the Pharmacist approving the finished preparation.
Designated Person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel. These individuals must have the training, experience, responsibility, and authority to serve in this role.
Disinfection	The process of inhibiting or destroying microorganisms
Doff	To remove personal protective equipment (PPE).
Don	To put on personal protective equipment (PPE).
Exempli Gratia (e.g.)	For example.
First Air	The air exiting the HEPA filter in a unidirectional air stream that is essentially particle free.
Hazardous Drug (HD)	Any drug identified by at least one of the following criteria: 1. Carcinogenicity, teratogenicity, or developmental toxicity 2. Reproductive toxicity in humans 3. Organ toxicity at low dose in humans or animals 4. Genotoxicity or new drugs that mimic existing HDs in structure or toxicity
High Efficiency Particulate Air Filtration (HEPA)	An extended medium, dry type filter in a rigid frame, having a minimum particle collection efficiency of 99.97% for particles with a mass median diameter of 0.3 µm when tested at a rated airflow in accordance with MIL STD 282 using IEST Recommended Standard RP-CC001.5.
ISO Class	An air quality classification from the International Organization for Standardization.
Master Formulation Record (MFR)	Record created prior to compounding a preparation for the first time. This record is followed each time a preparation is compounded to ensure consistency in the preparation.
Occupational Safety and Health Organization (OSHA)	Is an agency of the United States Department of Labor created to ensure safe and healthful working conditions for working men and women by setting and enforcing standards by providing training, outreach, education, and assistance.
Patient	Animal
Pharmacy Compounding Accreditation Board (PCAB)	In combination with the pharmacy's commitment to continuous compliance, reduces the risk associated with compounding medications and demonstrates a commitment to meeting the highest industry standards for quality and safety. Is a service of the Accreditation Commission for Health Care (ACHC).
Primary Engineering Control (PEC)	A device or zone that provides an ISO Class 5 air quality environment for sterile compounding.
Quality Control (QC)	The sampling, testing, and documentation of results that, taken together, ensure that specifications or acceptance criteria have been met before release.
Registered Pharmacist	An individual currently licensed by a state to engage in the practice of pharmacy.
Standard Operating Procedure (SOP)	Established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations. For pharmacy facilities this term includes policies, procedures, work instructions, and forms.

Term	Definition
Sterile Compounding Pharmacy Personnel	Pharmacist(s) and pharmacy technician(s) who have received training and/or education to competently perform assigned work in sterile compounding areas.
Sterility	The absence of viable microorganisms.
United States Pharmacopeia (USP)	Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP.
Verification	The process of establishing the proof of something. Confirmation that an established method, process, or system meets predetermined acceptance criteria.
Veterinarian	Clinic partner or prescriber.

IV. PROCEDURE

1. The pharmacy has defined the minimum education and training, licensure, certification, experience, and the minimum competences required for the service of sterile compounding and its associated roles. These roles include:
    A. Sterile compounding pharmacist

Education	Training	Licensure/ Certification	Experience	Competency Assessments
Doctor of Pharmacy or Bachelor of Science (BS) Degree in Pharmacy	External sterile compounding training course or internal sterile compounding training course	Licensed and in good standing with the resident State Board of Pharmacy Sterile Compounding Aseptic Technique Certification preferred or ability to obtain certification within six months	Sterile compounding or laboratory experience preferred but not required	Initial training competency assessments, technique competency assessments, and potency testing. Annual competency assessments and potency testing. Sterile compounding technique every six months.

    B. Sterile compounding pharmacy technician

Education	Training	Licensure/ Certification	Experience	Competency Assessments
High school Diploma or recognized General Education Diploma (GED)	Internal sterile compounding training course	Registered and certified as required by the resident state rules and regulations Sterile Compounding Aseptic Technique Certification preferred or ability to obtain certification within six months.	Sterile compounding or laboratory experience preferred but not required	Initial training competency assessments, technique competency assessments, and potency testing. Annual competency assessments and potency testing. Sterile compounding technique every six months.

2. Designated Person(s)
    A. The designated person(s) that oversee the training and competency assessment program for sterile compounding will be those persons serving in the following job role(s):
        i. Pharmacist in Charge (PIC)
        ii. Sterile Pharmacy Manager/Supervisor

B. Training and competency assessments may be performed by the listed designated person(s) or an assigned trainer.
    i. If assigned to a trainer, the trainer must be qualified to serve as a trainer for sterile compounding and meet requirements as outlined in Qualifying Trainers Work Instruction.

3. Sterile Compounding Training and Competency Program
    A. All personnel will complete new hire orientation and training. The general topics covered for all personnel are listed in the Training & Competency Program Matrix.
    B. Role specific training will be completed for all newly hired personnel or those personnel reassigned to work in sterile compounding and is based on the role in which that employee is assigned.
        i. Training by specific job roles is listed in the Training & Competency Program Matrix
    C. The pharmacy compounds sterile products from one or more non-sterile ingredients and the training and competency program must consider this risk level. Therefore, the pharmacy has established and implemented the following training and competency assessments to ensure that each person working in sterile compounding has the necessary knowledge and skills to perform assigned tasks competently.
        i. Training topics covered in this program address the following topics:
            a. USP chapters 797 and 800
            b. Hand hygiene
            c. Garbing
            d. Cleaning and disinfection
            e. Calculations and terminology
            f. Aseptic technique
                i. To include the concept of first air.
            g. Use of equipment (e.g., autoclave, depyrogenation oven, etc.)
            h. Quality assurance checks
            i. Documentation of the compounding process (e.g., MFR and CR)
            j. General conduct in controlled area including but not limited to principles of movement of materials and personnel within the compounding area
            k. Aseptic preparation procedures including but not limited to container, handheld non-electric equipment, and closure system selection
            l. Sterilization techniques for achieving and/or maintaining sterility and apyrogenicity
            m. Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area
            n. Proper use of primary engineering controls (PECs)
            o. Surface sampling
                i. NOTE: Applicable to new hire pharmacy technicians and new hire sterile compounding pharmacist supervisor only.
        ii. Competency assessments covered in this program include:
            a. USP chapters 797 and 800 reading with a written test
            b. Hand hygiene and garbing assessment for both hazardous and non-hazardous sterile compounding to be performed with media fills and by completing form Assessment of Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel.

c. Aseptic technique and related practices assessment for both hazardous and non-hazardous sterile compounding to be performed with media fills and by completing form Assessment of Aseptic Technique and Related Practices of Sterile Compounding Personnel.
d. Cleaning and disinfection assessment for both hazardous and non-hazardous sterile compounding to be performed with media fill and by completing form Assessment of Cleaning and Disinfection Procedures of Sterile Compounding Personnel.
e. Gloved fingertip/thumb tests will be completed as outlined below all with zero (0) colony forming units (cfu) results.
    i. Right Hand
        1. One (1) pre media just after donning sterile gloves
        2. One (1) mid media fill
        3. One (1) post media fill just before doffing sterile gloves used to perform media fill.
    ii. Left hand
        1. One (1) pre media just after donning sterile gloves
        2. One (1) mid media fill
        3. One (1) post media fill just before doffing sterile gloves used to perform media fill.
f. Dosage form technique and potency
    i. Includes potency testing for each dosage form in which personnel prepare.
g. Regular monthly surface sampling is completed and will serve as the means of initial assessment. NOTE the sterile compounding pharmacist supervisor will be assessed annually by a microbiologist.

D. Frequency of the training and competency assessments are completed as follows:
    i. New hire training is conducted initially during orientation and during new hire job specific training and will be conducted for up to 120 days after hire for all sterile compounding pharmacy personnel.
        a. Note: new hire job specific training includes those personnel that are reassigned to work in sterile compounding areas.
    ii. Competency assessments will be completed after role specific new hire training for all sterile compounding pharmacy personnel.
        a. Competency assessments must be completed by the designated person(s) or those designated trainers.
        b. Competency assessments will consist of a verification of skills specific to the employee's role and job responsibilities.
        c. Personnel will not be assigned to work independently in sterile compounding until initial competency assessments are completed with a satisfactory result and reviewed and signed off by the PIC. Refer to SOPs titled Registered Pharmacist's Competencies for information on sterile compounding being provided under the direction of a Registered Pharmacist.
        d. The competency assessments to be completed are listed in item C.ii above.
    iii. Continual or on-going training will be completed every month as follows:
        a. All personnel will complete training in general topics that are applicable to all services provided and related to the following topics.

i. Occupational Safety and Health Administration (OSHA)
ii. Pharmacy Compounding Accreditation Board (PCAB)
iii. State and Federal Regulations
iv. Standard Operating Procedures (SOP)

b. In addition, sterile compounding pharmacy personnel will complete calculations and/or basic knowledge readings and quizzes.

iv. Continual or on-going competency assessments will be completed for all sterile compounding personnel. The frequency of these ongoing assessments will be completed as follows:

a. Annually pharmacy technicians will read USP chapters 797 and 800 and complete a written test.
b. Annually dosage form technique
    i. NOTE: Potency testing occurs periodically on sterile compounded preparations therefore potency is continually evaluated and is not needed for continual or on-going assessment purposes.
c. Regular monthly surface sampling is completed and will serve as the means of on-going assessment.
d. The sterile compounding pharmacist supervisor will be assessed annually on surface sampling by a microbiologist.
e. Semiannually all sterile pharmacists and sterile pharmacy technicians will complete assessments for:
    i. Pre media fill gloved fingertip/thumb test just after donning sterile gloves with less than or equal to (≤) three (3) colony forming units (cfu) total for both hands result.
    ii. Media fill assessment. Note: the following remaining assessments are to be completed while performing the media fill assessment.
        1. Hand hygiene and garbing assessment for both hazardous and non-hazardous sterile compounding. Complete form Assessment of Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel.
        2. Aseptic technique and related practices assessment for both hazardous and non-hazardous sterile compounding. Complete form Assessment of Aseptic Technique and Related Practices of Sterile Compounding Personnel.
        3. Cleaning and disinfection assessment for both hazardous and non-hazardous sterile compounding. Complete form Assessment of Cleaning and Disinfection Procedures of Sterile Compounding Personnel.
    iii. Post media fill gloved fingertip/thumb test just before doffing sterile gloves used to perform media fill with less than or equal to (≤) three (3) colony forming units (cfu) total for both hands result.
f. Additional assessments specific to sterile compounding may be completed when identified based on the following:
    i. QC checks yield an unacceptable result
    ii. Sterile compounding process changes
    iii. Equipment used in the process of compounding sterile preparations is repaired or replaced

iv. Facility is modified in a manner that affects airflow or traffic patterns
v. Poor aseptic techniques are observed

E. Process for evaluating the competency of personnel may be completed through:
   i. Observation
   ii. Knowledge based tests
   iii. Self-assessments, though self-assessment tools alone are not acceptable.

F. The requirements for competency assessments that are not satisfactory are as follows:
   i. If the initial competency assessment is not passed, retraining will be completed.
      a. In the event an additional assessment is not passed, next steps will be determined based on the discretion of the PIC, designated person(s), and the immediate supervisor.
   ii. Knowledge based tests and/or quizzes must be passed with a 75% or better score.
      a. If the initial test and/or quiz is not passed, one retest will be allowed.
         i. In the event the retest test and/or quiz is not passed, next steps will be determined based on the discretion of the PIC, designated person(s), and the immediate supervisor.
   iii. Personnel that do not meet requirements for performance, education and competency may be reassigned to another job role at the discretion of the PIC and immediate supervisor.

G. Documentation of training and competency assessments must be completed as follows:
   i. All training and competency assessments must be documented.
      a. All completed competency assessments must include the signature of the Designated person(s) or identified trainer(s).
      b. The PIC must sign off on all competency assessments and indicate the date in which the training and competency assessment program was successfully completed by all new sterile compounding pharmacy personnel.
   ii. Documentation may be in the following formats, including but not limited to:
      a. Paper forms,
      b. Various electronic formats.
         i. Electronic signatures are acceptable means of acknowledging review and receipt of material.
   iii. Training presented in a verbal format must be documented utilizing the Training Sign-In Register form. At a minimum this register must contain the following information:
      a. Topic covered
      b. Date presented
      c. Trainer(s) name
      d. Employee name in print or type
      e. Employee signature
      f. Employee job title
   iv. All completed assessments must be filed in the employees training file either in hard copy or electronic format.
   v. Employee training files should be retained in the employees file for the duration of the employee's tenure.

V. REFERENCES

1. Sterile Compounding Training & Competency Program Policy
2. Assessment of Aseptic Technique and Related Practice of Sterile Compounding Personnel Form
3. Assessment of Hazardous Aseptic Technique and Related Practice of Sterile Compounding Personnel Form

4. Assessment of Hazardous Cleaning and Disinfection Procedures of Sterile Compounding Personnel Form
5. Assessment of Cleaning and Disinfection Procedures of Sterile Compounding Personnel Form
6. Assessment of Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel Form
7. Assessment of Hand Hygiene and Garbing Related Practices of Sterile Hazardous Compounding Personnel Form
8. Training & Competency Program Matrix
9. Training Sign-In Register Form
10. Training & Competency Program Policy
11. Training & Competency Program Procedure
12. Training & Competency on New Tasks Policy
13. Training & Competency on New Tasks Procedure
14. Hazardous Drugs Training & Competency Program Policy
15. Hazardous Drugs Training & Competency Program Procedure
16. Registered Pharmacist's Competencies Policy
17. Registered Pharmacist's Competencies Procedure
18. Qualifying Trainers Work Instruction
19. Relates to PCAB Sterile Compounding Standard, TCRX3-B, ACHC Accreditation Standards current version
20. USP Compounding Compendium, Chapter 797 current versions

VI. VERSION HISTORY

Version	Version Date	Change Details	Prepared By
AA	05/05/2021	New unified procedure.	Erin Bonham

covetrus	Sterile Compounding Training Itinerary	Page 1 of 8

EMPLOYEE INFORMATION

Name: _____ Site: _____

Position: _____ Start Date: _____

Trainer: _____ Trainer: _____

Instructions

- Trainer will review Training Itinerary with Trainee.
- This document must be followed by the Trainee to ensure all training is completed for this job function.
- The 'estimated time to complete in hours' provides an estimate of time needed to complete each part of training. The actual time will vary based on employee's prior experience and knowledge.
- Trainee will complete all items in Training Itinerary below and ask the Trainer for clarifications and explanation as needed. The Trainee will initial to acknowledge completion of the task or training and to indicate understanding of the material.
- When indicated, Trainer and Trainee will use the See One, Do One, Teach One technique and check the appropriate boxes.
- The Trainer will ensure the Trainee has no further questions then initial and date each line.
- While in use, the Training Itinerary document will be kept in a secure location at the pharmacy and accessible by the Trainee until final sign off by Trainer and Supervisor.
- Trainer will scan completed Training Itinerary into Trainee's profile in Qualityze using the format: Itin_Sterile_Compound

KEY:

Training material found in Qualityze

Trainer led training

Signature required

Prerequisite	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainee will complete the nonsterile compounding training itinerary and review garbing procedures, proper handwashing, cleaning in the lab, use of equipment, and using systems prior to or in conjunction with training in sterile compounding	0	0		

Week 1	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainer will explain and demonstrate proper sterile garbing specific to layout of lab Trainer will explain and demonstrate aseptic handwashing technique • Trainer and trainee will don appropriate PPE and wash hands in preparation for entering the lab Trainer will give tour and provide overview of lab area • Explain room layout – gowning, mixing, ante, buffer areas, lines of demarcation • Explain different types of hoods in use and direction of air flow • Give high level overview of cleaning process – dirty to clean, depending on air flow and room set up • Give high level overview of equipment in use in facility o Flasks, beakers, other glassware o Autoclave, Depyrogenation oven, convection oven o Homogenizer, shaker, hot plates o pH meter o Filters o Liquid dispensers o Vacuum tube sealer • Compound Record	40	40		
Trainee will complete the following in Qualityze or Digital Folder Sterile Compounding Training & Competency Program - PL-PHM-000029-GTS – Policy - PR-PHM-000029-GTS - Procedure Sterile Compounding in Accordance with USP 797 - PL-PHM-000030-GTS – Policy - PR-PHM-000030-GTS – Procedure Sterile Compounding and Aseptic Technique Manual • Chapter 1 Read and Quiz - TR-PHM-000072-GTS • Chapter 2 Read and Quiz - TR-PHM-000074-GTS • Chapter 3 Read and Quiz - TR-PHM-000076-GTS • Chapter 4 Read and Quiz - TR-PHM-000078-GTS • Chapter 5 Read and Quiz - TR-PHM-000080-GTS				

Week 1	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
• Chapter 6 Read and Quiz - TR-PHM-000082-GTS • Chapter 7 Read and Quiz - TR-PHM-000084-GTS • Chapter 8 Read and Quiz - TR-PHM-000086-GTS • Chapter 9 Read and Quiz - TR-PHM-000088-GTS • Chapter 10 Read and Quiz - TR-PHM-000090-GTS Trainer will review stocking, receiving, and labeling of supplies ☐ See one ☐ Do one ☐ Teach one Trainer will evaluate trainees donning and doffing of PPE ☐ See one ☐ Do one ☐ Teach one Trainer will evaluate trainee aseptic handwashing technique ☐ See one ☐ Do one ☐ Teach one				
Total Time:	40	40		

Week 2	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
USP – NF (797) Pharmaceutical Compounding – Sterile Preparations - TR-PHM-000063-GTS Sterile Lab Equipment Training & Acknowledgment - TR-PHM-000006-RR Trainer will continue observing trainee in garbing and aseptic handwashing technique	40	39		

Week 2	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainer will begin sterile compounding processes and activities – non-hazardous and hazardous Trainer will explain and demonstrate use of equipment as applicable to dosage form being made • pH meter ☐ See one ☐ Do one ☐ Teach one • Autoclave ☐ See one ☐ Do one ☐ Teach one • Homogenizer liquid dispenser ☐ See one ☐ Do one ☐ Teach one • Depyrogenation oven ☐ See one ☐ Do one ☐ Teach one				
Total Time:	40	39		

Week 3	Estimated Time to Complete In Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainer will continue observing trainee in garbing and aseptic handwashing technique Trainer will continue sterile compounding processes and activities Compounding Record (CR) Procedure – Review sterile only CR requirements Trainee will review the following cleaning logs for **CPS AZ – 4803**: Cleaning Log for Sterile Hazardous Gowning Room 220 - FM-PHM-000029-CA Cleaning Log for Sterile Hazardous Mixing Room 221	40	39		

Week 3	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
- FM-PHM-000030-CA Cleaning Log for Sterile Hazardous Ante Room 222 - FM-PHM-000031-CA Cleaning Log for Sterile Hazardous Buffer Room 223 - FM-PHM-000032-CA Cleaning Log for Sterile Hazardous Buffer Room 224 - FM-PHM-000033-CA Cleaning Log for Cleaning Supplies Used by Sterile Department - FM-PHM-000034-CA Cleaning Log for Pass-Throughs in Sterile Rooms - FM-PHM-000035-CA Cleaning Log for Sterile Nonhazardous Mixing Room 261 - FM-PHM-000036-CA Cleaning Log for Sterile Nonhazardous Gowning Room 260 - FM-PHM-000037-CA Cleaning Log for Sterile Machine Room 265 - FM-PHM-000038-CA Cleaning Log for Sterile Nonhazardous Ante Room 262 - FM-PHM-000039-CA Cleaning Log for Sterile Nonhazardous Buffer Room 264 - FM-PHM-000040-CA Cleaning Log for Sterile Nonhazardous Buffer Room 263 - FM-PHM-000041-CA Trainee will review the following cleaning logs for **Covetrus – Maine:** Cleaning Log for Sterile PreMix Storage Room 3048 - FM-PHM-000003-CM Cleaning Log for Sterile Hazardous Ante Room 3049 - FM-PHM-000004-CM Cleaning Log for Sterile Hazardous Buffer Room 3051 - FM-PHM-000005-CM Cleaning Log for Sterile Hazardous Buffer Room 3052 - FM-PHM-000006-CM Cleaning Log for Sterile Non-Hazardous Gowning Room 3054 - FM-PHM-000007-CM Cleaning Log for Sterile Non-Hazardous PreMix Storage Room 3056				

Week 3	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
- FM-PHM-000008-CM				
Cleaning Log for Sterile Non-Hazardous Ante Storage Room 3057				
- FM-PHM-000009-CM				
Cleaning Log for Sterile Non-Hazardous Buffer Storage Room 3058				
- FM-PHM-000010-CM				
Cleaning Log for Sterile Non-Hazardous Buffer Room 3059				
- FM-PHM-000011-CM				
Cleaning Log for Cleaning Supplies Used by Cleaning Department				
- FM-PHM-000012-CM				
Cleaning Log for Sterile Hazardous Gowning room 3043B				
- FM-PHM-000013-CM				
Cleaning Log for Sterile Non-Hazardous Wash Room 3053				
- FM-PHM-000020-CM				
Trainer will explain and demonstrate proper cleaning techniques				
• Equipment				
☐ See One				
☐ Do One				
☐ Teach One				
• Workbenches				
☐ See One				
☐ Do One				
☐ Teach One				
• Ceilings, walls, and floors				
☐ See One				
☐ Do One				
☐ Teach One				
Total Time:	40	39		

Week 4	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainer will conduct media fill and fingertip testing with trainee				

Trainer will continue observing trainee in garbing, aseptic handwashing technique, cleaning Trainer will continue sterile compounding processes and activities Sterile Beyond Use Dating - PL-PHM-000039-GTS – Policy - PR-PHM-000039-GTS – Procedure Sterile Compounded Preparations Sterility & Endotoxin Limits - PL-PHM-000032-GTS – Policy - PR-PHM-000032-GTS – Procedure Visual Inspection for Sterile Injection Preparations Work Instruction - WI-PHM-000025-GTS				
Total Time:	40	39		

Week 5	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainer will ensure all required competency assessments are completed Sterile Areas Routine Surface Sampling Work Instruction - WI-PHM-000024-CA Trainee will complete the High-Risk Sterile Compounding test with a score of 80% or better High-Risk Sterile Compounding Test - TR-PHM-000059-GTS	40	39		
Total Time:	40	39		

Weeks 6 - 12	Estimated Time to Complete in Hours		Acknowledgement	
	Trainee Time	Trainer Time	Trainee Initials	Trainer Initials/Date
Trainer will continue to observe and instruct trainee in all sterile procedures until trainer feels confident that trainee can work independently Trainer will conduct SCAT training, if applicable	240-480	40-120		
Total Time:	240 - 480	40-120		
Grand Total Time:	440-680	275-355		

I acknowledge I have completed all training listed in this training plan and had the opportunity to have my questions answered.

Trainee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

PIC Signature: _____ Date: _____

VERSION HISTORY

Version	Version Date	Change Details	Prepared By
AA	05/04/2022	New form.	Lisa Grant

I. PURPOSE AND SCOPE

This procedure outlines how the pharmacies use a validated shipping system to ensure pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperature in the course of deliveries.

II. RESPONSIBILITIES

Role	Responsibility
Director of Quality Assurance & Control (QA&C)	Oversees and monitors shipping system validation test reporting and trending via PI monthly meeting. Provides guidance and recommendations based upon shipping system validation test data reporting.
Pharmacists in Charge (PIC)	Ensure all applicable employees are trained on and adhering to this procedure. Ensure the pharmacy educates the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment. Review shipping system validation test data and complete appropriate corrective actions to ensure integrity of medications.
Pharmacy Managers / Supervisors	Assume the role of the PIC in their absence.
Operations Management	In conjunction with the PIC, ensure all applicable employees are trained and adhere to this procedure.
Pharmacists, Pharmacy Technicians	Adhere to this procedure.
Warehouse Managers / Supervisors	Assume the role of Operations Management in their absence. Coordinate completion of the monthly audit.
Warehouse / Shipping Associates	Adhere to this procedure.
Quality Assurance Analysts (QAA) or Designees	Coordinate shipping system validation tests periodically to ensure that containers stay within specified temperature requirements. Analyze and report testing data to PIC and Director QA&C in PI monthly meeting. Trend and report results of audit in monthly performance improvement (PI) meeting.

III. DEFINITIONS

Term	Definition
Beyond Use Date (BUD) Nonsterile	The date after which a compounded preparation will not be used; determined from the date the preparation is compounded.
Beyond Use Date (BUD) Sterile	The date or time after which a compounded sterile preparation (CSP) will not be stored or transported. The date is determined from the date or time the preparation is compounded.
Commercial Drug	Conventionally manufactured product that is a pharmaceutical dosage form, usually the subject of an FDA-approved application that is manufactured under current good manufacturing practice conditions.
Complaint or Grievance	Incidents, accidents, variances, or unusual occurrences reported by the client/patient or veterinarian to include medication errors, product quality issues, shipping issues and adverse drug events.

Term	Definition
Compounded Preparation	A nonsterile or sterile drug or nutrient preparation that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling or otherwise altering of a drug or bulk drug substance in a licensed pharmacy or other healthcare-related facility in response to or in anticipation of a prescription or a medication order from a licensed prescriber.
Corrective Action/ Preventative Action (CAPA)	Details any improvements to an organization's processes taken to eliminate causes of non-conformities or other undesirable situations. It focuses on the systematic investigation of the root causes of identified problems or identified risks in an attempt to prevent their reoccurrence (for corrective action) or to prevent occurrence (for preventative action).
Food and Drug Administration (FDA)	An agency within the United States. Department of Health and Human Services responsible for protecting the public health by assuring the safety, effectiveness, quality, and security of human and veterinary drugs, vaccines and other biological products, and medical devices.
Master Formulation Record (MFR)	Record created prior to compounding a preparation for the first time. This record is followed each time a preparation is compounded to ensure consistency in the preparation.
Non-Conformance (NC)	A result that does not meet the specification or requirement.
Over the Counter (OTC)	Medications/Products that do not need a veterinarian's prescription.
Performance Improvement (PI)	Method for analyzing performance problems and setting up systems to achieve desired outcomes and improve performance. Synonymous with the terms Continuous Quality Improvement (CQI), Total Quality Management (TQM), or Quality Assurance Improvement (QAI).
Pharmaceuticals	Commercial drug items and Over the Counter (OTC) items.
Qualityze	A cloud-based quality management system that provides multiple modules to ensure product safety, improve quality, and achieve regulatory compliance.
Shipping Issues	Including, but not limited to: 1. Order shipped incorrectly during packing or shipping process 2. Prescriptions lost in transit (tracked but not under the company's control) 3. Other
United States Pharmacopeia (USP)	Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP.
Validation	The action of checking or proving the validity or accuracy of something. Establishment of documented evidence that a method, process, or system meets its intended requirements.
Verification	The process of establishing the proof of something. Confirmation that an established method, process, or system meets predetermined acceptance criteria.

IV. PROCEDURE

1. Pharmacies will ensure that pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperatures in the course of deliveries.
    A. Temperatures to be included are:

i. Room temperature, 20°-25°C (68°-77°F)
ii. Refrigerated, 2°-8°C (36°-46°F)

B. Pharmacies will maintain the above storage conditions in accordance with manufacturer, USP, and/or other applicable requirements by utilizing secondary containers and packing materials, including but not limited to:
   i. Coolers
   ii. Gel packs, both frozen and room temperature
   iii. Resealable plastic bags
   iv. Amber resealable plastic bags
   v. Heat sealed plastic bags
   vi. Thermopod envelopes
   vii. Padded envelopes
   viii. Bubble wrap
   ix. Packing paper
   x. Cardboard boxes
   xi. Air pillows
   xii. Tape
C. Pharmaceuticals will be dispensed in the original manufacturers packaging when possible. If this is not an option, the medication will be dispensed in USP approved containers.
   i. Drug monographs will be used to determine appropriate shipping requirements.
      a. If shipping requirements cannot be determined utilizing drug monographs, the package inserts may be used to determine appropriate shipping requirements. If warranted the manufacturer will be contacted to determine appropriate shipping requirements.
         i. Documentation will be requested and kept on file if provided by the manufacturer.
D. Compounded preparations will be dispensed and shipped based on information from drug monographs or supporting beyond use date (BUD) data found on the master formulation records (MFR).
E. See work instructions for specific packing and shipping steps.
   i. A monthly audit of packing and shipping will be completed to ensure proper steps were used to maintain integrity of the items during transport to the client/patient.
      a. This audit will be documented in Qualityze, and results given to the QAA or Designee for trending and reporting in the monthly PI meeting.
      b. A random combination of ten packages will be pulled from the shipping station.
      c. Auditor will open all packages and validate that the correct items were included, and proper packing techniques were utilized.
      d. Any non-conformances (NC) found will be reviewed with the warehouse/shipping associate and will be fixed prior to continuing with the shipment.
         i. Non-conformances with corresponding corrective action/preventative action should be documented in Qualityze.
         ii. Retraining will be completed when necessary.
      e. QAA or Designee will trend and report on results in monthly PI meeting.

2. Pharmacies educate the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment.

A. When necessary, the pharmacist will provide guidance to ensure that appropriate conditions are achieved or maintained.
B. The pharmacy will provide clients/patients with medication guides for pharmaceuticals, when applicable, that will outline appropriate conditions of storage.
C. For compounded preparations, auxiliary stickers will be placed on the compounded preparation for those items that require special conditions of storage in the home environment.

3. The shipping system utilized will be tested periodically under the typical conditions that the pharmacy shipments experience (i.e., extreme summer heat and winter cold). The testing will take into consideration initial medication start temperature, payload size/weight, types of used insulation, thickness of insulation, weight of gel packs, gel packs start temperature, and various ambient temperatures experienced by the package in transit with the goal of keeping the medication within specified temperature requirements.
   A. The pharmacy will complete quarterly verifications for room temperature and refrigerated medications.
      i. See work instructions for steps for completing quarterly verifications.
   B. If testing indicates a change in packing or shipping methods is needed, adjustments will be completed.
   C. In addition to the quarterly testing, client/patient complaints or grievances will be monitored and trended monthly by QAA or Designee.
      i. Any increasing trends noted in medication integrity due to extreme shipping conditions will be evaluated and modifications of packing parameters will be made as needed based on identified trends.

V. REFERENCES

1. Shipping Integrity Policy
2. Temperature Verification of Refrigerated Medications Work Instruction
3. Warehouse Packing and Shipping Audit
4. Temperature Verification Test Packing and Shipping Information
5. Temperature Verification Arrivals Condition Report
6. Temperature Verification of Refrigerated Medications Report
7. USP Compounding Compendium, Chapter 6S9 Packaging and Storage Requirements
8. Relates to PCAB Non-Sterile and Sterile Compounding Standard TCRX6-D, ACHC Accreditation Standards current version

VI. VERSION HISTORY

Version	Version Date	Change Details	Prepared By
AB	06/21/2022	Annual effectiveness review. Section II Responsibilities; removed 'VP of Pharmacy Operations' role, updated 'Director of Quality Assurance & Improvement' role, to 'Director of Quality Assurance & Control,' updated 'Pharmacy Compliance Coordinators' role to 'Quality Assurance Analysts.' Section III Definitions; added 'Corrective Action/Preventative Action,' 'Non-Conformance (NC),' and 'Qualityze.' Section III Definitions; added FDA. Section IV Procedure; 1.E.i.a and 1.E.i.d.i added documentation requirement in Qualityze. Section V References; removed 'Relates to Vet-VIPPS Standard 14.0 Storage & Shipment: 14.4, 14.5, 14.6, 14.7, 14.8.'	Matt Jauch
AA	4/30/2021	Annual review. Updated to new format for Qualityze. Section I Purpose and Scope; deleted delivery containers and updated to 'a validated shipping system.' Updated the word shipping to deliveries at the end of the sentence. Section II Responsibilities; Added Operations to VP of Pharmacy. Added Director of Quality Assurance & Improvement. PIC responsibility updated the word integrity to system validation. Updated Compliance Coordinator to Pharmacy Compliance Coordinator and added (PCC) and updated the word integrity to system validation. Section III Definitions; updated complaint or grievance definition updating PADE to adverse drug event. Added definition for validation. Section IV Procedure; item 1 updated shipping to 'in the course of deliveries' and added item A for temperatures to be included. Item 1.B.ii updated ice to gel packs. Updated Compliance Coordinator to PCC throughout section. Item 1.E.e. removed the use of PI & POC form. Item 3 updated to include shipping system utilized will be tested and that all items that need to be taken into consideration during testing. Item 3.A. added room temperature to quarterly verifications. Item 3.B. removed the use of PI & POC form. Section V References; removed TCRX naming from SOPs. Updated February 2019 PCAB standard reference to current version. Removed reference to PI & POC form.	Matt Jauch, Erin Bonham

DATE OPENED _____
DISCARD AFTER 28 DAYS



HAZARDOUS
DISPOSE OF PROPERLY

STORE AT ROOM TEMPERATURE

CONSULT VETERINARIAN IF PET IS PREGNANT

KEEP IN REFRIGERATOR
DO NOT FREEZE

CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.

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Hazardous Drug Compounding Training and Competency Assessment

Employee Name: _____ Date (MM/DD/YYYY): _____

Type of Training & Assessment	
☐ Initial	For New Hires or if no previous training.
☐ Retrain & Reassess	In the event that previous assessment did not pass.
☐ Annual	For annual competency assessment.
☐ Continuous	In the event of procedural changes.

	Training and Competency Assessment Items		
1.	Reviewed and understands SOP(s) related to compounding with HD's.	Trainer Initials	Date
	Comments:		
2.	Reviewed Hazardous Communication Program, completed quiz, and signed statement of potential exposure to hazardous drugs.	Trainer Initials	Date
	Comments:		
3.	Has reviewed and can locate the Hazardous Drug and Chemical List	Trainer Initials	Date
	Comments:		
4.	Understands which hazardous drugs MUST be stored under negative pressure (NIOSH Table 1 Antineoplastic).	Trainer Initials	Date
	Comments:		
5.	Reads and understands the use of the pressure monitor gauges to determine if the room pressure is within acceptable limits.	Trainer Initials	Date
	Comments:		
6.	Demonstrates procedure in the event room pressure falls outside of acceptable limits.	Trainer Initials	Date
	Comments:		
7.	Demonstrates proper selection of PPE for handling, compounding, cleaning, and disposing of HD's.	Trainer Initials	Date
	Comments:		
8.	Reviewed and understands SOP(s) related to HD equipment and can demonstrate proper use.	Trainer Initials	Date
	Comments:		
9.	Demonstrates proficiency in compounding techniques with HD's which reduce the risk of cross contamination and unnecessary employee exposure.	Trainer Initials	Date
	Comments:		

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Hazardous Drug Compounding Training and Competency Assessment

Training and Competency Assessment Items			
10.	Can locate SDS sheets (hard copy and/or online) and demonstrates the ability to interpret and use the information supplied.	Trainer Initials	Date
	Comments:		
11.	Can locate, select and demonstrate proper use of a spill kit to clean up spills.	Trainer Initials	Date
	Comments:		
12.	Demonstrates proper cleaning procedures including which agents to use for deactivation, decontamination, cleaning and disinfecting.	Trainer Initials	Date
	Comments:		
13.	Demonstrates proper disposal of HD waste (drugs, trace contaminated material, PPE).	Trainer Initials	Date
	Comments:		
14.	Demonstrates how to report a known or potential HD exposure.	Trainer Initials	Date
	Comments:		

Overall Competency Assessment Results	
☐ Passed	☐ Retraining & Reassessment Needed

Retraining and Reassessment Plan (if needed)
Write a brief description of retraining and reassessment that will be completed:

Signatures			
Employee:		Date (MM/DD/YYYY):	
Trainer:		Date (MM/DD/YYYY):	
Designated Person:		Date (MM/DD/YYYY):	
PIC:		Date (MM/DD/YYYY):	

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Hazardous Drug Compounding Training and Competency Assessment

Version	Version Date	Change Details	Prepared By
AA	04/12/2021	Review no changes made to assessment items. Updated to new training and competency assessment formatting and for upload into Qualityze.	Erin Bonham

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Lee Martin

Pharmacy/Wholesaler License # (if applicable): PH02259

Physical Address: 711 East Carefree Hwy., Ste. 140

City: Phoenix State: AZ Zip: 85085

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 877-518-4589 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Lee Middle: Last: Martin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] East Carefree Hwy., Ste. 140

City: Phoenix State: AZ Zip: 85085

Telephone: [redacted] Email: lee.martin@covetrus.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
See attached curriculum vitae				
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/97 to current	[redacted] W Saguaro Park Lane	Glendale	AZ	85310
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Lee A. Martin R.Ph.
Glendale, AZ
[redacted]

Summary

Respected pharmacist in Arizona with 35 years of experience as a pharmacist, pharmacy manager and pharmacist in charge in veterinary compounding pharmacy, pharmacist in charge in long term care pharmacy, pharmacist in charge in retail pharmacy and a long term care consultant pharmacist. Exceptional communication skills developed through patient consultation and regular patient contact in long term care. Daily interactions with doctors, nurse practitioners, directors of nursing, nurses and administrators in the long term care setting, including skilled nursing facilities, assisted living, behavioral health and addiction, depression and anxiety treatment facilities.
Leadership skills through navigating a strong regulatory environment.

Key Qualifications

- Pharmacy Operations
- Prescription Dispensing
- Veterinary Compounding including USP 795, USP 797 and USP 800
- Regulatory Compliance
- PCAB Accreditation
- Standard Operating Procedure – Reviewing, Updating and Implementation
- ARCOS Reporting for DEA Compliance
- Animal Labeler Code Compliance through FDA
- Customer Relationship Management
- Budgeting
- Profit and Loss
- Inventory Control
- Servicing of Assisted Living Facilities, Skilled Nursing Facilities and Mental/Behavioral Health Institutions
- Formulary Management and Formulary Committee member
- Patient Specific Therapeutic Interchange
- Facility Therapeutic Interchange
- First fill and Automated Dispensing Units, including Auto Roll
- MTS Dispensing systems, including Opti-Pak
- Quality Assurance
- EPA regulations, both state and federal including hazardous waste classifications
- Microsoft Office
- Rescot Long Term Care Pharmacy Software

Professional Experience

Roadrunner Pharmacy **2017 – present**

- Pharmacist in Charge for one of the largest veterinary compounding pharmacies in the United States which entails regulatory compliance to all 50 state boards of pharmacy.
- USP 795 Compliance
- USP 797 Compliance
- Hazardous Drug Compounding Compliance
- USP 800 Preparation
- New compounding pharmacy design and development
- Sterile Compounding and Aseptic Technique Certified
- Within the first 9 months of being pharmacist in charge, I was able to lead my employees through the pharmacy's first PCAB inspection and accreditation. Have also navigated regulatory compliance through two change of ownerships leading to numerous inspections, including two Arizona change of ownership inspections, NABP Blueprint Inspection, California Sterile Inspections, Texas Sterile Inspection, DEA Security Inspections and OSHA Hazardous Compounding Inspection.
- ARCOS reporting including Quota requests

Village Pharmacy (Covenant Care/Omnicare), AZ **1999 - 2016**

- Operations Manager
- Pharmacist In Charge
- Consultant Pharmacist
- Pharmacist
- Budgeting
- P&L
- Operation Statements
- Staffing
- Customer Service
- Implementing new workflow
- Implementing PV1 and PV2
- As both Pharmacist In Charge and a Consultant Pharmacist I was able to consult and visit the skilled nursing facilities, assisted living facilities and behavioral health facilities that the pharmacy was contracted with on a regular basis. At the same time running the most profitable pharmacy (Rx script/employee and Rx dollar/employee) in the Western Division of Omnicare several years in a row.

Fry's Food and Drug, AZ **1995 – 1999**

- Pharmacy Manager
- Pharmacist In Charge
- Pharmacist
- Placed in two different locations to take over managing due to decreasing sales. Increased sales and decreased employee turnover at both locations. Received Fry's Pharmacy Manager of the Year Award for one location.

Walgreens Pharmacy, AZ **1990 – 1995**

- Pharmacy Manager
- Pharmacist In Charge
- Pharmacist
- At Glendale location increased sales by an average of 8% a month over a nine month period while decreasing inventory by 25% and maintaining an acceptable back order percentage.

Kroger Pharmacy, OH **1987 - 1990**

- Pharmacy Manager
- Pharmacist In Charge
- Pharmacist
- New pharmacy start-up at Fostoria, OH. location. Responsible for licensing, initial inventory, design of work area, advertising and calling on physicians and business leaders.

St. Lukes Hospital, OH **1982 – 1987**

- Pharmacy Intern
- Pharmacist
- I.V. Admixture

EDUCATION

University of Toledo, College of Pharmacy, Toledo, OH
B.S. Pharmacy

CERTIFICATIONS

Austin Community College, Austin, TX
Sterile Compounding and Aseptic Technique Certification
AED trained/CPR Certified Exp. 01/2021

ACTIVE PHARMACIST LICENSES

Alabama 21147
Arizona S009628
Arkansas PD15183
Idaho PR45272 Non-Resident PIC
Iowa 50472 Pharmacist in Charge NRP
Iowa 23806
Kansas 1-108243
Kentucky 020477
Louisiana PST.022975
Maine PR69255
Maryland 26238
Michigan 5302047331
Mississippi T15883
Nebraska 16263
Nevada 22150
Ohio 03116262
Oklahoma 18421
Oregon RPH-0017059
Tennessee 42968
Texas 65814
Virginia 0202217172
West Virginia RP0010784

RECOGNITION AND ACHIEVEMENTS

Omnicare Service Award for 16 years of dedicated service (2016)
Omnicare Arizona State Board of Pharmacy Liaison (2010-2013)
Arizona State Board of Pharmacy Long Term Care Rules Committee member (2012)
Fry's Pharmacy Manager of the Year (1997)
Arthritis Foundation Educational Speaker (1994)
Kroger Pharmacy Rose for care and concern, nine-time recipient (1987 – 1990)
St. Luke's Hospital C.A.R.E. (Courtesy in Action Rewards Everyone) (1985)

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Roadrunner Pharmacy			03/17 to current	
Business Address		**City**	**State**	**Zip**
711 E Carefree Hwy		Phoenix	AZ	85085
Phone	**Title**		**Number of Employed Hours**	
623-4341180	Pharmacist In Charge		10,120	
Description of Duties				
Responsible for pharmacy following regulations of 50 different state boards of pharmacy including record keeping, dispensing and controlled substance records. Resp for DE audits and inspections.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

09/06/2022
Date

I, Lee Martin, **certify that as the designated representative for**

Roadrunner Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LM I am at least 21 years of age;
3. LM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lee Martin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/06/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Martin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/06/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Lee Martin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

RPh

Original Signature

09/06/2022

Date

Subscribed and Sworn to before me this 6th day of September.

Notary Public Signature

SUMMER ROPER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 603552
Expires April 30, 2025

(Seal)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 08/16/2022 for Covetrus North America, LLC

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009133	10/31/2023	Covetrus North America, LLC

Address : 2401 West Grandview Road

Zip :	City :	State :
85023	Phoenix	AZ

Phone :	Fax :	Email :
(623) 434-1180	(623) 434-1181	natalie.salese@covetrus.com

Inspection Date :	PIC :	Pic License Exp Date :
08/16/2022	Natalie Salese	10/31/2022

DEA # :	DEA # Exp. date :	Inspection Reviewed With :
FC1097535, RC0617867	08/31/2024	Natalie Salese, Lee Martin

Reviewers License# :	Inspection type :
S015674	Routine

Inspection Conducted By : Dennis Waggoner , Benjamin Castaneda

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
5000	1222	4.091653027823241

PERMITS

1	Arizona	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA	◉S ○N/I ○V ○N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	◉S ○N/I ○V ○N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	○S ○N/I ○V ◉N/A	ARS § 32-1923(B); R4-23-301(G)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Technicians / Trainees	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(O); R4-23-1103(B)(2)
4	Current renewal licenses maintained	◉S ○N/I ○V ○N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	◉S ○N/I ○V ○N/A	R4-23-609(G)(H)
2	Personnel and security procedures	◉S ○N/I ○V ○N/A	R4-23-610
3	Facilities	◉S ○N/I ○V ○N/A	R4-23-611(A)
4	Drug supply	◉S ○N/I ○V ○N/A	R4-23-611(B)
5	Quarantine expired drugs	◉S ○N/I ○V ○N/A	R4-23-611(B)(4)
6	Equipment	◉S ○N/I ○V ○N/A	R4-23-612
7	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	◉S ○N/I ○V ○N/A	R4-23-1105(B)(D)
2	Training program - compounds	◉S ○N/I ○V ○N/A	R4-23-1105(C)
3	Activities - trainees	○S ○N/I ○V ◉N/A	R4-23-1104(A)
4	Activities - technicians	◉S ○N/I ○V ○N/A	R4-23-1104(A)(B)
5	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	◉S ○N/I ○V ○N/A	R4-23-402(G)(H)
2	Oral consultation	○S ○N/I ○V ◉N/A	R4-23-402(C)(D)(E)

3	Written information	◉S ○N/I ○V ○N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	◉S ○N/I ○V ○N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	◉S ○N/I ○V ○N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions No C2 prescriptions filled at this time.	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	◉S ○N/I ○V ○N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉S ○N/I ○V ○N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	○S ○N/I ○V ◉N/A	R4-23-407(O)
7	Telephone	◉S ○N/I ○V ○N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	◉S ○N/I ○V ○N/A	R4-23-407(E)
10	Electronically transmitted	◉S ○N/I ○V ○N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(b)
13	Brand / generic	◉S ○N/I ○V ○N/A	ARS § 32-1963.01
14	Foreign prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	○S ○N/I ○V ◉N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)

16 Prescription audit numbers

C3-5: 7283560-7393234, Rx: Random eRx

COMPUTER REQUIREMENTS

1 Security — ◉S ○N/I ○V ○N/A — R4-23-408(F)

2 Log books / printout — ◉S ○N/I ○V ○N/A — R4-23-408(C)(4)

3 Reports — ◉S ○N/I ○V ○N/A — R4-23-408(B)(5)(6)

4 Policies and procedures — ○S ○N/I ○V ◉N/A — R4-23-408(A)

IMMUNIZATIONS

1 Certification — ○S ○N/I ○V ◉N/A — ARS § 32-1974(O)(K); R4-23-411(A)

2 Recordkeeping — ○S ○N/I ○V ◉N/A — ARS § 32-1974(F)(3); R4-23-411(F)(I)

3 Reporting requirements — ○S ○N/I ○V ◉N/A — ARS § 32-1974(F); R4-23-411(F)(2)

4 Current certificate maintained — ○S ○N/I ○V ◉N/A — R4-23-411(C)(2)

5 Administration without a prescription — ○S ○N/I ○V ◉N/A — ARS § 32-1974(A)(B); R4-23-411(A)

6 Prescription only administration — ○S ○N/I ○V ◉N/A — ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1 Cell identification — ◉S ○N/I ○V ○N/A — R4-23-615(A)(1)

2 Paper / electronic log — ◉S ○N/I ○V ○N/A — R4-23-615(A)(2)(3)

3 Training — ◉S ○N/I ○V ○N/A — R4-23-615(C)(1)(D)

4 Maintenance — ◉S ○N/I ○V ○N/A

R4-23-515(C)(2)(D)

Reminder that use of an Excel spreadsheet for documentation must have appropriate security.

5 Accuracy validation testing — ◉S ○N/I ○V ○N/A

R4-23-615(C)(3)(D)

Reminder that use of an Excel spreadsheet for documentation must have appropriate security.

6 Return by approval only — ◉S ○N/I ○V ○N/A

R4-23-615(B)(G)

7 Policies and procedures — ◉S ○N/I ○V ○N/A

R4-23-615(E)

MECHANICAL COUNTING DEVICES

1 Training — ○S ○N/I ○V ◉N/A

R4-23-616(A)(1)(B)

2 Maintenance — ○S ○N/I ○V ◉N/A

R4-23-616(A)(2)(B)

3 Accuracy validation testing — ○S ○N/I ○V ◉N/A

R4-23-616(A)(3)(B)

4 Policies and procedures — ○S ○N/I ○V ◉N/A

R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1 CIIs purchase / sale / disposal — ○S ○N/I ○V ◉N/A

ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)

No C2 substances received, stocked or dispensed.

2 CIII - CVs purchase / sale / disposal — ◉S ○N/I ○V ○N/A

ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

3 Inventory — ◉S ○N/I ○V ○N/A

ARS § 36-2523(B); R4-23-1003

4 Audit — ◉S ○N/I ○V ○N/A

ARS § 36-2523

5 DEA 106 Theft/Loss reporting — ○S ○N/I ○V ◉N/A

R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Badges - name / title	◉S ○N/I ○V ○N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	◉S ○N/I ○V ○N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	○S ○N/I ○V ◉N/A	ARS § 36-2525(J)
4	Delivery	◉S ○N/I ○V ○N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	◉S ○N/I ○V ○N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides	○S ○N/I ○V ◉N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	◉S ○N/I ○V ○N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	◉S ○N/I ○V ○N/A	R4-23-621(B)
3	Notification to patients	○S ○N/I ○V ◉N/A	R4-23-621(C)
	This pharmacy provides data entry and verification for another pharmacy only. No shared services received by this pharmacy.		
4	Maintain manual / electronic records	◉S ○N/I ○V ○N/A	R4-23-621(O)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Work outside pharmacy	OS ON/I OV ◉N/A	R4-23-621(F)
6	Policies and procedures	◉S ON/I OV ON/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	◉S ON/I OV ON/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	◉S ON/I OV ON/A	R4-23-410(I)(4)
3	Beyond-use dates	◉S ON/I OV ON/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	◉S ON/I OV ON/A	R4-23-410(F)(G)
5	Product produced in excess	◉S ON/I OV ON/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	◉S ON/I OV ON/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	◉S ON/I OV ON/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	◉S ON/I OV ON/A	R4-23-410(I)(5)
9	Protective apparel	◉S ON/I OV ON/A	R4-23-410(C)(2)(c)
10	Facility	◉S ON/I OV ON/A	R4-23-410(E)
11	Components for compounding/storage	◉S ON/I OV ON/A	R4-23-410(B)(H)
12	Policies and procedures	◉S ON/I OV ON/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	◉S ON/I OV ON/A	R4-23-67D(A)(E)(F)
2	Equipment	◉S ON/I OV ON/A	R4-23-670(B)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3 Sterile product reference — ◉S ○N/I ○V ○N/A
R4-23-670(B)(6)

4 Certification hood / environment — ◉S ○N/I ○V ○N/A
R4-23-670(D)(14)(g)
Certified March 2022. Testing again in August 2022 but report was not yet available at the time of the inspection.

5 Documentation routine cleaning / maintenance — ◉S ○N/I ○V ○N/A
R4-23-670(D)(14)(g)

6 Personnel protective clothing — ◉S ○N/I ○V ○N/A
R4-23-670(E)(3)(F)(2)

7 Annual / semi-annual media fill tests — ◉S ○N/I ○V ○N/A
R4-23-670(E)(4)(F)(3)

8 Documentation of product compounded — ◉S ○N/I ○V ○N/A
R4-23-410(C)(1)(e); R4-23-410(I)(K)
Reminder to document the size, lot number and expiration date of the droptainer used for ophthalmic compounds.

9 Beyond-use dates — ◉S ○N/I ○V ○N/A
R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)

10 Process / product validation testing — ◉S ○N/I ○V ○N/A
R4-23-670(O)(14)(f)

11 Policies and procedures — ◉S ○N/I ○V ○N/A
R4-23-670(C)(O)

AUDIT

Date Of Inventory : 04/29/2022

Inventory Taken : Open

Date Of Audit : 08/16/2022

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Butorphanol Powder	99.525	0	99.525	88.5	10.5974	99.0974	-0.4276000000000124	-0.43
Tramadol Powder	498.66	0	498.66	491.4	7.5681	498.9681	0.3080999999999676	0.06
Phenobarbital Powder	2496.107	0	2496.107	2405.8	92.1706	2497.9706	1.8636000000001332	0.07

NOTES

Hours of operation: Mo-Fr 6:00A-6:00P, Sa 9:00A-11:00A
Manufacturer DEA expiration: 8-31-2022.
Veterinary prescriptions only via UPS & USPS. No prescriptions dispensed onsite.
No immunizations administered.

Handouts: 2020/2021 Statute/Rule Changes summary, ARS 32-1926 reminder, DEA Form 106 Reporting reminder, AzBOP Newsletter July 2022, Continuing Education Audit information, AzBOP Scam Alert, FDA advisory on insulin pen packaging and dispensing, DEA reminder on manual signature for prescribers, Single Ingredient Ephedrine Products, Board communication on 21 CFR 1306.05(A)

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	758813		Inspection Information
Legal Business Name:	Roadrunner Pharmacy, Inc.	Conference Call Date:	6/9/2021
Doing Business As (DBA):	Roadrunner Pharmacy, Inc.	Start Time: 24-hour format (13:00)	7:30
Address:	711 E Carefree Hwy, Suite 140	End Time: 24-hour format (13:00)	10:30
City:	Phoenix	Onsite Inspection Date:	6/9/2021
State:	AZ	Start Time: 24-hour format (13:00)	11:30
Zip Code:	85085-0105	End Time: 24-hour format (13:00)	18:00
Telephone number:	877-518-4589	Inspector Name:	Rita Weiss, R.Ph., Esq., BCGP
Toll free number:	877-518-4589	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	623-434-1181	Observer Name/Affiliation (if applicable):	N/A
Website:	www.covetrus.com	Observer Name/Affiliation (if applicable):	N/A

Pharmacy Hours of Operation	Check if 24/7: ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			x
Monday	6:00	18:00	
Tuesday	6:00	18:00	
Wednesday	6:00	18:00	
Thursday	6:00	18:00	
Friday	6:00	18:00	
Saturday			x

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist In Charge	Lee Martin	lee.martin@covetrus.com	658522
Nonsterile Compounding Supervisor	Adam Womack	adam.womack@covetrus.com	574306
Sterile Compounding Supervisor	Michael Martinez	michael.martinez@covetrus.com	476826
Hazardous Compounding Supervisor	Lee Martin	lee.martin@covetrus.com	658522

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Lee Martin	Arizona PIC	Y
2	Adam Womack	Texas PIC	Y
3	Michael Martinez	Pharmacist	Y
4	Carlos Aguirre	Technician	Y
5	Marisol Aguirre	Technician	Y
6	Nathalie Grace Aguirre	Technician Trainee	Y
7	Tsige Araya	Technician	Y
8	Juan Avila	Technician	Y
9	Hidajete Bajrami	Technician	Y
10	Amal Basma	Technician	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. See attachment.

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Arizona Board of Pharmacy	Roadrunner Pharmacy, Inc.	Pharmacy/Y008007	10/31/2022
Arizona Board of Pharmacy	Roadrunner Pharmacy, Inc.	Wholesale Distributor/W003262	10/31/2022
US Dept of Justice DEA/Pharmacy	Roadrunner Pharmacy, Inc.	Retail Pharmacy/FR8419067	4/30/2022
US Dept of Justice DEA/Wholesale Distributor	Roadrunner Pharmacy, Inc.	Manufacturer/RR0555954	4/30/2023

Inspector Notes: List states in which Non-Resident licenses are held: PIC stated the pharmacy is licensed in all states, where required, however, the company is in the process of shutting down this location and will be abandoning the current licenses. The call center has moved to the new pharmacy location. The new pharmacy location has compounded a handful of products to meet the requirements of being active for state licensing. The new pharmacy location licenses are being obtained with Adam Womack as the PIC and he is working approximately 20 hours a week at the new location and 20 hours a week at this location. The pharmacy name will be changing when the new location is fully functional, estimated to be at the end of 2021, or first quarter of 2022. Pharmacist Womack is the Texas PIC for the current location.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Doc01_PI_RoadrunnerPharmacy_Phoenix_AZ	Employee List
Doc02_NS19.01_RoadrunnerPharmacy_Phoenix_AZ	List of equipment
Doc03_SC9.02_RoadrunnerPharmacy_Phoenix_AZ	List of sterile compounds with extended BUDs
Doc04_NS21.01andST22.01_RoadrunnerPharmacy_Phoenix_AZ	COAs

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	x (DEA)
Veterinary Pharmacy	X	Wholesale Distributor	X
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	X
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	X

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	35,000 (with call center)	Total Pharmacists:	32
Nonsterile Compounding Room size:	6500	Number of Compounding Pharmacists	11
Nonsterile Compounding powder hoods number:	20	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	300	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	75
Sterile Compounding Ante Room size:	110	Number of Compounding Technicians	38
Sterile Compounding Clean/Buffer Room size:	780	Of technicians, how many are certified?	38
Sterile Compounding Number LAFW hoods/areas:	4	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	31
Negative Pressure Sterile HD Room size:	88	Ratio #tech:#RPh present at time of inspection:	6:1
Sterile HD Compounding Number of BSC hoods:	1	Total Pharmacist Hours Per Week:	1080
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	3000
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	2500	Total Orders Distributed/day:	500
% Veterinary Prescriptions	100%	% Veterinary Orders	100%
% Controlled Substance Prescriptions	3%	% Controlled Substance Orders	20%
% Nonsterile Compounded Prescriptions	75%	% Nonsterile Compounded Orders	75%
% Sterile Compounded Prescriptions	25%	% Sterile Compounded Orders	25%
% Hazardous Drugs (HD) Prescriptions	15%	% Hazardous Drugs (HD) Orders	6%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	4	0	day
AL	56	0	day
AR	18	0	day
AZ	207	0	day
CA	321	0	day
CO	198	0	day
CT	36	0	day
DC	4	0	day
DE	8	0	day
FL	146	0	day
GA	105	0	day
HI	8	0	day
IA	13	0	day
ID	30	0	day
IL	103	0	day
IN	61	0	day
KS	23	0	day
KY	24	0	day
LA	36	0	day
MA	38	0	day
MD	44	0	day
ME	10	0	day
MI	79	0	day
MN	57	0	day
MO	39	0	day
MS	6	0	day
MT	20	0	day

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	184	0	day
ND	3	0	day
NE	16	0	day
NH	10	0	day
NJ	34	0	day
NM	45	0	day
NV	56	0	day
NY	130	0	day
OH	111	0	day
OK	14	0	day
OR	159	0	day
PA	39	0	day
RI	2	0	day
SC	39	0	day
SD	1	0	day
TN	59	0	day
TX	119	0	day
UT	44	0	day
VA	126	0	day
VT	7	0	day
WA	264	15	day
WI	49	9	day
WV	20	0	day
WY	9	1	day
Other:			

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	AZ PIC for the location is Lee Miller; TX PIC for the location is Adam Womack
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	PIC Miller is at this location full-time; Pharmacist Womack is at this location approximately 20 hours a week
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Order a refill
8.00	Are photographs allowed during the inspection (no PHI)?	No	
9.00	List of additional personnel interviewed as part of the inspection, including name and title:		Adam Womack, Texas PIC & Nonsterile Compounding Supervisor; Michael Martinez, Sterile Compounding Supervisor
Types of Practice Additional Questions	**If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	Both in-state and out-of-state, 1-2%
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	In-state 3% (503B location sends most of the AZ items); out-of-state 8%; PIC states the pharmacy has a list of what states allow for office use.
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	WD license is maintained for states where office use is not permitted unless there is also a WD license.

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Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	0%
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	0%
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Closed door pharmacy
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	4/11/2019; usually, an annual inspection
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	Yes	Wholesale distributor licenses and DEA manufacturer license
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	California (virtual inspection occurring) - typically an annual inspection by California focusing on sterile compounding
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	Yes	Security inspection - 5/21/2019 (no deficiencies) DEA audit on a specific veterinarian visit on 3/19/2021.
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	Yes	October 2016, no 483 issued.
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	PCAB, virtual inspection in February 2021
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	No	Kept onsite for 1 year, then archived with Iron Mountain for 9 years
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	No	Kept onsite for 1 year, then archived with Iron Mountain for 9 years
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept electronically
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept electronically
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Prescription can be deactivated, but never deleted.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	P & P, spreadsheets and hard stops in the computer software (some states allow office use, but not sterile office use)

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Documented by office manager in a spreadsheet
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Monthly primary source verification by office manager
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	door sensors, motion detectors, cameras, monitored by security company, badge system, separate alarm and badge access to CS room, CS is in locked security cameras with badge only access
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	Inside DEA cage and inside large, heavy combination safe and in the compounding room API's are in separate locked cabinets
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Pharmacists would remain onsite. Relocate drug product to a different area of the pharmacy that could be secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	

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37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Return Solutions
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle; monthly pick-up and PRN
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Closed door pharmacy
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Email alerts go to supervisors for different areas (nonsterile area alarms would go to nonsterile compounding area, etc.) Alarm is triggered below 68 degrees F and above 77 degrees F. Records are maintained perpetually. Temperature at time of inspection 70.2 degrees F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Smart Sense continuous temperature monitoring is used.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Same system, excursion alerts and record maintenance as CRT. Range alerts below 36 degrees F and above 46 degrees F. Onsite 1 yr/offsite 9 years - records maintained.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Temperature at time of inspection (#10) refrigerators: 38.2/42.4/42.1/37.5/40.2/39.1/40.4/38.4/38.1/39.3 degrees F
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Same system, excursion alerts and record maintenance as CRT. Range alerts below -13 degrees F and above 14 degrees F. onsite 1 yr/offsite 8 years - records maintained.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	Temperature at time of inspection (#2) freezers: -4.2/-5.4 degrees F

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43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Power outage - review excursion data and destroy, if necessary; could move product to separate refrigerator/freezer units if failure.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Redundancy for HVAC units and adjustments can be made with units on the roof; HVAC company emergency call and could move product.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	zero automated apparatuses for processing/counting
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	

Product Receipt and Inventory

If any part of a question is no, enter "No" and explain the observation.

47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Pharmacy supply chain team establishes vendors.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	ABC
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Verified through ABC
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Supply chain completes quarterly

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		Finding	Notes
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Supply chain completes quarterly
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Receiving team would return any suspect product to the WD.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Pharmacy staff interviewed did not have access to these records for inspector to review.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	Yes	Secured in PIC's office in a locked file cabinet; POA for PIC and one other pharmacist
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	No	Pharmacy does not order from CSOS.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	Pharmacy does not purchase compounds from any other entity.

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		Finding	Notes
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory of all CS; non-CS inventory counts are completed quarterly
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	AZ BOP and DEA
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Monthly reconciliation
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Apr-21
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly checks
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	

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		Finding	Notes
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Entered by a pharmacy technician, updated when refills requested
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	Species is indicated in the patient name and all prescriptions are for veterinary use.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	If a pharmacy technician has any question about a prescription, he/she refers it to a pharmacist for clarification. Pharmacist would verify prescribers DEA/license and do outreach to the prescriber.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Process includes ongoing relationship with prescribers and comparing physical addresses. All veterinary practice that does not lend itself to telemedicine.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Only non-controlled substances
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	C2's are mailed in and C3-5 are faxed or mailed.
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	PV1 occurs in the call center (by a pharmacist)
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Manual DUR occurs at PV1

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67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Routinely review appropriateness of medication for species.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	species/weight
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	Plumbs online; USP online; Papich Handbook of Veterinary Drugs; Exotic Animal Formulary (Carpenter's)
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Some exemptions for veterinary only. Depending upon the state requirements for reporting by either animal name, or owner name. Details regarding individual state requirement is in the software.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Documented by individual pharmacist log-in on the patient profile.
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	No	Manual
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	No	Plumbs online is not an integrated drug database, but it allows PV1 pharmacists to check for some drug interactions, depending upon the species and medications.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	PV2 pharmacist reviews after filling/labeling has occurred.

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69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labels include all expected information for patient, medication and prescriber and comply with CA (and other state) specific requirements.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Proprietary software
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	PHI does not apply, but pharmacy uses Shred-IT
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Pack outs have been designed based upon weather conditions in Phoenix and for time of year. Temperature verifications are sent to another location across the country with a monitor for the entire shipment duration every quarter. Use non-frozen ice packs, in the winter, to insulate to keep from freezing.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	Yes	There is common ownership.
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	Prescription processing can occur at other Covetrus locations. This is new, based upon the purchase of RoadRunner by Covetrus and the name change/move to another location.
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	

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74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
Patient Counseling and Communication	**If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed door pharmacy
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed door pharmacy
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	Closed door pharmacy
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	Pharmacy does not have any delivery, only via mail/UPS
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Manifest sent with the product has pharmacy phone number and provide printed information
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Pharmacy has created some and the pharmacy uses Plumb's information document when available
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Pharmacy has created some and the pharmacy uses Plumb's information document when available
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Documented in sales force software

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84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	On-call number is provided
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

Quality Assurance/Quality Improvement Program

If any part of a question is no, enter "No" and explain the observation.

87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC and PCC (pharmacy compliance coordinator)
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Onboarding and annual

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Documentation in Sales Force
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation includes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Monthly review by PIC and PCC
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Annually and prn
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	

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		Finding	Notes
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	Including reporting within 12 hours to California for CSP
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Monthly
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Call center completes customer surveys
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
General Operations and Information			
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	No	Pharmacy does not always collect a complete patient profile, ie. other medications dispensed by other pharmacies.
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	No	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	No	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	Yes	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	Yes	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	Yes	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	Yes	All products are promoted by the sales force.
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	Yes	Placebo chewables/mini-tablets (no API)
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	Yes	Placebo chewables/mini-tablets (no API)
2.06	If yes, are any of these controlled substances? *List compounds provided.*	No	

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Inspection Date: 6/9/2021

		Finding	Notes
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	liquids, capsules, tablets, soft-chews, flex-tabs, mini-melts, scoop powders
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	creams, gels, ointments, transdermals, lotions, nasal sprays, suppositories
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	No	
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	No	Vet use only pimobenden is currently compounded; pharmacy maintains documentation
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
10.00	Does the pharmacy perform compounding identified as simple? *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	7%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	48%
12.00	Does the pharmacy perform compounding identified as **complex?** *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	40%
13.00	Does the pharmacy perform compounding with **hazardous drugs?** *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	20% (Most non-sterile hazardous are transferred to location in Houston.)
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
15.00	Does the pharmacy compound using any **controlled substances?** *Indicate percentage of controlled substance nonsterile compounding.*	Yes	5%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	PCCA, Medisca, Letco, Cal-Chem, Willow Birch, Attix, AX Pharmaceuticals, Masteam, BlueBay, Spectrum
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Supply chain team verifies; on the FDA website; documented in a spreadsheet

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Inspection Date: 6/9/2021

		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	When an overseas API is received it is sent for assay testing before using.
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		See attached list.
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	Pharmacy uses the automatic calibration on the balances before compounding.
19.03	Describe the pharmacist checks for the measurement of each ingredient		It depends on the product, the final is verified during PV2, if a dilution, then the pharmacist verifies before it is mixed.
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	
Component Selection and Use			
	Total Non-Compliant (Includes Unknowns)	0	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	Food grade for flavorings
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	

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		Finding	Notes
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	Compliant	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	N/A	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	Typically use an oil base.
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	Compliant	

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		Finding	Notes
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	Compliant	
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	Pharmacy states it does not compound for any food chain animals.
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	Compliant	Do not necessarily know if performance animal, would use Plumb's as a reference
Beyond Use Dating (BUD)			
	Total Non-Compliant (Includes Unknowns)	0	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Compliant	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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Inspection Date: 6/9/2021

		Finding	Notes
	Environment		
	Total Non-Compliant (Includes Unknowns)	**0**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	Per powder hood
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	Pharmacy uses powder containment hoods with redundant HEPA filters.
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	Every six months
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is recommended - not required)*	Compliant	

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		Finding	Notes
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
Training - *Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	0	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	

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Verified Pharmacy Program® Inspection Form

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		Finding	Notes
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	
Compounding Equipment			
	Total Non-Compliant (Includes Unknowns)	0	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Equipment is calibrated as required by the manufacturer and inspected routinely
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	Every six months
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	Pre-filters are changed either every 2 weeks or every 4 weeks, depending upon the powder load.
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed. Recommended rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
Documentation			
	Total Non-Compliant (Includes Unknowns)	0	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	

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Inspection Date: 6/9/2021

		Finding:	Notes
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	

Compounding Procedures

	Total Non-Compliant (Includes Unknowns)	0	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	

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		Finding	Notes
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment. Compounding MUST be observed, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	Pharmacy has 20+ technicians actively compounding at the same time with approximately 3 pharmacists providing supervision/oversight. Technicians observed compounding capsules, creams, chew-tablets. Inspector observed a preparation where the API was being weighed, but the technician had abandoned the preparation. She didn't return within 5 minutes, despite API powder on the scale and the API container open inside the powder hood. The nonsterile compounding supervisor and PIC advised they did not know where the technician had gone, but the powder hood would be cleaned and the components discarded with the entire preparation prepared from step one. Pharmacist Womack pointed to a powder hood where a preparation was awaiting pharmacist approval as the correct way to leave a preparation in a hood. The weigh boats were sealed in baggies and there were no open API containers.
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization*		n/a

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Inspection Date: 6/9/2021

		Finding	Notes
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	1	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	Compliant	Sampling of stock items to test for potency; completed regularly for gels (3 consecutive batches and then quarterly testing of the product)
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	Compliant	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Non-Compliant	Not on the individual label for some preparations, but available on the compounding log.
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	

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Inspection Date: 6/9/2021

		Finding	Notes
80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation AND again immediately prior to dispensing for any signs of instability.	Compliant	
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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		Finding	Notes
[redacted]	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. *(NA if no sample)*		cyclosporine 2% ophthalmic solution #42
[redacted]	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Inspector entered the ante room, ISO class 7 preparation room, and the hallway leading to the buffer rooms. Inspector was able to observe all sterile compounding activities through large windows between the hallway and the buffer room.
General Operations Information			
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	No	Pharmacy does not collect other medications not dispenses by the pharmacy for every patient.
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	No	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Yes	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	Yes	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	Yes	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	Yes	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	No	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	No	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	
4.00	Which of the following sterile compounds are prepared?		

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		Finding	Notes
4.01	Allergen extracts	No	
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	Yes	
4.04	Preservative-free parenterals	No	
4.05	Ophthalmic preparations	Yes	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	No	
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	No	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	No	
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	No	0%
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	No	0%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	N/A	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	N/A	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		

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		Finding	Notes
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	No	0%
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	N/A	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	100%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	No	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		See attached.
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	Yes	stability, potency, sterility, endotoxin, method suitability, subvisible particulates, container closure
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	No	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	0%
12.00	Does the pharmacy perform compounding with **hazardous drugs?** *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	Yes	53%
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implentation date? Describe plan.	Yes	Fully compliant
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	Yes	

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		Finding	Notes
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	Yes	
13.00	Are Safety Data Sheets (SDS) (formerly known as Material Safety Data Sheets (MSDS)) available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Electronic
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	No	
15.00	Does the pharmacy compound using any Federally **controlled substances** I-V? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	Yes	5%; buprenorphine, tramadol, phenobarbital
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	Verified by supply chain team and confirmed on FDA website. Documented
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		See attached
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Daily calibration; depending on the max weight of the scale, the pharmacy uses a weight to calibrate and log in software
18.00	Does the pharmacy have a **lyophilizer**?	No	
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		n/a
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		n/a

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	Yes	Covetrus laboratory services, Eagle and ARL sterility, potency, endotoxin, subvisible particles, impurities, pH, presence of preservatives
21.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures? *Note: If the facility indicates "yes", please ask each question below to verify.*	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	

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		Finding	Notes
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	Yes	
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	0	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products*. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	N/A	
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	
22.08	All APIs are labeled with the date they were received.	Compliant	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	N/A	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	N/A	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	Compliant	
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	Pharmacy states it never compounds for food chain animals
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	Compliant	Plumb's
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	Compliant	
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	Compliant	Direct testing for extended BUD's
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	Compliant	
	Environment		
	Total Non-Compliant (Includes Unknowns)	1	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Compliant	
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	N/A	
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	N/A	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	N/A	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Compliant	
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	
46.04	This area is used only for low- and medium-risk compounding **(HD and high-risk not allowed).**	N/A	
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	Continuous temperature monitoring
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	

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Inspection Date: 6/9/2021

		Finding	Notes
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	Compliant	
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding.*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	N/A	

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Inspection Date: 6/9/2021

		Finding	Notes
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Non-Compliant	Doors are not interlocking, there is no signage, no documentation of training for personnel
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	N/A	
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:** BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	

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Inspection Date: 6/9/2021

		Finding	Notes
Cleaning and Disinfection			
	Total Non-Compliant (Includes Unknowns)	2	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Non-Compliant	Pharmacy does not have a procedure to rinse/sanitize the tools.
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Non-Compliant	Mops observed in the closet area of the ISO class 7 hallway were not labeled.
59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	Compliant	
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	Refer to SDS for what agents to use and use the appropriate spill kits
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	

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66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? *(This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
	Training *Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (includes Unknowns)	0	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	Reviewed six personnel training files; #3 compounding technicians and #3 compounding pharmacists
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	
70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	Compliant	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Findings	Notes
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	N/A	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	N/A	All sterile compounding is high risk
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*	N/A	All sterile compounding is high risk

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	Compliant	
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	Inspector observed #1 CFU on gloved fingertip testing for compounding personnel (not initial gloved fingertip) and pharmacy does not identify down to the genus.
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
Garbing			
	Total Non-Compliant (Includes Unknowns)	**0**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	Personnel wear scrubs for sterile compounding.
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
Environmental Monitoring			
	Total Non-Compliant (Includes Unknowns)	1	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	N/A	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	Compliant	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	Compliant	
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Compliant	
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	Viable air every six months; surface sampling every month
106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Non-Compliant	Inspector observed #1 CFU on gloved fingertip testing for compounding personnel (not initial gloved fingertip) and pharmacy did not identify down to the genus.
106.07	If the number of CFUs detected in the rooms exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected in the PECs exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	Compliant	Covetrus lab services validates the internally qualified technician

Equipment

	Total Non-Compliant (includes Unknowns)	0	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	
111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	Compliant	
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	Compliant	
111.02	The ACD is used when performing media fill testing.	Compliant	

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
Compounding Procedures			
	Total Non-Compliant (Includes Unknowns)	1	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). Compounding MUST be observed, if compounding is not being performed at the time of survey mark item as "Non-Compliant"*	Compliant	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization*		n/a
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	N/A	

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	N/A	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	N/A	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	estradiol cypionate 2mg/ml injection; voriconazole 1% opth soln; praziquantel 50mg/ml inj
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	
122.04	Person compounding the preparation	Compliant	
122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	

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Verified Pharmacy Program® Inspection Form

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e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Non-Compliant	Preparer and verification pharmacist identifiers are not on the label, but available on the compounding log.
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	N/A	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*	N/A	
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	Compliant	All sterile compounds have extended BUD stability studies. Reviewed studies for estradiol cypionate 2mg/ml injection; voriconazole 1% opth soln; praziquantel 50mg/ml inj
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	N/A	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	
131.04	Filtering is completed rapidly without filter replacement.	Compliant	
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	
132.00	**Steam sterilization** documentation includes:		
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	Compliant	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	Compliant	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	Compliant	
132.04	That the CSP will not be adversely affected by the steam and heat	Compliant	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	Compliant	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	Compliant	
133.00	**Dry heat sterilization** documentation includes:		
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	N/A	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
133.02	Sufficient space is left between materials to allow for air circulation	N/A	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	N/A	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	N/A	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	N/A	
134.00	**Depyrogenation by dry heat documentation includes:**		
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Compliant	
134.02	The description of the cycle and duration for specific load items	Compliant	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Compliant	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Compliant	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	N/A	

Finished Preparation Release Checks and Tests

	Total Non-Compliant (Includes Unknowns)	0	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		
141.01	Sterility testing includes both bacterial and fungal testing.	Compliant	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	Compliant	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	Compliant	
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	Compliant	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	Compliant	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	Items are not dispensed before sterility testing is completed.
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	Compliant	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Roadrunner Pharmacy, Inc. dba Roadrunner Pharmacy, Inc.
e-Profile ID: 758813
Inspection Date: 6/9/2021

		Finding	Notes
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	Compliant	
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	Compliant	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	**0**	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

CIGNA ID	Name	Job Title	License #	License Type
414028	Aguirre, Carlos	Pharmacy Technician Associate Representative	T067215	Technician
411112	Aguirre, Marisol	Pharmacy Technician Representative	T035938	Technician
562101	Aguirre, Nathalie Grace	Pharmacy Technician Associate Representative	T072485	Tech Trainee
409594	Ahrens, Mariana M.	Pharmacy Operations Lead Representative	T036553	Technician
400447	Araya, Tsige N	Pharmacy Technician Associate Representative	T004610	Technician
569104	Avila, Juan	Pharmacy Technician Associate Representative	T067622	Tech Trainee
411462	Bajrami, Hidajete	Pharmacy Technician Associate Representative	T029338	Technician
405838	Ballesteros, Janett	Operations Senior Supervisor	T058048	Technician
400865	Basma, Amal H	Pharmacy Technician Associate Representative	T001860	Technician
403067	Brady, David J	Operations Senior Supervisor	T018928	Technician
408179	Bui, Quyen	Pharmacy Technician Associate Representative	T035840	Technician
405239	Burris, Linda	Pharmacy Technician Associate Representative	T047572	Technician
408587	Carranza, Lydia S.	Pharmacy Technician Associate Representative	T002182	Technician
400862	Carrello, Paul A	Pharmacy Technician Representative	T004608	Technician
561636	Ceballos, Dorothy	Pharmacy Technician Associate Representative	T070253	Tech Trainee
404701	Chan, Kebrina Francis	Pharmacy Technician Representative	T020878	Technician
400863	Cherian, George	Pharmacy Technician Associate Representative	T020148	Technician
565371	Chum, Eric	Pharmacy Technician Associate Representative	T070784	Tech Trainee
411237	Cichy, Stacy Susan	Pharmacy Technician Associate Representative	T012077	Technician
401363	Coleman, Carla Adrienne	Pharmacy Operations Lead Representative	T010396	Technician
405987	Corral, Beatriz	Pharmacy Technician Associate Representative	T019769	Technician
404594	Cummings, Madelyn Sophia	Quality Review and Audit Representative	T024215	Technician
400959	Dancourt, Stella G	Pharmacy Technician Associate Representative	T001736	Technician
400762	De Field, Estrrellita C	Pharmacy Technician Representative	T004618	Technician
405269	de Guzman, Maria Teresa	Pharmacy Technician Associate Representative	T017917	Technician
410794	DuBois, Erica	Pharmacy Operations Lead Representative	T043993	Technician
408028	Duty, Amanda M	Pharmacy Technician Representative	T033157	Technician
402100	Eason, Lisa Faye	Pharmacy Technician Representative	T010573	Technician
400958	Eden, Jason Richard	Pharmacy Operations Lead Representative	T008148	Technician
404507	Edison, Sheila	Pharmacy Technician Associate Representative	T014872	Technician
410080	Estrada, Ramel	Pharmacy Technician Representative	T037446	Technician
404456	Faust, Eddie E	Pharmacy Technician Associate Representative	T024606	Technician
572502	Feba Rachal Thomas, Fnu	Pharmacy Technician Associate Representative	T072144	Tech Trainee
401082	Flota, Melinda Allen	Pharmacy Technician Representative	T052178	Technician
409327	Gazi, Deborah Lee	Pharmacy Technician Associate Representative	T039177	Technician
545463	George, James K	Pharmacy Technician Associate Representative	T067167	Technician
411240	Green, Alicia Christine	Pharmacy Technician Associate Representative	T011912	Technician
402510	Guerra, Cyndi Ann	Business Project Advisor	T002533	Technician
565868	Gundrum, Jannah	Pharmacy Technician Associate Representative	T066793	Tech Trainee
402701	Hicks, Wesley Kiano	Pharmacy Operations Lead Representative	T004568	Technician
414204	Hua, Truc Thu	Pharmacy Technician Associate Representative	T039401	Technician
573715	Jaquez, Yajaira	Pharmacy Technician Associate Representative	T072280	Tech Trainee
410040	Jury, Chad M	Pharmacy Operations Lead Representative	T061574	Technician
405988	Kalthavana, Sreekumar Vijayamma	Pharmacy Technician Associate Representative	T025015	Technician
411226	KemmishLiu, Jing	Pharmacy Technician Associate Representative	T030349	Technician
405978	Kolopanis, Joshua A	Pharmacy Operations Lead Representative	T022935	Technician
413775	Kong, Socheat	Pharmacy Technician Associate Representative	T019892	Technician
404258	Krebs, Scott A	Pharmacy Technician Representative	T023814	Technician
410924	Kwon, Young Jin	Quality Review and Audit Representative	T046884	Technician
413759	Laleva, Roumiana	Pharmacy Technician Associate Representative	T047863	Technician
410811	Larkins, Sherri	Pharmacy Technician Associate Representative	T033282	Technician
414123	Le, Son	Pharmacy Technician Associate Representative	T060836	Technician
400976	Le, Tieng Thi	Pharmacy Technician Associate Representative	T001629	Technician
410480	Lee, Soon Dug	Pharmacy Technician Associate Representative	T039651	Technician
409925	Lem, Minako A	Pharmacy Technician Associate Representative	T018582	Technician
411087	Lemley, Brandon Michael	Pharmacy Operations Lead Representative	T042761	Technician
411216	Leon, Arcadia De Pilar	Pharmacy Operations Lead Representative	T036179	Technician
404255	Levels, Alexis Faye	Pharmacy Technician Senior Representative	T024593	Technician
400882	Li, Xin	Pharmacy Technician Representative	T004136	Technician
417475	Loera Gonzalez, Gerardo	Pharmacy Technician Associate Representative	T045092	Technician

CIGNA ID
402078
400103
403499

551599	Lolodici, Anessa	Pharmacy Technician Representative	T061923	Tech Trainee
404139	Marrufo, Martin Matilde	Pharmacy Operations Lead Representative	T025005	Technician
410379	MARSCHKE, STEVEN L	Pharmacy Technician Representative	T036227	Technician
400472	Martinez, David	Pharmacy Technician Associate Representative	T003413	Technician
411148	McKenna, John Thomas	Pharmacy Technician Associate Representative	T051652	Technician
410896	McKinley, Cindy sue	Pharmacy Technician Associate Representative	T025617	Technician
414608	Miller, Alexander Drew	Pharmacy Technician Associate Representative	T027412	Technician
401277	Monahan, Terrence Francis	Pharmacy Operations Representative	T003127	Technician
404365	Moncayo Kehoe, Christina Elizabeth	Pharmacy Technician Associate Representative	T024904	Technician
410986	Neville, Linda	Pharmacy Technician Representative	T006936	Technician
403476	Nguyen, Anh That	Pharmacy Technician Associate Representative	T020826	Technician
400891	Nguyen, Cuong Van	Pharmacy Technician Associate Representative	T001498	Technician
403939	Nguyen, Leslie Long	Pharmacy Technician Representative	T018942	Technician
403377	Ouk, Dina	Pharmacy Technician Associate Representative	T017736	Technician
402783	Patel, Kalpesh P	Pharmacy Technician Representative	T022802	Technician
408026	Patel, Manav	Pharmacy Technician Associate Representative	T029123	Technician
411227	Pearson, Jamie	Pharmacy Technician Associate Representative	T042793	Technician
403356	Perez, Noe Job	Pharmacy Technician Associate Representative	T064758	Technician
410875	Phipps, Barbara	Pharmacy Technician Associate Representative	T056395	Technician
405926	Price, Bobbie Deborah	Pharmacy Technician Representative	T034448	Technician
401770	Reynolds, Diane Gail	Pharmacy Technician Representative	T009320	Technician
417544	RITTER, AMBER	Pharmacy Technician Associate Representative	T062400	Technician
402790	Rivas, Blanca Maribel	Pharmacy Technician Associate Representative	T032589	Technician
413741	Rodriguez, Naomi Moncerat	Pharmacy Technician Associate Representative	T067059	Technician
401628	Rooney, Kathleen T	Pharmacy Technician Associate Representative	T008773	Technician
404399	Rosario, Juan Carlos	Operations Senior Supervisor	T026932	Technician
402907	Sahadevan Pillai, Dileep Kumar	Pharmacy Technician Representative	T016234	Technician
411286	Salcido, Wendy	Pharmacy Technician Representative	T035583	Technician
402322	Sampson, Portia Shawnte	Pharmacy Technician Associate Representative	T023524	Technician
410759	San Diego, Holly Midori	Pharmacy Technician Associate Representative	T026825	Technician
408375	Sharma, Arun	Pharmacy Technician Associate Representative	T033545	Technician
411113	SMITH, Priscilla Elaine	Pharmacy Technician Associate Representative	T044906	Technician
411339	SMITH-REED, LAURNA E	Pharmacy Technician Associate Representative	T062985	Technician
402133	Sotelo, Lisa Marie	Operations Senior Supervisor	T011133	Technician
411089	Stanley, Matthew Martin	Pharmacy Technician Associate Representative	T022160	Technician
417157	STEPHENSON, EDWARD	Pharmacy Technician Associate Representative	T041788	Technician
403175	Tang, Bao Huyen Phuoc	Pharmacy Operations Lead Representative	T017711	Technician
400966	Taylor, Phillip G	Pharmacy Technician Representative	T003935	Technician
404366	Terzian, Stavros G	Pharmacy Technician Representative	T002428	Technician
411498	Thi, Hue Man	Pharmacy Technician Representative	T044811	Technician
403472	Thomas, Joseph	Pharmacy Technician Associate Representative	T021952	Technician
402566	Tran, Huong Thi	Pharmacy Technician Associate Representative	T013488	Technician
400554	Urias, Maria E	Pharmacy Technician Associate Representative	T004138	Technician
402263	Valenzuela, Grace M	Pharmacy Technician Representative	T010239	Technician
403381	Van Norman, Gretchen Batory	Operations Supervisor	T021575	Technician
402368	Vu, Hoa Minh	Pharmacy Technician Associate Representative	T014899	Technician
410222	Vu, Que Dan Thi	Pharmacy Technician Associate Representative	T062724	Technician
413978	VUONG, TRUNG	Pharmacy Technician Representative	T026358	Technician
402200	Waskosky, Kim R	Pharmacy Technician Associate Representative	T020427	Technician
404286	Wenzl, William C	Pharmacy Technician Associate Representative	T024733	Technician
410334	WILLIAMS, ELIZABETH H	Pharmacy Technician Associate Representative	T005398	Technician
409491	Xochicale, Denise	Pharmacy Technician Associate Representative	T041067	Technician
411298	Yazzie, Sebastian Ray	Pharmacy Operations Representative	T020828	Technician
417276	Zapanta-Dispo, Vincent	Pharmacy Technician Associate Representative	T025549	Technician

CIGNA ID	Name	Job Title	License #	License Type
402078	Baker, Ying	Staff Pharmacist	S015572	Pharmacist
400103	Ballhagen, Kathryn J	Staff Pharmacist	S010426	Pharmacist
403499	Behselich, Chad Phillip	Staff Pharmacist	S015723	Pharmacist
404298	Butler, Scott J	Staff Pharmacist	S016240	Pharmacist
401273	Chen, Lily Chow	Staff Pharmacist	S014122	Pharmacist
403196	Do, Andy L	Staff Pharmacist	S011684	Pharmacist
401573	Ford, Jonathan Patrick	Staff Pharmacist	S010879	Pharmacist
402947	Huynh, Dennis Son	Staff Pharmacist	S012027	Pharmacist
402308	Iyengar, Adarsh	Staff Pharmacist	S015921	Pharmacist
409060	Jaeger, Thomas Andrew	Staff Pharmacist Senior Manager	S017807	Pharmacist
400889	Lovell, Justin L	Staff Pharmacist	S010853	Pharmacist
402683	McCabe, Jay	Staff Pharmacist	S014579	Pharmacist
400409	Mickle, Kathleen A	Clinical Pharmacist	S009887	Pharmacist
400186	Mondone, Patrick J	Clinical Pharmacist	S008837	Pharmacist
400654	Ngo, Jeffrey T	Staff Pharmacist	S010848	Pharmacist
402652	Nguyen, Michael Minh-Hoang	Staff Pharmacist	S016095	Pharmacist
401767	Nicotra, Jill	Staff Pharmacist	S014426	Pharmacist
411625	Pelletier, Daniel Adam	Staff Pharmacist Manager	S019941	Pharmacist
402686	Phu, Tuong Vinh	Staff Pharmacist	S014721	Pharmacist
403158	Pierce, John J	Operations Director	S017118	Pharmacist
401018	Pokorney, Mandi	Clinical Pharmacist Director	S015882	Pharmacist
402550	Ristagno, Antonia Voltis	Staff Pharmacist	S015137	Pharmacist
402439	Roberts, Steven P	Staff Pharmacist	S013676	Pharmacist
410368	Sechena, Kristin Mary	Staff Pharmacist	S020910	Pharmacist
402129	Sipka, Ljiljana	Staff Pharmacist	S015361	Pharmacist
401740	Telewicz, Catherine Marie	Staff Pharmacist	S015212	Pharmacist
402131	Underwood, David Mac	Staff Pharmacist	S011995	Pharmacist
402101	Vo, Thu Lan T	Staff Pharmacist	S014865	Pharmacist
403134	Young, Patricia M	Staff Pharmacist	S012609	Pharmacist
400125	Zapanta-Dispo, Elizabeth Quiambao	Staff Pharmacist	S010037	Pharmacist

CIGNA ID	Name	Job Title	License #	License Type
401859	Abbott, Charlene Elaine	Pharmacy Production Clerk Associate Representative		
414509	Adams, Yussif	Inventory Representative		
410515	Aguilar, Abel John	Inventory Representative		
408221	Aguilar, Ofelia	Pharmacy Production Clerk Associate Representative		
409054	Alexander, Jennifer L.	Pharmacy Production Clerk Associate Representative		
572447	Anaya, Destiny	Pharmacy Technician Associate Representative		
409387	Antoni, Denise A.	Inventory Representative		
401275	Armendariz, Scott Andrew	Procure-to-Pay Senior Manager		
403269	Armstrong, Krysti Denise	Procure-to-Pay Senior Analyst		
400657	Arora, Shyamli	Procure-to-Pay Senior Analyst		
402373	Arshad, Muhammad Danish	Warehouse Associate Representative		
401649	Arvizu, Vanessa	Procure-to-Pay Senior Supervisor		
562775	Austin, Michelle	Pharmacy Production Clerk Associate Representative		
402690	Baca, Felipe Eloy	Warehouse Associate Representative		
402763	Bacon, Debbie D	Pharmacy Production Clerk Associate Representative		
402642	Barker, Tuyet Anh	Pharmacy Production Clerk Associate Representative		
400927	Barton, LRay	Agile Product Management Senior Advisor		
405238	Bates, Gary Jay	Pharmacy Production Clerk Associate Representative		
405029	Benavides, Marvin	Pharmacy Production Clerk Associate Representative		
412631	Benitez Cruz, Elizabeth	Warehouse Associate Representative		
414402	Benoit, Chris	Warehouse Associate Representative		
401199	Bigas, Malgorzata	Inventory Representative		
547775	Blevins, Zaria	Pharmacy Production Clerk Associate Representative		
408760	Buckrucker, Christine Nicole	Corporate Real Estate Advisor		
702646	Buckrucker, Christopher	Building Engineer Lead Analyst		
400760	Bui, Thaouyen T	Pharmacy Production Clerk Associate Representative		
404016	Bulizak, Craig L	Pharmacy Operations Lead Representative		
400285	Caldwell, Steven Melvin	Operations Senior Manager		
411274	Callicotte, Douglas Cory	Operations Senior Supervisor		
411190	Camp, Maurice Carter	Corporate Security Advisor		
565500	Canisales, Nicholas	Warehouse Associate Representative		
414477	Carletello, Blanca Estella	Inventory Representative		
405796	Castillo-Curtis, Raichelle Vera	Automation Engineer Senior Analyst		
402836	Chapman, Justin L	Business Analytics Senior Advisor		
400881	Chen, Xiao Hua	Pharmacy Production Clerk Associate Representative		
401448	Clontz, Nikole R	Procure-to-Pay Director		
412863	Connell, James Andrew	Automation Engineer Senior Analyst		
405151	Constable, Karen Beth	Pharmacy Production Clerk Associate Representative		
404512	Constable, Marc	Pharmacy Production Clerk Associate Representative		
408162	Cooley, Casey Edmond	Procure-to-Pay Senior Analyst		
564980	Corral, Daniela	Pharmacy Production Clerk Associate Representative		
401424	Cote, Jordan B	Legal Compliance Senior Analyst		
429562	coyle, christie	Warehouse Associate Representative		
403079	Coyle, Robert	Automation Engineer Senior Analyst		
571616	Davis, David	Time and Materials		
692037	DE LA TORRE, LEE	Pharmacy Production Clerk Associate Representative		

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412795	DeBerry, Keith	Inventory Representative		
402325	Delic, Jasna	Pharmacy Production Clerk Associate Representative		
537380	DeVries, James	Corporate Real Estate Manager		
564992	Do, Bac	Pharmacy Production Clerk Associate Representative		
410197	Dobos, Terry	Inventory Representative		
412063	DORICARION, NORMAN M	Inventory Representative		
411837	DORSEY, ANTHONY	Warehouse Associate Representative		
404844	Dragoo, KimDanh Thi	Pharmacy Production Clerk Associate Representative		
400249	Dreessen, Lori J.	Quality Review and Audit Lead Analyst		
403096	Drew, Joslyn Regina	Procure-to-Pay Advisor		
571731	Enrquez, Oscar	Time and Materials		
553169	EVERHART, NIKOLAS	Automation Engineer Lead Analyst		
570640	Fernandez, Fatima	Pharmacy Production Clerk Associate Representative		
420220	Ferraro, Lauren	Corporate Security Lead Analyst		
403027	Fondry, Dylan Doran	Operations Managing Director		
401025	Fragoso, Livier	Business Project Advisor		
412886	Friedrich, Bernd	Pharmacy Production Clerk Associate Representative		
410607	Galindo, Gloria	Pharmacy Production Clerk Associate Representative		
400993	Gonci, Loan Kieu	Pharmacy Production Clerk Associate Representative		
412864	Gonzales, Fernando Gutierrez	Inventory Representative		
404581	Gonzales, Marcelino	Warehouse Associate Representative		
647680	Gough, Sylvia	Pharmacy Production Clerk Associate Representative		
400500	Graf, Kristin	Account Management (Non-IC) Principal		
402448	Griego, Henna Rasik	Operations Senior Director		
688926	Gutierrez, Stephanie	Inventory Representative		
400971	Haight, Myrna K	Administrative Assistant Senior Representative		
400195	Hardy, Gregory R	Pharmacy Operations Lead Representative		
567043	Harpster, Zachariah	Automation Engineer Senior Analyst		
405054	Hartgrove, Zachariah John	Business Analytics Lead Analyst		
413757	HENIN, MARYAM ERNEST KAMEL	Pharmacy Production Clerk Associate Representative		
400136	Hepner, Jay A	Technical Support Advisor		
400105	Hepner, Melissa D.	Quality Review and Audit Senior Manager		
561555	Hernandez, Destiny	Warehouse Associate Representative		
412885	Hernandez, Paul G	Pharmacy Operations Senior Representative		
404631	Hill, Ryan Wilson	Business Analytics Lead Analyst		
417506	Hobbs, Cheryl	Warehouse Associate Representative		
404018	Hoogendoorn-Mitchell, James Blain	Automation Engineer Senior Analyst		
536928	Hopper, Derek	Pharmacy Production Clerk Associate Representative		
403003	Hosford, Deidre Marie	Resource Planning Advisor		
400715	Huynh, Hieu Trung	Warehouse Associate Representative		
400877	Huynh, Kim Huong Thi	Pharmacy Production Clerk Associate Representative		
408198	Hybl, Barbara Jeanne	Warehouse Associate Representative		
405303	Ingram, John L	Inventory Representative		
410371	Jackson, Richard	Inventory Representative		
409858	Johnson, Adam	Automation Engineer Lead Analyst		
412761	Johnson, Carl Henry	Inventory Representative		
400301	Jury, Danieyra	Business Analytics Lead Analyst		
427781	Kamdar, Rushabh	Operating Effectiveness Senior Advisor		
409960	Klein, Leah Diane	Procure-to-Pay Advisor		
410317	Kopenhaver, Grace	Warehouse Associate Representative		

405430	La Strange, Peter J A	Sr Manager - Pharmacy Ops		
400556	Lambestra, Wendy E	Sales Operations Senior Advisor		
400761	Le, Diem-Chau Thi	Pharmacy Production Clerk Associate Representative		
410223	Le, Kiet Anh	Inventory Representative		
414251	Le, Trinh Al	Pharmacy Production Clerk Associate Representative		
411195	Lee, Geler	Pharmacy Production Clerk Associate Representative		
410404	Lemme, Thomas Paul	Warehouse Associate Representative		
400629	Liu, Li Fang	Pharmacy Production Clerk Associate Representative		
402717	Lo Stracco, Shawn David	Resource Planning Senior Director		
403900	Locus, Laura	Corporate Real Estate Senior Advisor		
401387	Lopez, Frances Anna	Pharmacy Production Clerk Associate Representative		
573818	Lopez, Joe	Pharmacy Production Clerk Associate Representative		
402799	Lowery, Kenneth Latrell	Operations Senior Manager		
573020	Lozano, Esmeraldo	Time and Materials		
402462	Lundstrom, Joshua Thomas	Pharmacy Production Clerk Associate Representative		
540924	Maave, Rockey	Maintenance Technician Lead Representative		
537675	Macale, Dante	Pharmacy Production Clerk Associate Representative		
400161	Madill, Brad Evan	Pharmacy Production Clerk Associate Representative		
410188	Mahamoud, Abdulahi	Pharmacy Production Clerk Associate Representative		
417077	MARTINEZ, JESSELLSON	Warehouse Associate Representative		
412309	McLean, Micah	Resource Planning Advisor		
400768	Meilinger, J Christopher	Operations Sr. Director		
564016	Mejia, Indira	Pharmacy Production Clerk Associate Representative		
411780	MELGAR, JUAN GUILLERMO	Inventory Representative		
400300	Mendivil, Nicole Ann	Operations Senior Manager		
540885	MILIUS, ROBERT	Maintenance Technician Lead Representative		
412196	Monahan, Jocelyn de La Cruz	Pharmacy Production Clerk Associate Representative		
431104	Moncada, Anahi	Pharmacy Production Clerk Associate Representative		
401726	Moncada, Irene	Pharmacy Operations Representative		
411329	Moncada, Micaela	Pharmacy Production Clerk Associate Representative		
412816	Montiel, Geovanni	Warehouse Associate Representative		
400322	Montijo, Jose Isidro	Pharmacy Operations Representative		
410886	Moreno, Mario Luis	Operations Senior Manager		
402321	Mortimer, Craig Francis	Automation Engineer Advisor		
413862	Narouz, Adel Farhan	Warehouse Associate Representative		
403470	Nguyen, Hai Hoang	Warehouse Associate Representative		
400806	Nguyen, Hong P	Warehouse Associate Representative		
403161	Nguyen, Viet	Software Engineering Senior Advisor		
413092	Nicholson, Jason Lee	Operations Senior Supervisor		
414176	Nickolis, Gregory Lewis	Pharmacy Production Clerk Associate Representative		
402491	Niedosik, Walter John	Corporate Security Advisor		
414173	Nieto-Vazquez, Juana	Pharmacy Operations Senior Representative		
402519	Norm, Chheang	Pharmacy Operations Lead Representative		
412023	Oksen, James William	Pharmacy Production Clerk Associate Representative		
537061	Ortiz Galvan, Janet	Pharmacy Production Clerk Associate Representative		

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401163	Osorio, Alex O	Pharmacy Production Clerk Associate Representative		
402824	Ottenberg, Michael David	Operations Senior Supervisor		
410370	Owen, Rebecca	Warehouse Associate Representative		
404416	Panton, Raquel Angela	Account Management (Non-IC) Senior Advisor		
405107	Patel, Paresha	Pharmacy Production Clerk Associate Representative		
410859	Peloquin, Jay	Pharmacy Clinical Consulting (Non-IC) Director		
411099	Pena, Joe	Inventory Representative		
411279	Pfaff, Theresa Ann	Inventory Representative		
412945	Pham, Ngoc Phuong Thi	Pharmacy Production Clerk Associate Representative		
401725	Phan, Suong Thi Tuyet	Warehouse Associate Representative		
404736	Phung, Hang Ba	Warehouse Associate Representative		
402238	Ponciano, Erick David	Warehouse Associate Representative		
404834	Qu, Shilian	Pharmacy Operations Senior Representative		
410885	Qualls, Kimberly A.	Pharmacy Production Clerk Associate Representative		
403378	Quinones, Elizabeth S	Pharmacy Production Clerk Associate Representative		
525821	Quinonez, Siomara	Pharmacy Production Clerk Associate Representative		
405056	Ramirez, Karen Christina	Business Analytics Senior Analyst		
401223	RAMOS, JOSE	Technical Support Associate Analyst		
410988	Ratan, Russ	Warehouse Associate Representative		
404261	Ratanaphong, Vichanan	Warehouse Associate Representative		
403260	Reichelt, Tyler Rydell	Infrastructure Engineering Advisor		
409851	RHODES, JUDITH S	Pharmacy Production Clerk Associate Representative		
410716	Riblett, Sandra Ruth	Inventory Representative		
410975	Richter, Brandi Allis	Operations Senior Supervisor		
569834	Rodriguez Garcia, Maria Gladys	Pharmacy Production Clerk Associate Representative		
414524	ROSARIO, JOSE Manuel	Warehouse Associate Representative		
404324	Salazar, Enrique	Automation Engineer Lead Analyst		
411220	Samuelson, Maria Necerita Parido	Pharmacy Production Clerk Associate Representative		
405968	Sanchez, Jonathan	Procure-to-Pay Senior Analyst		
412213	Santellan, Cathy	Pharmacy Operations Representative		
417035	Say, Sampoeun	Warehouse Associate Representative		
410807	Segura, Steve Maldonado	Inventory Representative		
404326	Sosa, Liliana	Pharmacy Production Clerk Associate Representative		
417762	Sozinho, David	Sales (IC) Principal		
404262	Stasek, Michael	Warehouse Associate Representative		
403280	Stephens, Jennifer Marie	Resource Planning Senior Manager		
409684	Stewart, James	Automation Engineer Advisor		
411311	ting, ishrael sta. rosa	Pharmacy Operations Representative		
403112	Tomasko, Tammy Lee	Operations Senior Supervisor		
401440	Tran, Hung Vinh	Warehouse Associate Representative		
414474	Tran, My Lien	Pharmacy Production Clerk Associate Representative		
412671	Trevino Torres, Miriam	Warehouse Associate Representative		
428179	Troesch, Thomas	Automation Engineer Senior Manager		
400717	Truong, Thuy Lieu Thi	Pharmacy Production Clerk Associate Representative		
402833	Ur-Rehman, Shafiq	Inventory Representative		
431136	Uwamahoro, Naome	Pharmacy Production Clerk Associate Representative		
412685	Valdez, Yomaira G	Pharmacy Production Clerk Associate Representative		
420887	Vasikonis, Christian John	Automation Engineer Senior Supervisor		

537069	Vega, Aratza	Pharmacy Production Clerk Associate Representative		
402875	Vega, Christopher Ennis	Technical Support Analyst		
688013	Verdugo, Esteban	Resource Planning Advisor		
400612	Vo, Thu Phuong Nguyen	Business Analytics Senior Analyst		
404287	Volfono, Laura Jean	Pharmacy Operations Lead Representative		
545298	Vu, Bach M	Pharmacy Production Clerk Associate Representative		
400985	Warner, Pamela J	Procure-to-Pay Lead Analyst		
404327	Wegener, Concepcion Colipano	Pharmacy Production Clerk Associate Representative		
411063	Wells, Dorian	Business Analytics Advisor		
563084	Woo, Winston	Pharmacy Production Clerk Associate Representative		
404260	Yokich, Pasha	Pharmacy Production Clerk Associate Representative		
536536	Yousaf, Zeeshan	Pharmacy Production Clerk Associate Representative		
413924	Zhang, Shuping	Pharmacy Production Clerk Associate Representative		
536535	Zheng, Lixian	Pharmacy Production Clerk Associate Representative		
414248	ZMAK, JUSTIN	Automation Engineer Senior Supervisor		

Sterile Equipment

Equipment Description	Brand	Model	Serial Number
Compressor/Vacuum Pump	Gast	DOA-P704-AA	412009091
Compressor/Vacuum Pump	Gast	DOA-P704-AA	211016111
Air Compressor	Intertek	10020	CAT-100202621
Air Compressor	Intertek	10020	CAT-100202028
Convection Oven	Binder	9010-0106	E28-02-36825
Autoclave	Tuttenauer	2340M	9811715
Autoclave	Tuttenauer	3670M	1005677
Balance	Ohaus	Scout	B838476285
Balance	Ohaus	Adventurer Pro	8032201083
Balance	Ohaus	Explorer	B805360692
Balance	Ohaus	Explorer	B814636196
Balance	Ohaus	Explorer	B805360683
Balance	Ohaus	Adventurer	B749073148
Balance	Ohaus	Explorer	B805360696
Balance	Ohaus	Explorer	B805360684
BSC	Labconco	302610100	160254057B
Depyro Oven	Shellab	1365DP-2	3013213
	SPX	N/A	N/A
Homogenizer	IKA	UltraTurrax T25 Basic	T25BS1
Homogenizer	Ika	T25 UltraTurrax	T25D81
Stir Plate	Barnstead Thermolyne	SP18425	7.57011E+11
Hot Plate	Benchmark Scientific	H4000-HS	110706178
Hot Plate	Benchmark Scientific	H4000-HS	110706080
Hot Plate	ThermoScientific	SP131635Q	C1769150102784
Hot Plate	ThermoScientific	SP131635	C1769121052993
Hot Plate	ThermoScientific	SP131635Q	C1769150102774
Hot Plate	ThermoScientific	SP131635Q	C1769150102767
Hot Plate	ThermoScientific	SP131635Q	C1769150102737
Hot Plate	ThermoScientific	SP131635	1.76909E+12
Hot Plate	ThermoScientific	SP88850100	C3010012071771995
Hot Plate	ThermoScientific	SP131635Q	C1768150102688
Hot Plate	ThermoScientific	SP131635Q	C1768150102608
Hot Plate	ThermoScientific	SP131635Q	C1769150102798
Hot Plate	ThermoScientific	SP131325Q	C1768150101245
Hot Plate	ThermoScientific	SP131325Q	C1768150102654
Hot Plate	ThermoScientific	SP131325Q	C1768150102663
Hood	N/A	VLFH	LFH-CR-1
Hood	N/A	VLFH	LFH-CR-2
Hood	N/A	VLFH	LFH-CR-3
Hood	N/A	VLFH	LFH-CR-4
LAFW	Nuaire	NU-301-836	1.5514E+11
Dispensing Pump	Wheaton	374301	C13-3710
Dispensing Pump	Wheaton	W375030-C	B19-359
Dispensing Pump	Wheaton	W357020-A	CB-1002
Dispensing Pump	Wheaton	VL3101	1010-1
Dispensing Pump	Wheaton	W375-0130-A	F15-453
Dispensing Pump	Wheaton	W3750130-A	F15-452
Dispensing Pump	Wheaton	W3750130-A	H14-331
pH Meter	ThermoScientific	Orion Star A111	J04764
Shaker	VWR Digital Shaker	1500-2	190627001
Tube Sealer	Accu-Seal	50-233	53568
Tube Sealer	Accu-Seal	50-233	63918

Nonsterile Scales

Compounding

Area of Pharmacy

Maker Bay	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood 1	NS2A	OHAUS	Explorer EX423/E	B805390694	NS2	200g	0.002 g	5%	0.04 g	
Hood 1	NS2B	OHAUS	Adventurer AX2201/E	B828335897	NA	500g	0.2 g	5%	4 g	New Scale
Hood 2	NS5	OHAUS	Explorer EX423/E	B739728749	CB9 02/15/19	200g	0.002 g	5%	0.04 g	
Hood 3	NS3	OHAUS	Explorer EX423/E	B805390695	MKR8 02/15/19	200g	0.002 g	5%	0.04 g	
Hood 4	NS4	OHAUS	Explorer EX423/E	B739728750	SPB7 02/15/19	200g	0.002 g	5%	0.04 g	
Hood 5	NS1A	OHAUS	Explorer EX423/E	B805390697	NS1	200g	0.002 g	5%	0.04 g	
Hood 5	NS1B	OHAUS	Explorer EX124	B836214750	NA	50g	0.0002 g	5%	0.004 g	New Scale
Hood 6	NS6B	OHAUS	Adventurer AX2201/E	B749073147	Ives Roster,	500g	0.2 g	5%	4 g	
Hood 6	NS6A	OHAUS	Explorer EX124	B739728753	NS6 3/19/19	50g	0.0002 g	5%	0.004 g	
Hood 7	NS7	OHAUS	Explorer EX423/E	B812572898	MKR9 02/12/19	200g	0.002 g	5%	0.04 g	
Hood 8	NS8	OHAUS	Explorer EX124	B805390696	MKR1 02/15/19	50g	0.0002 g	5%	0.004 g	

Stock Bay	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood 9	NS9A	OHAUS	Explorer EX423/E	B805390698	NS11A	200g	0.002 g	5%	0.04 g	
Hood 9	NS9B	OHAUS	Adventurer AX2201/E	B748073149	STK8 02/15/19	500g	0.2 g	5%	4 g	
Hood 10	NS10A	OHAUS	Explorer EX3501	B739731158	STK10 02/15/19	500g	0.2 g	5%	4 g	
Hood 10	NS10B	OHAUS	Adventurer AV313	B4535987915	NS1 02/15/19	200g	0.002 g	5%	0.04 g	
Hood 11	NS11A	OHAUS	Explorer EX124	B805390699	NS9A	50g	0.0002 g	5%	0.004 g	
Hood 11	NS11B	OHAUS	Adventurer AX2201/E	B749085472	STK9 02/15/19	500g	0.2 g	5%	4 g	

Capsule Compound Bay	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood 12	NS12	OHAUS	Adventurer AX124	B450075441	None	50g	0.0002 g	5%	0.004 g	
Hood 13	NS13A	OHAUS	Explorer EX423/E	B805390693	NS13	200g	0.002 g	5%	0.04 g	
Hood 13	NS13B	OHAUS	Adventurer AX2201/E	C003930891	NA	500g	0.2 g	5%	4 g	New Scale
Hood 14	NS14A	OHAUS	Explorer EX423/E	B739728748	NS14	200g	0.002 g	5%	0.04 g	
Hood 14	NS14B	OHAUS	Adventurer AX2201/E	B749085472	NA	500g	0.2 g	5%	4 g	New Scale
Hood 15	NS15	OHAUS	Explorer EX423/E	B739728753	&PS8 02/15/19, NS	50g	0.002 g	5%	0.04 g	
Hood 16	NS16	OHAUS	Explorer EX423/E	B931020847	NA	200g	0.002 g	5%	0.04 g	New Scale
Hood 17	NS17	OHAUS	Explorer EX423/E	B739728746	CB6 02/15/19	200g	0.002 g	5%	0.04 g	
Hood 18	NS18	OHAUS	Explorer EX423/E	B739728747	CB6 02/15/19	200g	0.002 g	5%	0.04 g	

Capsule Loader Room	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood 19	NS19	OHAUS	Pioneer PA323	B605074913	NS13 (3/19/19) STK	200g	0.002 g	5%	0.04 g	"Broken Glass"
Hood 20	(no scale)									

ISO Room	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood ISO1	ISO1	OHAUS	Explorer EX423/E	B739728753	ISO5 02/19/19	200g	0.002 g	5%	0.04 g	
Hood ISO1	STK1	OHAUS	Adventurer AV413CN	B833491178		200g	0.002 g	5%	0.04 g	

Penicillin Room	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood PCN1	PCN1B	OHAUS	Adventurer AX2201/E	B923750947	N/A	500g	0.2 g	5%	4 g	
Hood PCN1	PCN1A	OHAUS	Explorer EX124	B838714749	N/A	200g	0.0002 g	5%	0.004 g	

Cephalosporin Room	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Hood CEPH1	CEPH1B	OHAUS	Adventurer AX2201/E	B923750956	N/A	500g	0.2 g	5%	4 g	
Hood CEPH1	CEPH1A	OHAUS	Explorer EX124	B931020849	N/A	200g	0.0002 g	5%	0.004 g	

Tablet Compounding	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Compounding Room	TABCMPD1	OHAUS	Explorer EX124	C004958748		50 g	0.0002 g	5%	0.004 g	

	Compounding Room	TABCMPD2	OHAUS	Explorer EX33001	8850906890	NA	500g	0.2 g	5%	4 g
	Compounding Room	TABCMPD3	OHAUS	Explorer EX124	8931020884	NA	50 g	0.0002 g	5%	0.004 g

Filling

Tablet Counting	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Filling Room	TABCT1	OHAUS	Scout Pro SP4001	B421627419	N/A 02/13/19; TB3 02/20/18	200g	0.1 g	5%	2 g	
Filling Room	TABCT2	OHAUS	Scout Pro SP202	8833312201	TB4 02/20/19	200g	0.01 g	5%	0.2 g	
Filling Room	TABCT3	OHAUS	Scout Pro SP2001	7131312037	STK4 02/20/19	500g	0.1 g	5%	2 g	
Filling Room	TABCT4	OHAUS	Scout Pro SP202	B8728181334	N/A 02/13/19; TB 02/20/19	200g	0.01 g	5%	0.2 g	
Ante Room	TABANTE1	OHAUS	Scout Pro SP202	8511718049	N/A 02/13/19; TB7 02/20/19	200g	0.01 g	5%	0.2 g	

Gel Bay	Name	Manufacturer	Model #	Serial Number	Prior Name	Weight to Use	Linearity	Acceptable Error	Minimum Accurately Weighable Quantity (Linearity / Acceptable Error)	Comments
Adventurer (200g)	GEL BAY	OHAUS	Adventurer AV412	8033321078		200g	0.02 g	5%	0.4 g	

ACTH 40 units/mL (5 mL) ** 90 BUD
ACTH 80 units/mL (5 mL) ** 90 BUD
Amikacin Sulfate 200 mg/mL (30 mL) ** 180 BUD
Aminopentamide 0.5 mg/mL (10 mL) ** 180 BUD
Apomorphine 1 mg/mL (2 mL) ** 180 BUD
Apomorphine 3 mg/mL (2 mL) ** 180 BUD
Apomorphine 6 mg/mL (2 mL) ** 180 BUD
Cidofadrops 0.5% Solution (5 mL tube) 180 BUD
Cyclosporine 1% Solution (5 mL) 180 BUD
Cyclosporine 2% Solution (5 mL) 180 BUD
Cyclosporine2%/Tacrolimus0.02% Solution (5 mL) 180 BUD
Demecarium Bromide 0.125% Solution (5 mL) 180 BUD
Desmopressin Acetate 0.01% Solution (5 mL) 180 BUD
Desmopressin Acetate 0.02% Solution (5 mL) 180 BUD
Dexmedetomidine 1 mg/mL (5 mL) ** 180 BUD
Edetate Calcium Disodium 200 mg/mL (10 mL) ** 180 BUD
Edetate Disodium 1% Ophthalmic (5ML)
Enrofloxacin 50 mg/mL (50 mL) ** 180 BUD
Estradiol Cypionate 2 mg/mL (30 mL) ** 180 BUD
Estrone 5 mg/mL (50 mL) ** 180 BUD
Glycopyrrolate 0.4mg/mL (30 mL) ** 180 BUD
Idoxuridine 0.1% Solution (5 mL) 180 BUD
Medroxyprogesterone 200 mg/mL (100 mL) ** 180 BUD
Meloxicam 10 mg/ml (10 mL) ** 180 BUD
Meloxicam 10 mg/mL (30 mL) ** 180 BUD
Meloxicam 10 mg/mL (50 mL) ** 180 BUD
Meloxicam 2.5 mg/mL (10 mL) ** 180 BUD
Meloxicam 2.5 mg/mL (30 mL) ** 180 BUD
Meloxicam 2.5 mg/mL (50 mL) ** 180 BUD
Methocarbamol 100 mg/mL (50 mL) ** 180 BUD
Methylprednisolone Acetate 40 mg/mL (50 mL) ** 180 BUD
Metoclopramide 10 mg/mL (50 mL) ** 180 BUD
Oxytetracycline 0.5% Ophth Ointment 180 BUD
Pentosan 250 mg/mL (10 mL) ** 180 BUD
Pentosan 250 mg/mL (100 mL) ** 180 BUD
Pentosan 250 mg/mL (30 mL) ** 180 BUD
Praziquantel 50 mg/mL (50 mL) ** 180 BUD
Prednisolone Acetate 1.25% Ophth Susp (5 mL) 180 BUD
Prednisolone Acetate 50 mg/mL (50 mL) ** 180 BUD

Tacrolimus 0.02% Ophth Corn Oil Solution (5 mL) 180 BUD
Tacrolimus 0.03% Ophth Corn Oil Solution (5 mL) 180 BUD
Tacrolite 0.02% Mineral Oil Solution Bottles (5 mL) 180 BUD
Tolazoline 100 mg/mL (100 mL) ** 180 BUD
Triamcinolone Acetonide 4 mg/mL (50 mL) ** 180 BUD
Voriconazole 1% Solution (5 mL) 180 BUD
Yohimbine 10 mg/mL (50 mL) ** 180 BUD
Yohimbine 2 mg/mL (50 mL) ** 180 BUD

Controlled Substances

Buprenorphine 0.15 mg/mL (30 mL) ** 180 BUD
Buprenorphine 0.6 mg/mL (15 mL) ** 180 BUD
Phenobarbital 100 mg/mL (30 mL) ** 180 BUD
Phenobarbital 100 mg/mL (50 mL) ** 180 BUD
Stanozolol 50 mg/mL (10 mL) ** 180 BUD
Tramadol 50 mg/mL (30 mL) ** 180 BUD

PCCA

PCCA USA
9901 South Wilcrest Drive
Houston, TX 77099
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Fax: 281.933.6627

PCCA Canada
744 Baransway Drive
London, ON N5V 5J2
Tel: 800.668.9453
Fax: 519.455.0690

PCCA Australia
Unit 1, 73 Beauchamp Road
Matraville, NSW 2036
Tel: 02.9316.1500
Fax: 02.9316.7422

CERTIFICATE OF ANALYSIS

PRODUCT: PCCA BITTER DRUG POWDER (TM) USE 26 MG/ML
ITEM NUMBER: 30-3447
LOT NUMBER: 8649957
MFG DATE: 05/03/2021
EXPIRATION: 05/03/2023
CAS:
MW: N/A
FORMULA:

TEST	SPECIFICATIONS	RESULTS
Description	off-white powder; Hygroscopic.	pass
Identification	benzoate test (precipitate forms upon stirring)	pass
Solubility	becomes mucilagenous in water; insoluble in alcohol and aacetone; slightly soluble in propylene glycol.	pass
	End of Report	

Inactive
5/28/2021

Tested By: Kierra Briscoe
Reviewed By: Rachel Buckner

QC APPROVED: 2021.05.05
PRINT DATE: 2021.05.22
Page 1 of 1

The above test results have been obtained by our supplier or in our quality control laboratory.
This analysis is not to be construed as a warranty, expressed or implied.

MEDISCA

CERTIFICATE OF ANALYSIS

CAPRYLIC AND CAPRIC TRIGLYCERIDES, NF (Neobee M-5)

Batch/Lot Number : 179042

Manufacturing Date : 03/23/2021

Expiration Date : 02/28/2024

CAS: 73398-61-5

Inactive 5/28/2021 ms

TESTS	SPECIFICATIONS	RESULTS
DESCRIPTION	White to pale yellow liquid with a bland characteristic odor.	CONFORMS
IDENTIFICATION A <401>**	Meet the requirements for Fats and Fixed Oils <401> Fatty Acid Composition.	POSITIVE
FATTY ACID COMPOSITION <401>*	<= 2.0 % (Caproic - C6:0)	0.1 %
	50.0 - 80.0 % (Caprylic - C8:0)	68.3 %
	20.0 - 50.0 % (Capric - C10:0)	31.5 %
	<= 3.0 % (Lauric - C12:0)	< 0.05 %
	<= 1.0 % (Myristic - C14:0)	NOT DETECTED
	>= 95 % (saturated fatty acids with C8 and C10)	99.8 %
APPEARANCE (25°C)	The sample is clear and not more intensely colored than the standard.	CONFORMS
ALKALINE IMPURITIES	<= 0.15 mL of 0.01 HCl	<= 0.15 mL
SPECIFIC GRAVITY <841>	0.93 - 0.96 (20°C)	0.944
WATER <921>I	<= 0.2 %	0.0 %
IODINE VALUE <401>	<= 1.0	<= 0.50
ACID VALUE <401>	<= 0.2	0.0
HYDROXYL VALUE <401>	<= 10	2.1
PEROXIDE VALUE <401>	<= 1.0	0.0
VISCOSITY <911>	25 - 33 cps (19.9° - 20.1°C)	25 - 33 cps

LOT TESTED BY:

Nutra-Technics
2000 Ellesmere Rd., Unit 16
Scarborough, ON M1H 2W4

PUBLISHED BY:

R. Lindangji

PUBLISHED DATE:

05/19/2021

ISSUE DATE:

05/19/2021

The above mentioned product conforms to the specifications of NF.

The above test results are a direct transcription of information provided to MEDISCA from the Certificate of Analysis provided by the manufacturer / supplier. Additional testing conducted by MEDISCA is represented by an asterisk.

All dates in this document are in format mm/dd/yyyy unless otherwise specified

This document has been electronically approved through MEDISCA's Quality Management System.

Darmerica
198 Wilshire Boulevard
Casselberry, FL 32707
www.darmerica.com

Certificate of Analysis

Pimobendan
(USP43)

Product Name : Pimobendan
Mfg. Date : Apr 16, 2021
CAS No. : 74150-27-9

Lot No. : DS5974
Exp. Date : Apr 15, 2024
Batch Qty : 100 kg

TESTS	SPECIFICATIONS		RESULTS
Appearance(In-House)	White or slightly yellowish powder		White powder
Solubility (In-House)	Practically insoluble in water, freely soluble in dimethylformamide, slightly soluble in acetone and in methanol		Conforms
Identification	IR		Conforms
	HPLC		
Melting point(In-House)	About 242°C		242 – 242.8°C
Organic Impurity	Impurity A	≤ 0.1%	0.05%
	Impurity B	≤ 0.1%	Not Detected
	Any Other Impurity	≤ 0.1%	0.06%
	Total Impurities	≤ 0.2%	0.12%
Residue on Ignition	≤ 0.1%		0.07%
Heavy Metals(In-House)	≤ 10 ppm		< 10 ppm
Water	≤ 1.0%		0.46%
Residual Solvent	Ethanol ≤ 5000 ppm		330 ppm
Assay(anhydrous basis)	98.0 - 102.0%		99.70%
Particle Size	90% ≤ 25 µm		Conforms

Conclusion: The product meets the USP43 specifications
Long Term Storage: Store in a sealed container at room temperature.
Special Labeling Requirement: FOR VETERINARY USE ONLY.
ID Test was confirmed by FT-IR on-site. Distributed by Darmerica.

NOTE: Analytical results transcribed from the original COA provided by manufacturer, Lot No. PIM210402.

Based on the review of above information, the lot stands released.

	Name	Title	Signature	Date
Prepared by	Sai Rasane	Quality Assistant		05/04/2021
Released by	Christina Boykin	Quality Assistant		05/05/2021

no Activity Factor
5/12/2021 MB

Certificate of Analysis

Productname: Cisapride
Inspection Report No. INS11815
Batchnumber: 20L03-U02-009548
Quantity: 100 G
Analyzed according to: USP
Expiration Date 9/30/25

Manufacturer Information:

Ref. No.: V03211
Vasudha Pharma Chem Limited (Mfg)
Unit-I Plot No. 39 A&B Phase-I, IDA
Jeedimetla Hyderabad, 500055
India

Tests	Requirement	Result	Unit	Standard remark
Description	White or almost white powder	Conforms		Fagron US
Solubility	Practically insoluble in water, very slightly soluble in ethanol	Conforms		Fagron US
Completeness solution	Conforms	Conforms		USP <641>: Completeness of Solution
Identification A	Conforms	Conforms		Infrared absorption <197K>
Specific rotation	-10 to +10	-1	°	Specific Rotation <781S>
Water	3.4 - 4.0	3.8	%	Method 1 <921>
Residue on ignition	<= 0.1	0.1	%	Residue on Ignition <281>
Chromatographic purity (any)	<= 0.5	0.1	%	Chromatography - HPLC <621>
Chromatographic purity (sum)	<= 1.0	0.2	%	Chromatography - HPLC <621>
Assay	99.0 - 101.0	99.4	%	Titrimetry <541>, anhydrous
Elemental Impurities	Conforms	Conforms		<232>, <233>
Residual solvents	Conforms	Conforms		Residual Solvents <467>

Release:
Julie Lentz
Quality Assurance Technician

Conclusion Date: 1/19/21

Conclusion: APPROVED

no Activity Factor
5/18/2021 MS

This document has been produced electronically from our quality system and is valid without signature.

CERTIFICATE OF ANALYSIS

Printed: 5/18/2021
Customer No : 26476
Customer : VETERINARY PHARMACIES OF AMERICA INC
Customer PO : 595208

Order Number : 3364135
Catalog : F1133
Manufacturer Lot : RF-0620020
Delivery # : 118571773
Furosemide, USP
Lot : 2KC0059
Manufacturer /Supplier Identification Code : 13524

Chemical Formula : $C_{12}H_{11}ClN_2O_5S$
CAS# : 54-31-9

Formula Weight : 330.75

no Activity Factor 5/26/2021 MS

Test	Limit Min.	Limit Max.	Results
ASSAY (DRIED BASIS)	98.0	102.0 %	100.0 %
LOSS ON DRYING	--	1.0 %	0.03 %
RESIDUE ON IGNITION	--	0.1 %	0.02 %
ELEMENTAL IMPURITIES	AS REPORTED		NO ELEMENTAL IMPURITIES PRESENT
ORGANIC IMPURITIES (254 nm)	--	0.5 %	0.03 %
ORGANIC IMPURTIES (272 nm)	--	0.5 %	0.05 %
IDENTIFICATION (A)	SPECTRUM MATCHES REFERECE		SPECTRUM MATCHES REFERANCE
IDENTIFICATION (B)	RETENTION TIME MATCHES STANDARD		RETENTION TIME CORRESPONDS TO STANDARD
IDENTIFICATION (C)	SPECTRUM MATCHES STANDARD		SPECTRUM MATCHES STANDARD
EXPIRATION DATE			31-MAY-2025
DATE OF MANUFACTURE			01-JUN-2020
APPEARANCE			WHITE POWDER
RESIDUAL SOLVENTS:	AS REPORTED		< 600 PPM
MONOGRAPH EDITION			(USP) 42

All pharmaceutical ingredients are tested using current edition of applicable pharmacopeia at time of release.

Read and understand label and MSDS/SDS before handling any chemical. All Spectrum's chemicals are for manufacturing, processing, repacking or research purposes by experienced personnel only. The customer must ensure to provide its users adequate hazardous material training and appropriate protective equipment before handling our chemicals.

The Elemental Impurities standards implemented by USP and other Pharmaceutical Compendia reflect growing understanding of the toxicology of trace levels of elemental impurities that can remain in drug substances originating from either raw materials or manufacturing processes. Identifying and quantifying impurities can be critical to predicting the best possible patient outcomes. Elemental Impurities has been a requirement of all products meeting USP/NF, EP and BP monographs since January 1, 2018. More information can be found in USP sections <232> Elemental Impurities - Limits and <233> Elemental Impurities - Procedures. Data for drug substances furnished by Spectrum Chemical Mfg. Corp. can be used to ensure that patient daily exposures by oral administration to the selected elements are not exceed in the formulation of pharmaceutical products.

Certificate of Analysis Results Certified By:

Jigisha Patel

spectrum® CHEMICAL MFG CORP
Trusted Since 1971
AN ISO 9001:2015 REGISTERED COMPANY

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755-769 Jersey Ave.
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Jigisha Patel
VP Regulatory Compliance & Technical Services, Regulatory
New Brunswick, NJ 08901

Letco MED

Letco Medical, LLC.

DATE CREATED	REVISION	PAGE
April 30, 2021	00	1 of 2

CERTIFICATE OF ANALYSIS

Letco Item:	684773	690960	684774				
Letco Lot:	2104120077	2104120078	2104120079				

DESCRIPTION	SOURCE LOT	DATE OF MANUFACTURE	EXPIRATION DATE
Cottonseed Oil NF	ARI58343	April 2021	April 2023

TEST	SPECIFICATION	RESULT	METHOD
Appearance at 20°C	Clear oily liquid	Pass	Visual
Color	Golden yellow	Pass	Visual
Identification B – Triglyceride Profile	Meets requirements	Pass	USP <202>
Unsaponifiable Matter	Max. 1.5 %	0.44%	USP <401>
Moisture, Method Ic	Max. 0.1 %	0.01%	USP <921>
Acid Value	Max. 0.2mg KOH/g	0.033mg KOH/g	USP <401>
Peroxide Value	Max. 10.0mEg/kg	0.3mEg/kg	USP <401>
Alkaline Impurities	Max. 0.1mL of 0.01N HCl	0.00 mL of 0.01N HCl	USP
Elemental Impurities	Conforms to the limits in USP <232>*	Pass	USP <233>
Added Antioxidants	None added	Pass	
Identification A – Fatty Acid Composition			
< C 14	Max. 0.2%	0.01%	USP <401>
C 14:0	0.3 – 1.0%	0.9%	USP <401>
C 16:0	18.0 – 26.4%	20.1%	USP <401>
C 16:1	Max. 1.2%	0.6%	USP <401>
C 18:0	2.1 – 3.3%	2.6%	USP <401>
C 18:1	14.0 – 21.7%	18.8%	USP <401>
C 18:2	46.7 – 58.3%	55.8%	USP <401>
C 18:3	Max. 1.0%	0.5%	USP <401>
C 20:0	Max. 1.0%	0.3%	USP <401>
C 20:1	Max. 0.5%	0.1%	USP <401>
C 22:0	Max. 0.6%	0.2%	USP <401>
C 22:1	Max. 0.5%	0.0%	USP <401>
C 24:0	Max. 0.5%	0.1%	USP <401>

ADDITIONAL INFORMATION

Complies to current NF Monograph

Inactive 5/28/2021 MS

*Per the manufacturer, this material is reduce-tested for Cadmium, Lead, Arsenic, Mercury, Cobalt, Vanadium, and Nickel, and each element is not detectable at the detection limit of 0.1 ppm. This more than meets the USP limits (0.5, 0.5, 1.5, 3, 5, 10, and 20 ppm respectively).

Letco Medical certifies that this is a true duplication of the manufacturer's original certificate of analysis

海洲制药
Haizhou Pharma

检 验 报 告 单
Certificate of Analysis

品名 Product：美索巴莫 Methocarbamol	生产日期 Mfg.Date(Y/M/D)： 2021 年 03 月 17 日
批号 Batch No： P21ME0302	检验日期 Test Date(Y/M/D)： 2021 年 03 月 20 日
规格 Packing：20kg/桶 20kg/Drum	报告日期 Issuing Date(Y/M/D)：2021 年 03 月 25 日
批量 Batch quantity：284.0kg	复检日期 Retest Date(Y/M/D)：2025 年 03 月 16 日
样品来源 Source：三车间 Workshop No.3	检验依据 Specification：USP43

检验项目 Test Items	标准规定 Specification	检验结果 Result
外观 Appearance	白色或类白色结晶性粉末 White or almost white crystalline powder	白色结晶性粉末 White crystalline powder
鉴别 Identification		
红外吸收 Infrared Absorption	与对照品的图谱一致 Concordant with the RS spectrum	符合规定 Conform
液相色谱 HPLC	与对照品溶液主峰的保留时间一致 The retention time of the major peak of the Sample solution corresponds to that of the Standard solution	符合规定 Conform
含量 Assay	98.5%～101.5%	99.8%
有关物质 Related substances		
愈创木酚甘油醚 Guaifenesin	≤0.15%	0.03%
美索巴莫异构体 Methocarbamol isomer	≤0.05%	0.02%
美索巴莫二氧杂环戊酮 Methocarbamol dioxolone	≤0.05%	<0.02%
单个未特定杂质 Any individual unspecified impurity	≤0.05%	<0.02%
总杂质 Total impurities	≤0.5%	0.06%
炽灼残渣 Residue on ignition	≤0.1%	0.02%
干燥失重 Loss on drying	≤0.5%	0.02%
残留溶剂 Residual Solvents		
甲醇 Methanol	≤100ppm	<5ppm
异丙醇 Isopropanol	≤100ppm	36ppm
甲苯 Toluene	≤75ppm	<5ppm

浙江海洲制药有限公司 检验专用章

检验结论：本品按 USP43 检验，结果符合规定
Conclusion: Conform to USP43 Specification.

Storage condition: store in light containers at controlled room temperature from 15℃ to 25℃.

报告人： Prepared by: 日期 Date: 2021.03.29	QC 审核： Reviewed by: Shi Hongmin 日期 Date: 2021.03.29	QA 批准： Approved by: Xiang Xiafei 日期 Date: 2021.03.29

生产商：浙江海洲制药有限公司 • Manufacturer: Zhejiang Haizhou Pharmaceutical Co., Ltd
Tel: +86-576-85588191 • Fax: +86-576-85588190 • Email: sales@haizhoupharm.com • www.haizhoupharm.com
地址：浙江省临海市沿海工业园区（317016） • Add: Yanhai Industrial Zone, Linhai City, Zhejiang 317016, China

Certificate of Analysis

Metronidazole Benzoate
(USP42)

Product Name : Metronidazole Benzoate
Mfg. Date : Sep 23, 2020
CAS No. : 13182-89-3

Lot No. : DS5570
Exp. Date : Sep 22, 2023
Batch Qty : 500 kg

TESTS	SPECIFICATIONS	RESULTS
Appearance	White or slightly yellowish crystalline powder	Slightly yellowish crystalline powder
Identification	IR TLC: The principal spot of the sample solution corresponds to that of standard solution A, as obtained in the test for organic impurities.	Conforms
Acidity	≤ 0.25 ml	0.07 ml
Organic Impurities	No secondary spot of the sample solution is larger or more intense than the principal spot of the standard solution A(0.5%); and no more than three spots, excluding the principal spot, of the sample solution are larger or more intense than the principal spot of standard solution B(0.2%).	Conforms
Heavy metals	≤ 20 ppm	< 20 ppm
Loss on drying	≤ 0.5%	0.2%
Residue on ignition	≤ 0.1%	0.05%
Assay (dried substance)	98.5 - 101.0%	99.6%

Conclusion: The product meets the USP42 specifications.
Special Labeling Requirement: "WARNING: Federal Law prohibits the administration of this preparation to animals that produce food or animals that are intended for consumption as food."
Long Term Storage: Store in a sealed container at room temperature.
ID Test was confirmed by FT-IR on-site. Distributed by Darmerica.

ERREGIERRE
Via F. Baracca, 19 - 24060 SAN PAOLO D'ARGON (BG) ITALY - Tel. +39-035-958383, Fax +39-035-958185
Man. Sita; Via F. Baracca, 19 - 24060 SAN PAOLO D'ARGON (BG) ITALY - Tel. +39-035-958383, Fax +39-035-958185

CERTIFICATE OF ANALYSIS N°
170307

ISOXSUPRINE HYDROCHLORIDE

CAS N. 579-56-6 CODE 921NP BATCH A210001 MAN. DATE 01/2021 RETEST DATE 01/2027

TEST FOR	SPECIFICATIONS	RESULTS
Description	white odourless crystalline powder, having a bitter taste	Complies
Identification		
- A) IR	positive	Complies
- B) UV	positive	Complies
- C) Colorimetric	positive	Complies
- D) Colorimetric	positive	Complies
Melting point	about 200°C (with decomposition) °C	199.9
pH	≥ 4.5 ≤ 6.0	5.1
Loss on drying	≤ 0.5 %	0.10
Sulphated ash (Residue on ignition)	≤ 0.2 %	0.00
Assay (UV, on dried basis)	≥ 97.0 ≤ 103.0 %	99.7
Related compounds (GC)		
- total	≤ 2.0 %	0.15
Additional specifications		
Related substances - Test A (HPLC)		
- Imp. A - (1RS,2SR)-1-(4-hydroxyphenyl)-2-[(1RS)-1-methyl-2-phenoxy-ethylamino]propan-1-ol hydrochloride	≤ 0.2 %	Non quantifiable
Related substances - Test B (HPLC)		
- Imp. B - 1-(4-hydroxyphenyl)-2-[(1-methyl-2-phenoxyethyl)amino] propan-1-one hydrochloride	≤ 0.1 %	0.02
- sum of any other impurity	≤ 0.5 %	0.22
total (Test A + Test B)	≤ 0.8 %	0.24
Residual solvents (GC)		
- acetone	≤ 1000 ppm	37

OBSERVATIONS:

* **Product complies with current USP monograph**

Copies of this CoA are not valid

APPROVED
on Jan 26, 2021

QUALITY CONTROL
Dr. R.Poli
Jan 26, 2021

921NP

Budesonide USP
F499-20F17SH

Form #: QC-COA-01 [Ver 2]
Effective Date: Sep 11, 2020

AX Pharmaceutical Corp

CERTIFICATE OF ANALYSIS

Budesonide (USP Grade)

Lot Number	F499-20F17SH	**MFG Date**	Jun 17, 2020
Molecular Formula	$C_{25}H_{34}O_6$	**Retest Date**	Jun 16, 2023
CAS Number	51333-22-3	**Batch QTY**	500g
Storage: Preserve in tight, light-resistant containers. Store at controlled room temperature.			

Tests	Specifications	Results
Appearance	White to off-white crystalline powder	Off-white crystalline powder
Odor	Odorless	Odorless
Solubility	Chloroform – Freely soluble Alcohol – Sparingly soluble Heptane – Practically insoluble Water – Practically insoluble	Conforms
Identification	IR, UV: As per standard	Conforms
Loss on drying	≤ 0.3%	0.20%
Endotoxin test	≤ 175EU/mg	< 175EU/mg
Microbial limits	Total aerobic microbial count: ≤ 10^3cfu/g Total combined molds and yeast count: ≤ 10^2cfu/g	< 10^3cfu/g < 10^2cfu/g
Residual solvents	Methanol: ≤ 3000ppm Ethanol: ≤ 5000ppm Acetone: ≤ 5000ppm Acetonitrile: ≤ 410ppm Methylene chloride: ≤ 600ppm N-butyraldehyde: ≤ 150ppm	Not detected 1084ppm Not detected Not detected Not detected Not detected
Organic impurities	16α-Hydroxyprednisolone: ≤ 0.2% Budesonide acetaldehyde acetal: ≤ 0.10% Budesonide D-homo analog: ≤ 0.10% Desonide: ≤ 0.10% Budesonide glyoxal: ≤ 0.07% Budesonide related compound E: ≤ 0.10% Budesonide related compound L: ≤ 0.2% Budesonide related compound G: ≤ 0.10% Budesonide 21-acetate: ≤ 0.10% Budesonide 21-butyrate: ≤ 0.10% Any other individual impurity: ≤ 0.10% Total specified impurities: ≤ 0.4% Total unspecified impurities: ≤ 0.4%	0.06% Not detected 0.07% Not detected Not detected 0.04% 0.07% 0.05% Not detected Not detected 0.06% 0.22% 0.16%

100 Tesma Way, Unit 9, Concord, ON L4K 0J9, Canada
Email: sales@axpharmacetuical.com; Tel: (866) 305-0566 /Toll Free: 1-866-305-0566; Fax: (416) 352-1618

Tianjin Kilo Pharmaceutical Sci-Tech Co., Ltd.

Certificate of Analysis

Product Name:	Aminopentamide Sulfate	
Chemical Name:	alpha-(2-(Dimethylamino)propyl)-alpha-phenylbenzeneacetamide	
CAS No:	60-46-8	
Batch No:	20210111	
Quantity:	50g	
Packing Size	25g/bag	
Production Date:	2021-01-11	
Analysis Date:	2021-01-12	
Expiry Date:	2023-01-10	
Specification	REQUEST	OBSERVED
Appearance	White to pale white powder	White powder
Identification	Positive	Conform
Melting point	179°C-186°C	181°C-183°C
Loss on drying	Not more than 4.4%	0.5%
PH	1.2-3.0	1.6
Residue on ignition	Not more than 0.50%	0.20%
Assay:	95.0-103.0%	98.9%
Conclusion	It conforms to USP standard	

QC: ZJR
2021. JAN. 12

QA: JM
2021. Jan. 12

Address: Room609, Building 6, NO.6 Ziyuan Road,
Huayuan High-Tech Industrial Park, Tianjin, Tianjin, 300384, China.

Kalchem International, Inc
Compounding Chemicals You Can Trust

Albendazole

	LOTE /BATCH :	1001206074
PRUEBA / TEST:	RESULTADOS / RESULTS:	ESPECIFICACIÓN / SPECIFICATION:
DESCRIPCIÓN / DESCRIPTION :	POLVO BLANCO / WHITE POWDER	POLVO BLANCO A LIGERAMENTE AMARILLO / WHITE TO FAINTLY YELLOWISH POWDER.
IDENTIFICACIÓN / IDENTIFICATION :		
A) IR / IR:	CUMPLE / COMPLIES	EL ESPECTRO DE ABSORCIÓN AL INFRARROJO DE LA MUESTRA, SE COMPARA FAVORABLEMENTE CON EL DE UNA MUESTRA DE REFERENCIA CORRIDA EN LAS MISMAS CONDICIONES / THE INFRARED ABSORPTION SPECTRUM OF THE SAMPLE COMPARES FAVOURABLY TO THAT OF THE REFERENCE STANDARD PREPARED UNDER IDENTICAL CONDITIONS.
B) HPLC / HPLC :	CORRESPONDE / CORRESPONDS	EL TIEMPO DE RETENCIÓN DEL PICO PRINCIPAL DE LA SOLUCIÓN MUESTRA CORRESPONDE AL DE LA SOLUCIÓN ESTÁNDAR, COMO SE OBTIENE EN LA PRUEBA DE SUSTANCIAS RELACIONADAS POR HPLC /THE RETENTION TIME OF THE MAJOR PEAK OF THE SAMPLE SOLUTION CORRESPONDS TO THAT OF THE STANDARD SOLUTION, AS OBTAINED IN THE RELATED SUBSTANCES TEST.
ENSAYO POR TITULACIÓN /ASSAY BY TITRATION :	99.8 %	98.0 A 102.0% (p/p) BASE SECA / 98.0 TO 102.0% w/w ON THE DRIED BASIS
RESIDUOS DE IGNICIÓN / RESIDUE ON IGNITION:	0.0 %	NO MÁS DE 0.2 % / NOT MORE THAN 0.2%
SUSTANCIAS RELACIONADAS / RELATED SUBSTANCES:		
IMPUREZA A /IMPURITY A :	0.1 %	NO MÁS DE 0.4 % / NOT MORE THAN 0.4%
IMPUREZA B+C / IMPURITY B +C :	0.1 %	NO MÁS DE 0.4 % / NOT MORE THAN 0.4%
IMPUREZA D/ IMPURITY D :	N/D	NO MÁS DE 0.2 % / NOT MORE THAN 0.2%
IMPUREZA E / IMPURITY E :	0.1 %	NO MÁS DE 0.3 % / NOT MORE THAN 0.3%
IMPUREZA F / IMPURITY F :	0.2 %	NO MÁS DE 0.5 % / NOT MORE THAN 0.5%
IMPUREZA H / IMPURITY H :	0.2 %	NO MÁS DE 0.6 % / NOT MORE THAN 0.6%
IMPUREZAS NO ESPECIFICADAS / UNSPECIFIED IMPURITIES:	0.05 %	PARA CADA IMPUREZA, NO MÁS DE 0.10 % / FOR EACH IMPURITY, NOT MORE THAN 0.10%
TOTAL DE IMPUREZAS /TOTAL IMPURITIES:	0.8 %	NO MÁS DE 1.3 % / NOT MORE THAN 1.3 %
IMPUREZAS ORGANICAS (TLC) / ORGANIC IMPURITIES (TLC) :	< 0.5 %	NINGUNA MANCHA, ADEMÁS DE LA MANCHA PRINCIPAL DE LA SOLUCIÓN MUESTRA ES DE MAYOR TAMAÑO E INTENSIDAD QUE LA MANCHA PRINCIPAL DE LA SOLUCIÓN ESTÁNDAR (0.05%) / NO SPOT, OTHER THAN THE PRINCIPAL SPOT OF THE SAMPLE SOLUTION, IS LARGER OR MORE INTENSE THAN THE PRINCIPAL SPOT IN THE STANDARD SOLUTION (0.5 %)
PÉRDIDA AL SECADO / LOSS ON DRYING:	0.0 %	NO MÁS DE 0.5 % / NOT MORE THAN 0.5%
DISOLVENTES RESIDUALES (CG) / RESIDUAL SOLVENTS (GC):		
METANOL /METHANOL:	0.2 %	NO MÁS DE 0.2 % / NOT MORE THAN 0.2 %
ACETONA / ACETONE:	0.0 %	NO MÁS DE 0.2 % / NOT MORE THAN 0.2 %
TAMAÑO DE PARTÍCULA /PARTICLE SIZE:		
DIÁMETRO MEDIO DE MASA (DMM)/ AVERAGE MASS DIAMETER (MMD):	2 MICRAS / MICRONS	4 MICRAS MÁXIMO / 4 MICRONS MAXIMUM
MENOR A 10 MICRAS / LESS THAN 10 MICRONS :	95 %	90 % MÍNIMO / 90 % MINIMUM

OBSERVACIONES / REMARKS: Acorde a la especificación de Mercado USA / According to USA MARKET specification
MICRONIZADO / MICRONIZED

FECHA DE MANUFACTURA / MANUFACTURING DATE: 14 DIC 20 / DECEMBER 14, 2020

FECHA DE EXPIRACIÓN / EXPIRY DATE : 13 DIC 25 / DECEMBER 13, 2025

FECHA DE LIBERACIÓN / RELEASE DATE : 22 DIC 20 / DECEMBER 22, 2020

CUMPLE MERCADO USA /COMPLIES USA MARKET

P.A.
REVISADO / REVIEWED: Alberto Ortiz 23/12/20
NOMBRE / NAME: ALEJANDRO ALFARO
PUESTO / TITLE: JEFE DE SERVICIOS ANALÍTICOS / ANALYTICAL SERVICES HEAD

P.A.
AUTORIZADO/ AUTHORIZED: Javier Castañeda 23/12/20
NOMBRE / NAME: JAVIER ICAZA
PUESTO / TITLE: RESPONSABLE SANITARIO / QUALIFIED PERSON

ELABORADO POR / ISSUED BY: Judith Sedeño
FECHA / DATE: 23 Dic 20 / December 23, 2020

224 SOUTH MAIN STREET LINDSAY, OK 73052 PH: 1-888-298-9905

BLUEBAY SHANDONG CO.,LTD

Add.:RM1010, NO. 270 TAILIU RD,QINGDAO,CHINA 266033

TEL:+86-532-83876123 FAX:+86-532-83876157

BLUEBAY

Certificate of Analysis

Product Name	Amantadine hydrochloride	Lot No.	BBG052-20K30SH	Quantity	8Kg
Molecular Formula	$C_{10}H_{17}N \cdot HCl$	Original Ref.	20201130	Packing Size	500g
CAS No.	665-66-7	Mfg Date	Nov 30, 2020	Expiry Date	Nov 29, 2022
Pharmacopeia Standard		USP			
Test Items		Specification		Test result	
Appearance		White or practically white, crystalline powder		White crystalline powder	
Solubility		Water – Freely soluble Alcohol – Soluble Chloroform – Soluble		Conforms	
Identification		IR, GC: As per standard Chloride test: Positive		Conforms	
Clarity and color of solution		Clear and nearly colorless		Conforms	
pH		3.0 ~ 5.5		3.6	
Heavy metals		≤ 10ppm		< 10ppm	
Loss on drying		≤ 0.3%		0.21%	
Organic impurities		Amantadine related compound A: ≤ 0.3% Amantadine related compound B: ≤ 0.3% Any individual unspecified impurity: ≤ 0.1% Total impurities: ≤ 1.0%		0.02% 0.05% 0.02% 0.13%	
Assay		98.0% ~ 102.0%		100.05%	
Conclusion		The product complies with USP specifications			
Storage		Preserve in well closed containers. Store at controlled room temperature, away from strong heat and light.			
QA Supervisor:		QC Supervisor:		Analyst:	
Date: 2021-03-15		Date: 2021-03-15		Date: 2021-03-15	

BLUEBAY SHANDONG CO.,LTD 质检专用章 (QC)

PureBulk
Stay Strong. Live Pure.

Certificate of

Product Name:	**SAMe (S-Adenosyl-L-Methionine Disulfate Tosylate)**
Starting Material:	**Glucose and Baker Yeast**
Extraction Solvent(s):	***None***
Carrier:	***None***
Country of Origin:	**China**
Batch Number:	**C2001108**
PureBulk Lot Number:	**20210221-05**
Manufacture Date:	**January 21, 2020**
Retest Date:	**January 20, 2022**

no Activity Factor 4/22/2021

The following information is an indirect translation of information provided from the Manufacturer's Certificate of Analysis, and should not be used solely as an instrument for strict quality control.

ITEMS	SPECIFICATIONS	RESULTS
Identification	Complies to standard	Conforms
Appearance	White to off-white powder	Conforms
Odor	Characteristic	Conforms
Taste	Characteristic	Conforms
Moisture	≤3.0%	1.5%
Sulphated Ash	≤0.5%	Conforms
pH	1.0-2.0%	1.2%
S, S-Isomer	≥75.0%	82.5%
SAM-e ION	49.5-54.7%	50.9%
P-Toluenesulfonic Acid	21.0-24.0%	23.2%
Content of Sulfate (SO4)	23.5-26.5%	25.4%
S-Adenosyl-L-methionine Disulfate Tosylate	95.0-103%	99.5%
S-ADENOSYL-L-HOMOCYSTEINE	≤1.0%	0.4%
ADENINE	≤1.0%	0.2%
METHYLTIDOADENOSINE	≤1.5%	0.1%
ADENOSINE	≤1.0%	0.1%
TOTAL IMPURITIES	≤3.5%	1.3%
Bulk Density	>0.5 g/ml	Conforms
Total Heavy Metals	<10 ppm	Conforms
Pb	<1 ppm	Conforms
As	<1 ppm	Conforms
Hg	<0.1 ppm	Conforms
Cd	<1 ppm	Conforms
Total Plate Count	<1000 cfu/g	Conforms
Yeast & Mold	<100 cfu/g	Conforms
E.Coli	Negative/10g	Conforms
Salmonella	Negative/10g	Conforms
Staphylococcus aureus	Negative/10g	Conforms
Conclusion (Manufacturer):	This product conforms to USP37 standards	

Pharmacy Name: Roadrunner Pharmacy, Inc.

Pharmacy Address: 721 East Carefree Hwy, Suite 140

NABP Facility e-Profile ID: 758813

VPP Inspection Date: 6/9/2021

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	2	Inspector Notes	New pharmacy location licenses are being obtained with Natalie Salese as the PIC who works full time at the new location and where required by non resident state, a state licensed pharmacist has been designated.	NA	N	
Clarification or Further Explanation	2	Inspectors Notes	Roadrunner Pharmacy will not be abandoning current licenses. Roadrunner Pharmacy will follow all 50 State Board of Pharmacy Regulations regarding closing of pharmacy and notification of the boards.	NA	N	
Clarification or Further Explanation	2	Inspectors Notes	The pharmacy name is not changing. Roadrunner Pharmacy will be closing and the new pharmacy is already open under common ownership and a different name.	NA	N	
Clarification or Further Explanation	4	Of technicians, how many are certified?	There may have been confusion with this question. A list of 75 technicians was generated at time of survey and all 75 technicians are certified and licensed AZ pharmacy technicians. Of the 75 certified pharmacy technicians, 38 of these certified pharmacy technicians were were noted as compounding technicians. AZ regulations require a technician to be certified in order to compound.	NA	N	
Clarification or Further Explanation	5,6	State volume dispensed/distributed	Some data for the state volume dispensed and volume distributed appears to be missing. Complete report can be found in attachment.	NA	Y	Roadrunner Pharmacy Dispense/Distribute Report for One Day 062021
Clarification or Further Explanation	7	1.00	AZ PIC name is Lee Martin, not Lee Miller	NA	N	
Clarification or Further Explanation	7	2.00	Should read PIC Martin, not PIC Miller	NA	N	
Clarification or Further Explanation	17	72.02	Prescription processing can occur at other Covetrus locations but if another location is to fill the prescription, the prescription is transferred to that facility.	NA	N	
Clarification or Further Explanation	38	80.00	The person preparing the compound and performing final verification can be traced back to the compounding record via assigned batch lot number. In addition final verification pharmacist is captured in the computer through the PV2 function. Researching with IT enhancement of system the ability to electronicaly indicate information on patient label.	12/31/2021	N	
Updates/New SOPs or P&Ps	38	1.01	The attached SOP describes the pharmacy practice of asking pet parents and clinics the pets medication and OTC history. The pharmacy makes every reasonable attempt to obtain a complete profile.	07/19/2021	Y	TCI004-A.002 Confidentiality, Counseling and Prescription Authenticity Procedure
Updates/New SOPs or P&Ps	50	51.00	SOP updated for proper opening and closing of non interlocking doors. See page 8 of attached SOP, IV. Procedure 3.O. Movement of personnal within sterile compounding areas.	07/19/2021	Y	Sterile Compounding in Accordance with USP 797 Procedure
Updates/New SOPs or P&Ps	51	57.00	SOP updated for rinsing and sanitizing cleaning tools. See page 4 of the SOP IV. Procedure 2.E.iv. Cleaning Equipment	07/19/2021	Y	Cleaning, Disinfecting, & Monitoring of Controlled Air Environments Procedure
Photos	51	58.00	All cleaning tools in sterile compounding are labeled.	0714/2021	Y	Sterile compounding cleaning tools labeled 1 Sterile compounding cleaning tools labeled 2
Clarification or Further Explanation	60	106.06	Internal plan of correction initiated to assure any gloved fingertip CFU is identified to the genus level.	07/23/2021	N	
Clarification or Further Explanation	63	124.00	Preparer and verification pharmacist can be traced back to the compounding record via assigned batch lot number. Verification pharmacist is also captured during the PV2 process and retained in computer records. Researching with IT enhancement of system the ability to electronically indicate information on batch label.	12/31/2021	N	

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Ship State	Dispensed Volume	Distributed Volumn	Order Count
AK	4	1	
AL	56	15	
AR	18	9	
AZ	207	5	
CA	321	70	
CO	198	14	
CT	36	6	
DC	4	0	
DE	8	1	
FL	146	37	
GA	105	16	
HI	8	0	
IA	13	3	
ID	30	2	
IL	103	21	
IN	61	12	
KS	23	9	
KY	24	5	
LA	36	13	
MA	38	3	
MD	44	12	
ME	10	0	
MI	79	0	
MN	57	12	
MO	39	6	
MS	6	2	
MT	20	0	
NC	184	44	
ND	3	0	
NE	16	4	
NH	10	0	
NJ	34	2	
NM	45	0	
NV	56	14	
NY	130	0	
OH	111	24	
OK	14	0	
OR	159	0	
PA	39	11	
RI	2	0	
SC	39	1	
SD	1	0	
TN	59	15	
TX	119	35	
UT	44	3	
VA	126	11	

11C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 · Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☑ Retail/Community	☐ Retail/Community
☑ Out-of-State	☑ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☑ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☑ Mail-Order Service
		☑ Other: Mail order	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 04435		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Village Lane Apothecary, L.L.C

Physical Address: 60 Village Lane Suite 130

City: Colleyville State: TX Zip: 76034

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 817-717-2000 Toll Free # (NAC 639.708, NRS 639.23286): 866-808-9891

Fax: 817-717-8424 Contact Email: natalie.patten@villagelanerx.com

Website: www.villagelaneapothecary.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Natalie Patten

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21709

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Natalie Pattten	NV Pharmacist Registration #: 21709
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Upper tier owner is practitioner but no longer renders direct patient care	Credentials: Physician Assistant	%: No direct interest
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Healthco Operations, L.L.C.

Corporation/Organization Name: Village Lane Apothecary, L.L.C.

Mailing Address: 60 Village Lane, Suite 130

City: Colleyville State: TX Zip: 76034

Telephone: 817-717-2000 Email: natalie.patten@villagelanerx.com

Contact Person Name: Natalie Patten

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Note: Village Lane Apothecary has one member/direct owner. Indirect ownership available upon request.

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Village Lane Apothecary, L.L.C. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Welton Wayne Wilson

Print Name of Authorized Person

WWW

Original signature of Authorized Person (copies or stamps not accepted)

9-14-2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Natalie Patten Pharmacist Registration #: 21709

Pharmacy Name: Village Lane Apothecary, L.L.C

Initial each statement below to indicate you have read and agree with the following:

NP I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NP I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

9-12-2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
◦ List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
◦ List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
◦ List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
◦ Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Welton Wayne Wilson

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

WWW

Original signature of Authorized Person (copies or stamps not accepted)

9-14-2022

Date

Board Use Only	Date Received: 9-19-22	Amount: 500.00 CK 166249 ✓

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Village Lane Apothecary

NV Pharmacy or Outsourcing facility license # (if applicable): PH04435

Physical Address: 60 Village Lane, Suite 130

City: Colleyville State: TX Zip: 76034

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (817)717-2000 Toll Free # (NAC 639.708, NRS 639.23286): (866)808-9891

Fax: (817)717-8424 Contact Email: natalie.patten@villagelanerx.com

Website: www.villagelaneapothecary.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Natalie Patten

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21709

Name of Person with direct knowledge of compounding procedures: Natalie Patten

Email of Person with direct knowledge of compounding procedures: natalie.patten@villagelanerx.com

Telephone of Person with direct knowledge of compounding procedures: (817)717-2000

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☒ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☒ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Testosterone cypionate 200mg/ml Pre-filled syringes
Testosterone cypionate 100mg/ml Pre-filled syringes

4. Will you be utilizing beyond use dates in excess of USP-797? ☒ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
Stability Study completed in 2021 verified sterility and stability at 90 days BUD.

Each batch of testosterone cyp 200mg/ml will be tested for sterility using The Celsis AmmpiScreen Rapid Detection Assay at Pharmetric Laboratory. In addition, each batch is tested for endotoxins.

testosterone 100mg/ml Pre-filled Syringes utilize USP Beyond use dating.

6. What laboratory performs this additional testing?
Name: Pharmetric Laboratory
Address: 11880 28th Street North
City: Saint Petersburg State: Florida Zip: 33716
Telephone: (727)209-5778

7. What is your procedure for visual inspection of compounded sterile products?
Each syringe is visually inspected with a well lit black/white inspection board. Syringes suspected of failure of inspection will be further analyzed with a magnifying glass. Syringes are inspected for Foreign particles, enclosure integrity, and any other imperfections that may compromise the sterility of the product.

8. How often do you perform glove fingertip and medial fill testing?
Every 6 Months

9. What is your policy if an employee fails a glove fingertip or media-fill test?
Retrain, reattempt test after 1 week. No compounding will be allowed until the test is successfully completed.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initial training - Garbing, Gowning, Hand Hygiene, Aseptic Technique, Clean room behavior, Hazardous handling, Cleaning procedures, Primary/Secondary Engineering Controls and documentation are taught for 2 weeks followed by an evaluation by PIC and a fingertip/media fill test before compounding is allowed.

Annual - Media fill is done semi-annually for best practice. Personnel are required to pass a fingertip/media fill test, written test, and evaluation of garbing from start to finish. CE is checked. Documentation of SOP understanding is required annually.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Primary engineering controls - start of shift, clean all inside surfaces with Sterile 70% IPA. Each day end of shift - countertops, work surfaces, and walls of the BSC and LAFW are cleaned with a mild detergent (Decon Quat) 10 min wait time and disinfect with alcohol.
Disinfection occurs every 30 minutes while active compounding or if spills happen
wipe all furniture, surfaces, floors, walls with Peridox/alcohol daily.
End of shift cleaning is done with Peridox and Alcohol
Monthly cleaning is done with Peridox and alcohol. All surfaces including shelves and ceiling are cleaned. Hood prefilters are changed Monthly. HEPA filters in ceiling are checked semi-annually with room certification.
particle counts are monitored with certification report. Humidity and pressure monitored daily and documented continuously in a cloud based system.

12. Who performs the sterile compounding process at your facility?
Sterile certified technicians and PIC, Natalie Patten

13. Who is responsible and accountable for the sterile compounding process at your facility?
Natalie Patten, Pharmacist in Charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Syringes are shipped at Room Temperature. Pre-filled syringes are placed in a tray with a lid. The tray/lid kit is placed in a thick cardboard box. The box is placed in a mailer appropriate for the time of year/region being shipped to. This includes using coolers, insulated mailer, or other means to ensure syringes stay below the recommended excursion temperature/time.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☒ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☒ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☒ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☒ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? The phrase "Do not flush down toilet or sink" is printed on each patient's education leaflet. Every patient, every fill receives an insert attached to their prescription. There is a clear section of How to dispose of used containers and how to dispose of unused testosterone. The insert is attached to this quesitonnaire. Also, each box has concise, bolded instructions on how to dispose of contents of the kit. Our pharmacists are also trained to instruct patients how to dispose unused testosterone. We ship patients a Deterra drug deactivation kit upon request for no additional charge.		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Training on handling/compounding hazardous drugs includes a short quiz and SOP review of: HAZCom Plan Acknowledgement of hazardous drug exposure Proper PPE BSC use and functions Spills/decontamination Proper Disposal of all materials with trace drug contamination Don and Doff Garbing		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding:)	
1. List the specific high risk sterile products that your facility compounds:	
2. What sterilization methods are utilized at your facility?	
3. Does your facility utilize biological indicators?	☐ Yes ☐ No
4. If yes, describe how they are utilized:	

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Patten

Name of Person who Completed the Form

Pharmacist in Charge

Title

Signature (copies or stamps not accepted)

9/12/2022

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____



60 Village Lane | Suite 110 | Colleyville, Texas 76034
Legal and Compliance Office

July 12, 2021

To the Honorable Board of Pharmacy,

Attached is an agreed order entered into between Village Lane Apothecary and the State of Colorado. Former PIC Morris Burgess failed to timely update records with the State of Colorado, and the result is the attached. Mr. Burgess was released from employment following this incident.

Sincerely,

David J. Moraine, J.D., M.A., LL.M
Chief Legal Officer

cc: Natalie Patten, Pharm. D.
Pharmacist In Charge

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

PERSONAL AND CONFIDENTIAL

November 7, 2019

By Electronic Mail

Village Lane Apothecary
ATTN: Pharmacy Manger
Email: morris.burgess@villagelanerx.com

Re: Colorado State Board of Pharmacy, Case No. 2019-3051

Dear Pharmacy Manager:

The Colorado State Board of Pharmacy ("Board") The Colorado State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint noted above. Upon thorough review and discussion, the Board found reasonable cause that the pharmacy violated section 12-280-126(1)(c)(II) and C.R.S., and Board Rule 5.00.70, as described in the attached document. As such, the Board decided to initiate disciplinary action against the pharmacy's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- $1,000 fine (plus surcharge)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, the pharmacy agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If the pharmacy wishes to accept the terms of this Order, please do the following:

- READ the entire Order;
- CONSULT with legal counsel if so desired;
- SIGN the enclosed Order;
- RETURN the signed Order by November 21, 2019, to:

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with any attorney-client relationship.

Melissa Garner
DORA/Office of Expedited Settlement
1560 Broadway, Suite 1350
Denver, CO 80202
Fax: (303) 869-0349
Email: melissa.garner@state.co.us

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" the pharmacy violated the practice act.

Please be advised that during this process, the pharmacy has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Additional documentation regarding your case may be available upon request. Please contact me for further information. Also, if the pharmacy chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7698.

Sincerely,

Melissa Garner

Melissa Garner
Office of Expedited Settlement
melissa.garner@state.co.us

Enclosure

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-3051

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF VILLAGE LANE APOTHECARY, REGISTRATION NO. OSP 6929,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Village Lane Apothecary ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-3051 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about March 22, 2017, being issued registration number OSP 6929, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 60 Village Ln., Colleyville, Texas 76034-2993.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Pharmacy's pharmacist manager in whose name the registration was issued ceased to be engaged as the manager on or around January 16, 2019. 90 days elapsed between the time the manager ceased being the pharmacist manager and the application to transfer the registration to the new pharmacist manager and fee were received.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board

Rules, and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

* * *

Pharmacy Board Rules and Regulations

5.00.70 Change in Pharmacist manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within thirty days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00).

Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

11. Completion of Terms. Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent's registration will be restored to active and unencumbered status.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 11/13/19
Authorized Representative

Morris Burgess / P.I.C
Name/ Title

FINAL AGENCY ORDER

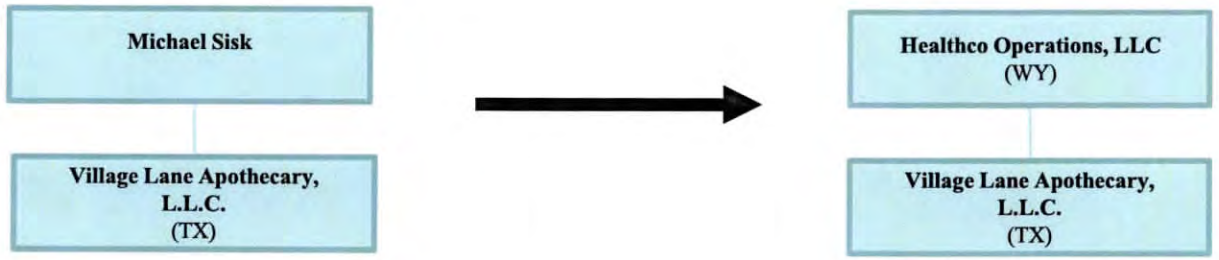
WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31 day of December, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

VILLAGE LANE APOTHECARY, L.L.C.
PRE- AND POST-CHANGE CHART



VILLAGE LANE APOTHECARY, L.L.C.
ORGANIZATIONAL CHART



*Additional indirect ownership information available upon request.

Village Lane Apothecary, L.L.C.

List of Managers

Wayne Wilson

- Title: Manager
- Contact Address: 16131 N. Eldridge Pkwy., Ste. 100, Tomball, TX

Kenneth Sly

- Title: Manager
- Contact Address: 16131 N. Eldridge Pkwy., Ste. 100, Tomball, TX

As disclosed in the application, Village Lane Apothecary, L.L.C. will have a single member/direct owner, Healthco Operations, LLC. The Personal History Record form has not been completed because the owner is an entity. Indirect ownership is available upon request.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Village Lane Apothecary, L.L.C. (file number 802154049), a Domestic Limited Liability Company (LLC), was filed in this office on February 11, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 05, 2022.

John B. Scott
Secretary of State

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *VILLAGE LANE APOTHECARY* License Number: *30288*
Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*
Date: *05/26/2021* Arrival Time: *9:00 AM* Departure Time: *2:30 PM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Licenses not posted	*Satisfactory*
09: Delinquent licenses/certifications	*Satisfactory*
62: Aiding and abetting	*Not Inspected*
65: Improper registration procedures	*Satisfactory*
79: Nametags	*Satisfactory*

Inventory Records

15: No PIC inventory — ***Unsatisfactory***

291.17(g).

Change of pharmacist-in-charge of a pharmacy
(1) On the date of the change of the pharmacist-in-charge of a Class A, Class A-S, Class C, Class C-S, or Class F pharmacy, an inventory shall be taken. Such inventory shall include all stocks of all controlled substances (including any out-of-date drugs).
(2) This inventory shall constitute, for the purpose of this section, the closing inventory of the departing pharmacist-in-charge and the beginning inventory of the incoming pharmacist-in-charge.
(3) If the departing and the incoming pharmacists-in-charge are unable to conduct the inventory together, a closing inventory shall be conducted by the departing pharmacist-in-charge and a new and separate beginning inventory shall be conducted by the incoming pharmacist-in-charge.
(4) The incoming pharmacist-in-charge shall be responsible for notifying the board within 10 days, as specified in §291.3 of this title (relating to Required Notifications), that a change of pharmacist-in-charge has occurred.

Warning Notice — **Due Date for Completed Correction:** *05/29/2021*

Failure to take a change of PIC inventory on date of occurrence. Ensure to take a change of PIC inventory going forward.

17: Incomplete inventory	*Satisfactory*
59: Improper drug destruction	*Satisfactory*

VILLAGE LANE APOTHECARY 30288

Inventory Records *(continued)*

68: No change of ownership inventory	*Not Applicable*
69: No annual inventory	*Satisfactory*

Comment Due Date for Completed Correction: *06/25/2021*

The last annual controlled substance inventory was conducted 5/24/21

Notifications

31: Closed Phcy/Change of owner improper	*Not Applicable*
34: Notification Violation	*Satisfactory*
76: No PIC	*Satisfactory*

Environment/Equipment/Security

02: Insufficient Equipment	*Satisfactory*
03: Orderly/Clean	*Satisfactory*
04: Balance Failed	*Satisfactory*
05: Equipment Inspection	*Satisfactory*
07: Improper security	*Satisfactory*
08: Environment	*Satisfactory*
47: Out of date/mislabeled drug stock	*Satisfactory*
48: Improper drug storage	*Satisfactory*
66: Grey Market diversion/Samples	*Not Applicable*
78: Counseling area	*Satisfactory*
90: No complaint notification	*Satisfactory*

Controlled Substances

10: Rxs not separated	*Satisfactory*
19: Rx lacks proper information	*Satisfactory*
24: Theft/Loss not reported	*Satisfactory*
26: CII Rx Noncompliance	*Satisfactory*
30: Invoices not dated/initialed	*Satisfactory*
33: Rx records not in numerical order	*Satisfactory*
35: Invoices not separated	*Satisfactory*

VILLAGE LANE APOTHECARY 30288

Controlled Substances *(continued)*

40: Non emergency CII Rx	*Satisfactory*
44: Refill CIII-V over 5x/6mo	*Satisfactory*
46: Improper distribution	*Satisfactory*
50: Out of state verbal Rx for C/S	*Satisfactory*
53: Illegal possession of C/S	*Not Applicable*
57: Corresponding Responsibility	*Satisfactory*

Labeling/Prepackaging

32: Rx label is incorrect	*Satisfactory*
45: Improper dispensing/labeling	*Satisfactory*
54: Improper prepackaging procedures	*Satisfactory*

Library

06: Inadequate Library	*Satisfactory*

Training

60: Improper documentation of training	*Satisfactory*
61: Improper supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18: Records not available	*Satisfactory*
21: Computer records incomplete	*Satisfactory*
22: Computer system noncompliance	*Satisfactory*
25: No documentation of refill authorization	*Satisfactory*
36: No notification of substitution	*Satisfactory*
37: Illegal dispensing	*Not Inspected*
49: Substitution noncompliance	*Satisfactory*
56: Improper transfer of Rx	*Satisfactory*
67: No written information	*Satisfactory*
80: No counseling by RPh	*Satisfactory*
82: PMR Incomplete	*Satisfactory*
83: PMR Absent	*Satisfactory*

VILLAGE LANE APOTHECARY 30288

Patient/Computer/Dispensing Records *(continued)*

84: No drug regimen review	*Satisfactory*
86: Absence of RPh pick up records	*Not Applicable*

Policies & Procedures

92: Improper automated dispensing procedures	*Not Applicable*

Non-Sterile Compounding

38: Area for non-sterile compounding	*Satisfactory*
43: Records for non-sterile compounding	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*No*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

109: Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
110: Is the cleanroom used only for sterile preparations?	*Satisfactory*
119: Does the cleanroom contain only appropriate supplies?	*Satisfactory*
101: Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
115: Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
102: Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*

VILLAGE LANE APOTHECARY 30288

Environment (Sterile) *(continued)*

106: Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
108: Is there hands-free access to the buffer area?	*Satisfactory*
113: Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
112: Does the floor covering enable regular disinfection?	*Satisfactory*
118: Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
127: Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
116: Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
167: Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

126: Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
121: Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
246: Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
247: Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
105: Does the CAI or CACI provide unidirectional airflow?	*Satisfactory*
104: If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Satisfactory*
122: If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
124: Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
125: Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
128: Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

174: Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
177: Does the pharmacy have lint-free towels or wipes?	*Satisfactory*

Equipment and Supplies *(continued)*

180: Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
176: Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
175: Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
179: Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
171: Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
170: Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
178: Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
181: If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
172: Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High-Risk CSPs

103: If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
231: Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
232: If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
233: If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
237: Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
238: Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
165: Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
239: Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

154: Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
155: Does the pharmacy have a specialty reference?	*Satisfactory*

Sterile Library *(continued)*

156: Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

242: Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
243: Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Satisfactory*
244: Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*
245: Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*
248: Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
249: Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Satisfactory*
250: Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Satisfactory*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Satisfactory*
Is hazardous drug waste quarantined in a designated area?	*Satisfactory*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Satisfactory*

Personnel Cleansing, Garbing, Hand Hygiene

202: Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
180: Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
194: Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
195: Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
196: Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
200: Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*

Personnel Cleansing, Garbing, Hand Hygiene *(continued)*

192: Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
241: When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
201: Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
203: Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
204: Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
206: Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

182: Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
230: Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
228: Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
226: Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
227: Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
229: Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

270: Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
272: Is viable air sampling performed?	*Satisfactory*
273: Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
271: Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

252: Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
253: Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*

Records of CSPs *(continued)*

254: Do compounding records include the complete formula of a CSP? *Satisfactary*

257: Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

255: Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

256: Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

258: Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

259: Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

260: Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

261: Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

291.133(e)(2)(B)(ii).

Records. Compounding records. Compounding records when batch compounding or compounding in anticipation of future prescription drug or medication orders.

Preparation work sheet. The preparation work sheet for each batch of preparations shall document the following:

(I) identity of all solutions and ingredients and their corresponding amounts, concentrations, or volumes;
(II) lot number for each component;
(III) component manufacturer/distributor or suitable identifying number;
(IV) container specifications (e.g., syringe, pump cassette);
(V) unique lot or control number assigned to batch;
(VI) expiration date of batch-prepared preparations;
(VII) date of preparation;
(VIII) name, initials, or electronic signature of the person(s) involved in the preparation;
(IX) name, initials, or electronic signature of the responsible pharmacist;
(X) finished preparation evaluation and testing specifications, if applicable; and
(XI) comparison of actual yield to anticipated or theoretical yield, when appropriate.

Comment Due Date for Completed Correction: *06/25/2021*

Advised to ensure preparation worksheets for batch compounding are complete.

262: Are master worksheets developed and approved by a pharmacist? *Sotisfactory*

General Operational Requirements

166: Is a pharmacist available at all times (24/7)? ***Unsatisfactory***

291.133(c)(2)(A)(vi).

Personnel. Pharmacists. General. A pharmacist shall be accessible at all times, 24 hours a day, to respond to patients' and other health professionals' questions and needs.

Warning Notice Due Date for Completed Correction: *06/25/2021*

Failure to ensure a pharmacist is always available to respond to patients' and other health professionals' questions and needs at all times. Correct/resolve deficiency by date noted.

General Operational Requirements *(continued)*

187: Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

188: Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? ***Unsatisfactory***

291.133(g).

Recall Procedures.
(1) The pharmacy shall have written procedures for the recall of any compounded sterile preparation provided to a patient, to a practitioner for office use, or a pharmacy for administration. Written procedures shall include, but not be limited to the requirements as specified in paragraph (3) of this subsection.
(2) The pharmacy shall immediately initiate a recall of any sterile preparation compounded by the pharmacy upon identification of a potential or confirmed harm to a patient.
(3) In the event of a recall, the pharmacist-in-charge shall ensure that:
(A) each practitioner, facility, and/or pharmacy to which the preparation was distributed is notified, in writing, of the recall;
(B) each patient to whom the preparation was dispensed is notified, in writing, of the recall;
(C) the board is notified of the recall, in writing, not later than 24 hours after the recall is issued;
(D) if the preparation is distributed for office use, the Texas Department of State Health Services, Drugs and Medical Devices Group, is notified of the recall, in writing;
(E) the preparation is quarantined; and
(F) the pharmacy keeps a written record of the recall including all actions taken to notify all parties and steps taken to ensure corrective measures.
(4) If a pharmacy fails to initiate a recall, the board may require a pharmacy to initiate a recall if there is potential for or confirmed harm to a patient.
(5) A pharmacy that compounds sterile preparations shall notify the board immediately of any adverse effects reported to the pharmacy or that are known by the pharmacy to be potentially attributable to a sterile preparation compounded by the pharmacy.

Warning Notice Due Date for Completed Correction: *06/25/2021*

Advised to ensure pharmacy has written policies for compounded recalls as required.

158: If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Not Applicable*

158: Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *Not Applicable*

275: If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Satisfactory*

Office Use Compounding & Distribution of CSPs

163: Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? *Not Applicable*

162: If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? *Not Applicable*

Quality Control & Verification of Compounding Accuracy

207: Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
185: Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
191: Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
191: Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Not Applicable*
191: Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Not Applicable*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Satisfactory*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Satisfactory*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Inspected*
Does the pharmacy document if the animal is a pet or used for food?	*Satisfactory*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Inspected*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Inspected*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Inspected*

Label

209: Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
210: For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*

291.133(d)(9)(A)(ii).

Operational Standards. Labeling. Prescription drug or medication orders. In addition to the labeling requirements for the pharmacy's specific license classification, the label dispensed or distributed pursuant to a prescription drug or medication order shall contain the following: For outpatient prescription orders other than sterile radiopharmaceuticals, a statement that the compounded sterile preparation has been compounded by the pharmacy (An auxiliary label may be used on the container to meet this requirement).

VILLAGE LANE APOTHECARY 30288

210: For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy? *(continued)* *Satisfactory*

Comment Due Date for Completed Correction: *06/25/2021*

Failure to ensure the label for a compounded sterile preparation for outpotient use includes a statement that the compaunded sterile preparation has been compounded by the pharmacy. Correct/resolve deficiency by date noted.

211: Does the label include a beyond-use date? *Satisfactory*

213: If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and *Satisfactory*

291.133(d)(9)(B)(i).

Operational Standards. Labeling. Batch. If the sterile preparation is compounded in a batch, the following shall also be included on the batch label: Unique lot number assigned to the batch.

Comment Due Date for Completed Correction: *06/25/2021*

Advised to ensure that if compounded sterile preparation is prepored in a batch, the label for the CSP shall include a unique lot number assigned by the pharmacy.

214: Quantity, and *Satisfactory*

215: Appropriate ancillary instructions, such as storage or cautionary statements, and *Satisfactory*

216: Any device-specific instructions, if appropriate? *Satisfactory*

220: Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing? *Satisfactory*

Training & Competency Testing

129: Has each pharmacist completed the required education and training prior to engaging in sterile compounding? *Satisfactory*

130: Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding? *Satisfactory*

142: Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program? *Satisfactory*

144: Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

VILLAGE LANE APOTHECARY 30288

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Natalie patten



Robert Moura

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

I am the Pharmacist-in-Charge (PIC) of *VILLAGE LANE APOTHECARY*, pharmacy license number *30288*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *05/26/2021*.

I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

If applicable, the Warning Notice issued contains *3* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: _____ Date: *05/26/2021*

Printed Name: *Natalie Patten* License No.(if applicable): *59306*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility)

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *VILLAGE LANE APOTHECARY*
License Number: *30288*
Address: *60 VILLAGE LN SUITE 130, COLLEYVILLE, TX 76034*
Phone: *(817) 717-2000*
Email:
Class of License: *AS*
License Expiration: *10/31/2021*
DEA #: *Fv5662639*
DEA Expiration: *05/31/2024*

Inspection Information

Type: *Compliance*
Purpose: *Licensee Request*
Date: *05/26/2021*
Arrival Time: *9:00 AM*

Acknowledgment

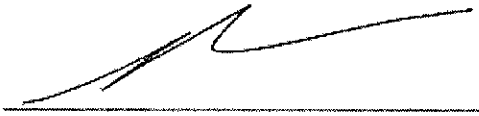
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



Natalie patten

Witnesses



Robert Moura

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility/Inspection Information

Name: *VILLAGE LANE APOTHECARY* License Number: *30288*

Class of License: *AS*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

Natalie Patten 05/26/2021
Date

Warning Notice

1. Rule/Law/Code: 291.17(g).

   Explanation of Violation and Correction Needed:
   Failure to take a change of PIC inventory on date of occurrence. Ensure to take a change of PIC inventory going forward.

   Due Date for Completed Correction: *05/29/2021*

2. Rule/Law/Code: 291.133(c)(2)(A)(vi).

   Explanation of Violation and Correction Needed:
   Failure to ensure a pharmacist is always available to respond to patients' and other health professionals' questions and needs at all times. Correct/resolve deficiency by date noted.

   Due Date for Completed Correction: *06/25/2021*

3. Rule/Law/Code: 291.133(g).

   Explanation of Violation and Correction Needed:
   Advised to ensure pharmacy has written policies for compounded recalls as required.

   Due Date for Completed Correction: *06/25/2021*

APPENDIX IX
RESPONDING TO CUSTOMER INQUIRIES

Customer inquiries may involve issues related to retail stock, prescriptions, medications, operating policies, facility policies, privacy matters, personnel or other issues. Customer complaints should always be handled diligently, appropriately, and professionally, considering the nature of the complaint, and the concerns of the customer

Customer inquiries may be received (i) in person, (ii) via telephone, (iii) via email, or (iv) via any communication medium. All inquiries shall be recorded in the customer or patient's file (as appropriate), and the person performing the communication the complaint shall make a written record of the encounter

Customer Questions

During Work Hours

Customers shall have telephonic access to a pharmacist at all times the pharmacy is open. The pharmacy is open from Monday to Friday 8 am to 5 pm for purposes of this policy.

Pharmacy After Hours Calls

After hour calls are Monday to Friday 5 pm to 8 am and 24 hours Saturday, Sunday and major holidays,

When a patient calls the pharmacy after hours the call will go to an answering machine that instructs the patient to press 1 for non urgent messages and to leave a message or press 2 if the matter is urgent and they need to speak to a pharmacist.

If the patient presses 2, the call is forwarded to the call center receptionist at Doctor's Answer, who will verify that the call is urgent and contact the PIC The PIC will be contacted by phone and text. The PIC will promptly return the patient's call, and document the encounter as soon as reasonably practical.

VLA shall appoint a backup pharmacist to receive a call or text in the event the PIC is unavailable. If the PIC cannot be reached, the backup pharmacist shall return the patient's call.

Customer Complaints

All complaints shall be brought to the attention of the PIC within twenty-fours of receipt, or within a shorter period of time when provided by the *Adjudication Rules* described below.

General Complaints

General or unspecified complaints may be addressed in the ordinary course of business. All pharmacy personnel are required to be courteous, remain calm, and avoid personalizing the issue with the customer or other complainant.

Complaints About Medications

Complaints about medications should be directed to the pharmacist on duty, The pharmacist shall document the prescription number, lot and batch number, the expiration date, and the condition of the medication. The pharmacist shall investigate the complaint, and provide a summary of findings and conclusions to the PIC and the customer If the complaint is justified, the PIC shall adopt appropriate policies or procedures to prevent reoccurrence.

Manufacturer/Supplier Notice

In some instances, the manufacturer or supplier should be notified of the issue for further evaluation. If the PIC determines that manufacturer or supplier notice is advisable, the PIC shall notify the manufacturer or supplier as appropriate.

MP pouch: 11.3 grams
LP pouch: 22.5 grams
XL pouch: 113 grams
1 gallon All Purpose container: 250 grams
2.5 gallon All Purpose container: 625 grams

5. Returning Medications to Stock

A All prescriptions that are not picked up by the patient or proxy should be returned to stock within 10 days in the Liberty system. The medication will not be returned to the original stock bottle.

B All controlled substances not picked up and are returned to stock must be processed in Liberty, checked into inventory and returned to stock all on the same day. The process of returning controlled substance prescriptions to physical stock may be inititated by a technician, but must be completed by a pharmacist.

6. Handling Drug Recalls

A. A file of drug recall reports, notices, and actions taken will be kept in the pharmacy.

B. Drug recalls fall into three different categories under the FDA's regulation:

1 Class I recalls are for dangerous or defective products that predictably could cause serious health problems or death.

2 Class II recalls are for products that might cause a temporary health problem or pose only a slight threat of a serious nature

3. Class III recalls are for products that are unlikely to cause any adverse health reaction, but that violate FDA labeling or manufacturing regulations.

C. Recalls will be acted on in accordance with FDA regulations for the Class of recall that is the subject of the recall.

7. Recalls of Compounded Preparations

A. VLA will immediately initiate a recall of any sterile preparation compounded by the pharmacy upon identification of a potential or confirmed harm to the patient. Each patient to whom the preparation was dispensed shall be notified in writing of the recall, the preparation shall be quarantined, and the PIC shall make a written record of the recall, including all actions taken to notify all parties and steps taken to ensure corrective measures.

B. In the event a sterile preparation has been dispensed to a patient outside the State of Texas which was prepared and dispensed under the authority of a license issued by another jurisdiction, VLA shall follow the procedure applicable in such jurisdiction, in addition to the steps required to be taken in relation to this policy in this state.

C. TSBP ~~TSPB~~ shall be notified in writing of the recall within 24 hours of the issuance of the recall. In addition TSBP ~~TSPB~~ shall be notified in writing of any adverse effects reported to the pharmacy which relate to a sterile preparation prepared by VLA. In the event the preparation was dispensed for Office Use, the Texas Department of State Health Services, Drugs and Medical Devices Group, must be notified in writing in the manner prescribed by this policy.



This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **30288** Expiration Date: **10/31/2023**

Balances: **1**

VILLAGE LANE APOTHECARY
60 VILLAGE LN SUITE 130
COLLEYVILLE TX 76034

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Re:	Village Lane Apothecary
Address:	60 Village Lane, Suite 130 Colleyville Texas 76034
License No.:	30288
Date Issued:	October 26, 2015
Licensure Status:	Active
Expiration Date:	October 31, 2023
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Village Lane Apothecary (Texas Pharmacy License #30288) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

August 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV5662639	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-23-2021

VILLAGE LANE APOTHECARY
60 VILLAGE LN, STE 130
COLLEYVILLE, TX 760342993

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV5662639	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-23-2021

VILLAGE LANE APOTHECARY
60 VILLAGE LN, STE 130
COLLEYVILLE, TX 760342993

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Village Lane Apothecary

Pharmacy/Wholesaler License # (if applicable): PH04435

Physical Address: 60 Village Lane, Suite 130

City: Colleyville State: TX Zip: 76034

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (817) 717-2000 Website: www.villagelaneapothecary.com

Licensing Company Email: natalie.patten@villagelanerx.com

Section 2: Personal Information

First: Natalie Middle: Last: Patten

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 60 Village Lane, Suite 130

City: Colleyville State: TX Zip: 76034

Telephone: [redacted] Email: natalie.patten@villagelanerx.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Oklahoma College of Pharmacy			08/12 - 06/16	
Address	**City**		**State**	**Zip**
1110 N. Stonewell Avenue	Oklahoma City		OK	73117
Diploma/Degree obtained, if any				
Doctory of Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
University of Oklahoma			08/04 - 05/09	
Address	**City**		**State**	**Zip**
660 Parrington Oval	Norman		OK	73019
Diploma/Degree obtained, if any				
Bachelor of Science - Microbiology				

School Name			From - To (MM/YY – MM/YY)	
Altus High School			08/01 - 05/04	
Address	**City**		**State**	**Zip**
400 N. Park Avenue	Altus		OK	73521
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - Current	[redacted]Leaflet Drive	Fort Worth	TX	76244
09/16 - 07/20	[redacted]W. President George Bush Hwy [redacted]	Richardson	TX	75080
02/16 - 09/16	[redacted]Northeast 122nd St, [redacted]	Oklahoma City	OK	73114
10/14 - 02/16	[redacted]S. Santa Fe Ave [redacted]	Moore	OK	73160
07/11 - 10/14	[redacted]N. Pennsylvania Ave [redacted]	Oklahoma City	OK	73114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Village Lane Apothecary			01/20 - Present	
Business Address		**City**	**State**	**Zip**
60 Village Lane, Suite 130		Colleyville	TX	76034
Phone	**Title**		**Number of Employed Hours**	
(817) 717-2000	Pharmacist in Charge		5560	
Description of Duties				
Oversee all processes involving the dispensing of prescription drugs, controlled substances and compliance with all state and federal regulations. Verify prescriptions and perform drug review for all prescriptions.				

Business Name			From - To (MM/YY – MM/YY)	
Texas Star Pharmacy			04/19 - 10/19	
Business Address		**City**	**State**	**Zip**
3033 W. Parker Road		Plano	TX	75024
Phone	**Title**		**Number of Employed Hours**	
(972) 519-8475	Pharmacist		960	
Description of Duties				
Oversee technicians compounding sterile and non-sterile drugs. Verify appropriateness of prescriptions. Create formulas for compounded medications in accordance with provider's request.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Natalie Patten, **certify that as the designated representative for**

Village Lane Apothecary,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NP I am at least 21 years of age;
3. NP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-27-22

Date

I, Natalie Patten, **certify that as the designated representative for**

Village Lane Apothecary,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NP I am at least 21 years of age;
3. NP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.27.22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.27.22

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of TARRANT

I, Natalie Patten, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10.27.22

Date

Subscribed and Sworn to before me this 27TH day of OCTOBER, 2022.

Notary Public Signature

FATIMA MOHAMED
Notary Public, State of Texas
Comm. Expires 01-21-2026
Notary ID 129683430

(Seal)

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.27.22

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of TARRANT

I, Natalie Patten, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10.27.22

Date

Subscribed and Sworn to before me this 27TH day of OCTOBER, 2022.

Notary Public Signature

FATIMA MOHAMED
Notary Public, State of Texas
Comm. Expires 01-21-2026
Notary ID 129683430

(Seal)

Olivia Mora

From: Foster, Alexander B. <Alexander.Foster@AGG.com>
Sent: Wednesday, October 26, 2022 9:04 AM
To: Olivia Mora
Cc: natalie.patten@villagelanerx.com
Subject: RE: Nevada Pharmacy License Application (License No. PH04435)
Attachments: 3 Morriss Burgess Co (PIC).pdf; Village Lane - Before and After Diagram.pdf

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

Hi Olivia—Hope you are having a nice day. Please see below and attached for responses to your requests. Can you please confirm you have everything needed prior to the change occurring on December 1, 2022? Thanks so much! Alex

1. **Request:** Original Sterile Compounding Questionnaire – Copy was submitted need originals.
   - **Response:** We confirmed that originals were filed with the application on September 16, 2022.
2. **Request:** Original Designated Representative Application – Copy was submitted need originals.
   - **Response:** We confirmed that originals were filed with the application on September 16, 2022.
3. **Request:** Can you please provide the documents on the Yes answer from the application question 3.
   - **Response:** Please see attached file ("3 Moriss Burgess Co (PIC)"). As background, Village Lane is licensed as an out of state prescription drug outlet in Colorado. In 2019, there was a change in the Pharmacist-in-Charge and the new Pharmacist-in-Charge, Morriss Burgess, did not notify the state within 30 days of the change, pursuant to Colo. Pharm. R. Reg. 5.00.70. When the change was reported late, the Pharmacy and State of Colorado agreed on a monetary penalty of $1,000. Mr. Burgess was replaced as Pharmacist-in-Charge shortly thereafter, and there have been no further incidents.
4. **Can you please provide a breakthrough of ownership.**
   - **Response:** Please see attached for a Before and After Diagram.
5. **Section 4 -Is the Upper tier owner practitioner - Physician Assistant license in Nevada?**
   - **Response:** No, the practitioner has never held a physician assistant license in Nevada.

Alexander B. Foster
Attorney at Law
Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, GA 30363
p: 404.873.8598 f: 404.873.8599
alex.foster@agg.com | www.agg.com

From: Foster, Alexander B.
Sent: Tuesday, October 25, 2022 2:52 PM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Cc: natalie.patten@villagelanerx.com
Subject: RE: Nevada Pharmacy License Application (License No. PH04435)

Hi Olivia—I wanted to follow up on my voice message. Do you have time for a call today or can you respond to my email below? Thanks!

Alex

Alexander B. Foster
Attorney at Law
Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, GA 30363
p: 404.873.8598 f: 404.873.8599
alex.foster@agg.com | www.agg.com

From: Foster, Alexander B.
Sent: Monday, October 24, 2022 9:36 AM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Cc: natalie.patten@villagelanerx.com
Subject: RE: Nevada Pharmacy License Application (License No. PH04435)

Good morning Olivia,

I wanted to follow up on my email below for clarification. Can you please advise today? Thanks so much!

Alex

Alexander B. Foster
Attorney at Law
Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, GA 30363
p: 404.873.8598 f: 404.873.8599
alex.foster@agg.com | www.agg.com

From: Foster, Alexander B.
Sent: Thursday, October 20, 2022 3:29 PM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Cc: natalie.patten@villagelanerx.com
Subject: RE: Nevada Pharmacy License Application (License No. PH04435)

Hi Ms. Mora—Thanks for your email and hope you're having a nice week! I wanted to follow up on my voice message regarding your requests below. For the two first bullets (related to original submissions), in reviewing my emails and scans of what was filed it looks like what was filed is original. Ms. Patten (copied) sent me the original documents (with original signatures) and those were included in the submission.

Regarding you request for the "breakthrough of ownership," can you provide more information on what you would like to see? Thanks so much!

Alex

Alexander B. Foster
Attorney at Law

Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, GA 30363
p: 404.873.8598 f: 404.873.8599
alex.foster@agg.com | www.agg.com

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Wednesday, October 19, 2022 7:10 PM
To: Foster, Alexander B. <Alexander.Foster@AGG.com>
Cc: natalie.patten@villagelanerx.com
Subject: [EXTERNAL] RE: Nevada Pharmacy License Application (License No. PH04435)

Good afternoon,

Thank you for the update on the date of CHOW for License PH04435. Couple of questions and request can you please send the information requested below.

6. Original Sterile Compounding Questionnaire – Copy was submitted need originals.
7. Original Designated Representative Application – Copy was submitted need originals.
8. Can you please provide the documents on the Yes answer from the application question 3.
9. Can you please provide a breakthrough of ownership.
10. Section 4 -Is the Upper tier owner practitioner - Physician Assistant license in Nevada?

Please let me know if you have any questions.
Thank you,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440 x122
o.mora@pharmacy.nv.gov

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

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From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Wednesday, October 19, 2022 2:58 PM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: Fw: Nevada Pharmacy License Application (License No. PH04435
Thank you.

Nevada State

Board of Pharmacy

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

Office: 775-850-1440

Fax: 775-850-1444

Web Page: www.bop.nv.gov

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From: Foster, Alexander B. <Alexander.Foster@AGG.com>
Sent: Wednesday, October 19, 2022 1:22 PM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: RE: Nevada Pharmacy License Application (License No. PH04435)

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

Good afternoon—I have reached out via telephone and email several times but have not received an updated status on this application. Can you please confirm you have everything needed in order for us to effect the change? Thanks! Alex

Alexander B. Foster
Attorney at Law
Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, GA 30363
p: 404.873.8598 f: 404.873.8599
alex.foster@agg.com | www.agg.com

From: Foster, Alexander B.
Sent: Wednesday, October 12, 2022 4:30 PM

To: pharmacy@pharmacy.nv.gov
Subject: Nevada Pharmacy License Application (License No. PH04435)

Good afternoon,

I am reaching out regarding the change of ownership application filed for Village Lane Apothecary, L.L.C. (License No. PH04435) on September 16, 2022. The application reflected a proposed CHOW date of October 15, 2022. I am writing to let you know that the ownership change is now scheduled to occur on or about December 1, 2022. Let us know if you need any additional items for the application as soon as you are able. Thanks!

Alex Foster

Alexander B. Foster
Attorney at Law

Arnall Golden Gregory LLP
171 17th Street NW, Suite 2100
Atlanta, GA 30363
p: 404.873.8598 f: 404.873.8599
alex.foster@agg.com | www.agg.com

11D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Westchester compounding pharmacy, inc.

Physical Address: 274 whiteplains road

City: eastchester, New York State: _____ Zip: 10709

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone (914) 200-1222 Toll Free # (NAC 639.708, NRS 639.23286): 866-606-6996

Fax: (914) 337-2524 Contact Email: nickt@wc-rx.com

Website: wc-rx.com

Nevada Business License # (if applicable) NIA

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Trikoumakis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22861

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☒ Non-sterile Compounding
☐ Internet	☒ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☐ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Trikoumakis

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

06/29/2022

Date

Board Use Only	Date Received: _____	Amount: 500.00 Ck- 984341986

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicholas Trikouneklis	NV Pharmacist Registration #: 22872
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): _____

Corporation/Organization Name: Westchester Compounding Pharmacy, Inc.

Mailing Address: 274 White Plains Road,

City: Eastchester State: NY Zip: 10709

Telephone: (914) 200-1222 Email: mkt@wc-rx.com

Contact Person Name: Nicholas Trikomakis

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, NICHOLAS TRIKOVNAKIS hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the president + CEO (title) for Westchester Compounding pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of June, 2022

Notary Public

ELENI FRISCIA
Notary Public, State of New York
No. 01FR6124665
Qualified in Westchester County
Commission Expires March 28, 2009

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President / CEO (title) for Westchester Community Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Nicholas Trikomakis

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/29/2022

Date

N/A 2756

Section 11: Managing Pharmacist Acknowledgement; Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement</u> of explanation. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	WESTCHESTER COMPOUNDING PHARMACY INC.
DOS ID Number:	4525413
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/06/2014
Statement Status:	CURRENT
Statement Due Date:	02/28/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 30, 2022 at 02:15 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001310164 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

Nevada Non-Resident Pharmacy Application					
Westchester Compounding Pharmacy, Inc. - Officers and Directors					
Name	**DOB**	**Addresss**	**Title**	**% Ownership**	
Nicholas Trikounakis	[redacted]	[redacted] Anderson Hill Road, Eastchester, NY 10709	President & CEO	100	

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

2760

NEW YORK STATE BOARD OF PHARMACY

2020-23

SUPERVISING PHARMACIST
NICHOLAS TRIKOUNAKIS

THIS IS TO CERTIFY

WESTCHESTER COMPOUNDING PHARMACY INC.
274 WHITE PLAINS RD.
EASTCHESTER, NY 10709

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF SEPTEMBER, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
032859

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NYSED.gov

OP Office of the Professions

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

06/07/2022

Type : PHARMACY
Legal Name : WESTCHESTER COMPOUNDING PHARMACY INC.
Trade Name :
Street Address :
274 WHITE PLAINS RD.
EASTCHESTER, NY 10709-0000

Registration No : 032859
Date First Registered : 09/10/14
Registration Begins : 09/01/20
Registered through : 08/31/23
Supervisor : 054708 TRIKOUNAKIS NICHOLAS
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Westchester Compounding pharmacy, inc.

NV Pharmacy or Outsourcing facility license # (if applicable):

Physical Address: 274 White Plains road

City: Eastchester State: NY Zip: 10709

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (914) 200-1222 Toll Free # (NAC 639.708, NRS 639.23286): (866)-606-6996

Fax (914) 361-2524 Contact Email: rxinfo@wc-rx.com

Website: wc-rx.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Trikounakis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22861

Name of Person with direct knowledge of compounding procedures: Nicholas Trikounakis

Email of Person with direct knowledge of compounding procedures: nickt@wc-rx.com

Telephone of Person with direct knowledge of compounding procedures: (914) 200-1222

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☑ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

- Trimix injections
- opthalmic solutions

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☒ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

- color
- clarity
- particulate matter

8. How often do you perform glove fingertip and medial fill testing?

gloved fingertip is performed weekly + media fill is done twice a year

9. What is your policy if an employee fails a glove fingertip or media-fill test?

employees that fail have to be trained again
- handwashing garbing
- Aseptic process

if gfp fails + is aeronable sample will need to get sent out for testing

10. Describe your initial and annual training program for all personnel performing sterile compounding:

initial

training on all SOPS/competencies
personnel Qualification
- Handwashing garbing
- gfp
- APS

annual

competencies/qualification
- cleaning
- handwashing/garbing
- APS

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

At WCRx there are daily, weekly + monthly cleaning procedures:

Agents used are:
- Steriperox 6%
- Peridox RTV
- Sterile IPA 70%
- Tex Wipe Technisat
- Hypochlor 5.25% pervet
- Sterile water

12. Who performs the sterile compounding process at your facility?

Only qualified Pharmacist are involved in Sterile Compounding
Nicholas Trikonakis + Robert Kraljevic

13. Who is responsible and accountable for the sterile compounding process at your facility?

Nicholas Trikonakis (PIC + President + CEO)

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

- products are shipped using UPS/Fedex express options.
  w/ a delivery turnaround time of one-day.

drug product is shipped in appropriate container w/ ice packs (if applicable) and bubble wrap.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

trimix injections (various strengths)
Ophthalmic solutions (atropine, dexamethasone, various strengths)

2. What sterilization methods are utilized at your facility?

Steam sterilization (Autoclave)
Depyrogenation

3. Does your facility utilize biological indicators? ☒ Yes ☐ No

4. If yes, describe how they are utilized:

Biological indicators are used during each autoclave + depyrogenation cycle.
- aluminum seals and stoppers are autoclaved
- glassware is depyrogenated

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Tr. Kornakis
Name of Person who Completed the Form

President + CEO
Title

Signature (copies or stamps not accepted)

11/07/2024
Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Westchester Compounding pharmacy, inc.

Physical Address 274 White plains road

City Eastchester State New York Zip 10709

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (914) 200-1222 Website www.wc-rx.com

Licensing Company Email rxinfo@wc-rx.com

Section 2: Personal Information

First Nicholas Middle _____ Last Trikoumakis

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] andersonville road

City purchase State NY Zip 10577

Telephone [redacted] Email [redacted]@wc-rx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials NT

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST. JOHN'S UNIVERSITY		08/04 - 5/10	
Address	**City**	**State**	**Zip**
8000 UTOPIA PARKWAY	Queens	NY	11439
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Saunders Highschool		9/00 - 06/04	
Address	**City**	**State**	**Zip**
183 Palmer Road	Yonkers	NY	10701
Diploma/Degree obtained, if any			
Highschool			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - Present	[redacted] anderson hill road	Purchase	NY	10577
2012 - 2018	[redacted] fontain lane	Scarsdale	NY	10583
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Westchester Compounding Pharmacy, Inc			09/11 - Present
Business Address	**City**	**State**	**Zip**
274 White Plains Road	Eastchester	NY	10709
Phone	**Title**	**Number of Employed Hours**	
(914)200-1222	President + CEO + PIC	6000+ hrs	
Description of Duties			
Responsible for daily operations of the pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AT

I, Nicholas Trikoumakis, **certify that as the designated representative for** Westchester Compounding Pharmacy, Inc, **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicholas Trikoumakis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/29/2022
Date

Applicant's initials NT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Trikoumakis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/29/2022
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Westchester

I, Nicholas Trikoumakis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/30/2022
Date

Subscribed and Sworn to before me this 30th day of June.

Notary Public Signature

ELENI FRISCIA
Notary Public, State of New York
No. 01FR6124665
Qualified in Westchester County
Commission Expires March 28, 2026

(Seal)

Applicant's initials NT

WESTCHESTER COMPOUNDING PHARMACY INC.
274 WHITE PLAINS RD EASTCHESTER, NY 10709
914-200-1222 FW4839594 1-866-606-6996
Caution: Federal law prohibits transfer of this drug to any other person than patient for whom prescribed
Rx 100001
MR TEST
MIKE M PAPPAS DC

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

R7342

PHARMACY INSPECTION REPORT

☒ Pharmacy ☐ M/W

Inspection # _____ conducted by
Investigator Agede Marcellus
Date 3-11-21 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name Westchester Compounding Pharmacy Inc
Trade name _____
No. and Street 274 White Plains Rd.
City Eastchester County Westchester Zip 10709
Reg. # _____ Telephone 914-200-1222
Hours open per week 40 # RXs daily _____

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Nicholas Trikoumakis	40	054709	7-20-10	Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... S N
2. Licenses/current reg. displayed ..... S N
3. Registered pharmacist on duty ..... S N
4. Equip., facilities, and ref. items ..... S N
5. Price list available/current ..... S N
6. Drug stock current ..... S N
7. Stock properly branded ..... S N
8. Daily RX record ..... S N
9. Required RX filings ..... S N
10. DEA records complete/available ..... S N
11. Safety/approp. closures/containers ..... S N
12. RX labels required information ..... S N
13. Valid RX formats ..... S N
14. Substitution law compliance ..... S N
15. Required information on RXs ..... S N
16. Refill authorization/fill ..... S N
17. Refills in daily record ..... S N
18. Controlled substance compliance ..... S N
19. General sanitation ..... S N
20. Intern/unlicensed supervision ..... S N
21. Counseling offered/given/refusals documented ... S N
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living, compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary

MAR 23 2021

Details of Inspection Inspection conducted in the Presence of S.P. Nicholas Trikoumakis due to Construction of new Sterile compounding area. See NABP Questions for Full insp

Recommendation (completed in office)
Investigator _____
Supervisor Agede Marcellus

I have received a copy of this inspection report.
Signature _____
Print name Nicholas Trikoumakis
Title S.P. Date 3/11/21

This is page _____ of _____ page(s)

OPD 234 (6/2011) 11-005 CDC

-ORIGINAL - TO CENTRAL OFFICE

.Office of Professional Discipline
Pharmacy Registration Checklist

Registered Name/Address Westchester Compounding Pharmacy inc
274 White Plains Rd Eastchester 10709

Investigator Name/Date ALGESTE MARCELLUS

PREMISES

- ☑ Registered area not less than 300 square feet
- ☑ Compounding and dispensing area not less than 100 square feet
- ☑ Compounding area has both hot and cold running water
- ☑ Registered name of owner on exterior of premises
- ☑ Heat and air conditioning
- ☑ Adequate lighting
- ☑ Security system
- ☑ Bathroom
- ☑ Adequate sanitation

Pharmacy Department

- ☐ Permanent partition at least 9'6" or floor to ceiling partition
- ☐ Separately alarmed and secured from the rest of the establishment
- ☐ Exterior sign indicates that there is a department within
- ☐ Hours of operation for pharmacy department are posted
- ☐ Exterior sign "pharmacy" cannot be used in juxtaposition to a non-registered name and use of "drugs", "medicines", etc. are restricted to the pharmacy department

NA

EQUIPMENT

- ☑ Weighing devise sensitive to 6mg
- ☑ Metric weights (if needed)
- ☑ Devices capable of measuring volumes from 0.1 ml to 500 ml
- ☑ Mortar and pestle
- ☑ Refrigerator for drug storage
- ☑ Thermometer in refrigerator (temperature between 2-8°C; 36-46°F)

REFERENCES

- ☑ Copies of or access to laws, rules and regulations governing the practice of pharmacy in NYS
- ☑ Reference resources necessary to carry on the practice of pharmacy

ADDITIONAL ITEMS

- ☑ Sample prescription label showing FULL Corporate name and address
- ☑ License and registration of the supervising pharmacist
- ☑ "Drug Retail Price List Available Upon Request" Sign
- ☐ Limited English Proficiency Sign, for pharmacies required to provide translation services (8 or more pharmacies commonly owned) "Point to your language. Language assistance will be provided at no cost to you."
- ☐ Initial controlled drug inventory to be taken for transferred registration
- ☐ For Transfer/Change of Address the registration certificate should be returned to the Board upon receipt of the new one.

NA
NA

Westchester Compounding Pharmacy Inc. 274 White Plains Rd East Chester, NY 10709

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample*)					
	Indicate the areas/rooms of the pharmacy entered to perform the Inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason*					
	General Operations Information	Y	N	?	NA	Notes
1.00	Does the pharmacy dispense sterile compounded preparations pursuant to a prescription?	✓				
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	✓				
1.02	Are sterile compounded prescriptions picked up at the pharmacy?		✓			
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	✓				
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	✓				
2.00	Does the pharmacy distribute sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*		✓			
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	✓				NO. All compounds patient specific. Nothing for office use. Dispense to patients or ~~[illegible]~~ to patients at doctor's offices for infusion per Nicholas Tsikouras Stella
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?		✓			
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?		✓			
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*		✓			
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?		✓			
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?				✓	
4.00	Which of the following sterile compounds are prepared?					
4.01	Allergen extracts		✓			
4.02	Parenteral solutions	✓				
4.03	Parenteral *suspensions*	✓				
4.04	Preservative-free parenterals		✓			
4.05	Ophthalmic preparations		✓			
4.06	Oral or nasal *inhalation* preparations (not topical sprays)		✓			
4.07	Baths and soaks for live organs and tissues		✓			
4.08	Irrigations for wounds and body cavities		✓			

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*		✓			
5.00	Does the pharmacy compound investigational drugs? *Provide list.*		✓			
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*		✓			
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.				✓	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*				✓	
7.00	Does the pharmacy perform low-risk compounding? *Indicate percentage of low-risk sterile compounding.*	✓				
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	✓				
7.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.	[redacted]				
7.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*				✓	NO Extended BUD
8.00	Does the pharmacy perform medium-risk compounding? *Indicate percentage of medium-risk sterile compounding.*	✓				
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	✓				
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.	[redacted]				
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*				✓	NO Extended BUD
9.00	Does the pharmacy perform high-risk compounding? *Indicate percentage of high-risk sterile compounding.*	✓				
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	✓				
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.	[redacted]				
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*				✓	NO Extended BUD

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?		✓			
11.00	Does the pharmacy perform compounding for immediate use? *Indicate percentage of immediate use sterile compounding.*		✓			
12.00	Does the pharmacy perform compounding with hazardous drugs? *Indicate percentage of hazardous sterile compounding* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	✓				
12.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	✓				
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	✓				
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	✓				
13.00	Are Safety Data Sheets (SDS) (formerly known as Material Safety Data Sheets (MSDS)) available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	✓				
14.00	Does the pharmacy perform compounding using blood products (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*		✓			
15.00	Does the pharmacy compound using any Federally controlled substances I-V? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	✓				
16.00	APIs: Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	✓				
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	✓				
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	✓				
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*		✓			-always purchased ~~by ingredients~~ by FDA facility per Nicholas Trikoumakis 5/10/21
16.04	Does the computer track on-hand quantities of APIs used for compounding?	✓				
17.00	Does the pharmacy use scales/balances for sterile compounding?	✓				
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*					
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	✓				
18.00	Does the pharmacy have a hyphilizer?		✓			
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*					

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

		C	NC	?	NA	Notes
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.	[redacted]				
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?				✓	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*		✓			
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	✓				ARL & CIAL
21.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	✓				
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	✓				
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	✓				
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	✓				
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	✓				
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	✓				
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	✓				
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?					yes to all end product testing per Nicholas Tsibouklis 5/[illegible]
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	✓				
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	✓				
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	✓				
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	✓				
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	✓				
	Component Selection and Use	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		0			

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	✓				
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	✓				
22.02	USP- or NF-grade substances used, if available.	✓				
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	✓				
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	✓				
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.				✓	Human Compounding ones.
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	✓				
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	✓				
22.08	All APIs are labeled with the date they were received.	✓				
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.				✓	no - per Nicholas Witkowski 5/10/21 pharmacy does not repack API into smaller containers
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	✓				
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	✓				
24.00	There are no preparations compounded that present demonstrable difficulties for compounding as identified by the FDA. *If so, list the name of the products.*	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

25.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	✓				
26.00	For animal compounding, does the compounding meet the same standards as compounding for human patients?				✓	
26.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.				✓	
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.				✓	
26.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.				✓	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.				✓	
26.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)				✓	
27.00	If the pharmacy compounds stock solutions or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.				✓	
27.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.				✓	
27.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.				✓	

No animal compounding

	Environment	C	NC	?	NA	Notes
	Total Non-Compliant (Includes Unknowns)		0			
28.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	✓				
29.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.				✓	
29.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?				✓	
30.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	✓				
31.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	✓				
31.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

31.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	✓				
32.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	✓				
33.00	Walls painted with epoxy based paint or other impermeable surface, and are seamless or have sealed seams where panels meet and corners with no cracks.	✓				
34.00	The ceiling tiles are composed of a vinyl surface, with the tiles caulked and sealed and the seams where the walls meet the ceiling are caulked and sealed.	✓				
35.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	✓				
36.00	The clean/buffer room or anteroom does not have dust collecting overhangs (eg ceiling utility pipes, ledges, pneumatic tube stations, sprinkler heads, emergency exit signs, etc).	✓				
37.00	The exposed surfaces of:	[redacted]				
37.01	PEC are free of dirt, rust, chips and particulate matter.	✓				
37.02	Light fixtures are smooth, mounted flush, and sealed.	✓				
38.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	✓				
39.00	There is no sink or drain in the clean/buffer room.	✓				
40.00	Hand drying is with non-linting paper towels, or an electronic or HEPA filtered hand dryer.	✓				
40.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*				✓	
41.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 or 8 environment.	✓				
42.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	✓				
43.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.				✓	
44.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	✓				
45.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	✓				
45.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

46.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	✓				
46.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	✓				
46.02	Clean/buffer room is at least 0.02" wc positive pressure to general pharmacy areas.	✓				
46.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	✓				
46.04	Pressures are continuously monitored and at a minimum read and recorded each shift (minimum of once daily). *View logs*	✓				
46.05	Plan in place to detect and react to pressure differentials outside of limits.	✓				
47.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	✓				
47.01	The air flow is at least 40 feet per minute across the entire opening.	✓				
47.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	✓				
47.03	Plan in place to detect and react to air flow measurements outside of limits	✓				
47.04	This area is used only for low- and medium-risk compounding (High-risk not allowed).					- ask hospital, low, medium, high risk per Nicholas Tirkowski 5/10/22
48.00	**Temperature:** The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	✓				
48.01	Temperature in the compounding area is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements.	✓				
48.02	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.03	Temperature monitoring is also performed in drug storage areas (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	✓				
48.04	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.05	Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	✓				
48.06	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	✓				
48.07	Temperature in the freezer is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

48.08	Temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained..	✓				
48.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	✓				
49.00	Humidity: If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. *(Generally recommended range is 35-60% for performing sterile compounding.)*	✓				
49.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	✓				
49.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	✓				
49.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	✓				
50.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	✓				
51.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces.	✓				
52.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	✓				
53.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	✓				
53.01	RECOMMENDED: Pass-throughs are located between outside areas and the anteroom, or between the anteroom and the buffer room (and NOT between the outside areas directly into the buffer room).					
54.00	RECOMMENDED: The immediate area around the doorway or pass-through into the anteroom from the general areas is free of particle generating materials (such as corrugated cardboard, etc.) and is located in an area that limits particles (not next to an outside door or window, etc.) to limit potential contamination from being brought in through the entry.					
55.00	BSC or PEC that is NOT located in an ISO Class 7 clean/buffer room: BSC or PEC has been certified to maintain ISO Class 5 during compounding activities.				✓	
55.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned.				✓	
55.02	All garbing requirements are adhered to.				✓	
55.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.				✓	

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

		C	NC	?	NA	Notes
55.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	✓	N/A			
55.05	Has the sink separated from the immediate area of the ISO Class 5 workbench (not adjacent) and an eyewash station.	✓				
56.00	CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room: CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A			✓	
56.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.				✓	
56.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.				✓	NO CAI or CACI ~~NOT~~ Located in ISO 7.
56.03	There is a sink in the compounding area, not directly adjacent to the CAI or CACI, that enables pharmacy personnel to wash hands and an eyewash station.				✓	
56.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.				✓	

Cleaning and Disinfection		C	NC	?	NA	Notes
	Total Non-Compliant (Includes Unknowns)		**0**			
57.00	Are all personnel performing cleaning appropriately garbed?	✓				
58.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	✓				
59.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area and are buckets inverted to prevent moisture accumulation?	✓				
60.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately? For example, a mop used for the floors cannot also be used for the ceilings and walls.	✓				
61.00	Are there formulas and instructions for mixing or diluting the cleaning and sanitizing agents prior to use and is the preparation of cleaning supplies documented?	✓				
62.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	✓				
63.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	✓				
64.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	✓				
64.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

65.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	✓				
66.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	✓				
67.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	✓				
68.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?				✓	
69.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	✓				
70.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	✓				
71.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	✓				
	Training -*Verify records of all compounding personnel (up to 10).*	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
72.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	✓				
72.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	✓				
72.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	✓				
73.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	✓				
74.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	✓				
75.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	✓				
76.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

77.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs. *Indicate frequency, if testing more than annually*	✓				
78.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	✓				
79.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any gorbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*	✓				
80.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any gorbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	✓				
81.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*	✓				
82.00	The media-fill testing procedures include:					
82.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	✓				
82.02	Fill Volume	✓				
82.03	Incubation time and temperature (30-35°C for a minimum of 7 days then 20-25°C for 7 days)	✓				
82.04	Inspection of filled units	✓				
82.05	Documentation	✓				
82.06	Interpretation of results	✓				
82.07	Action levels set with the corrective actions required	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

83.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	✓				
84.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than every 6 months.*	✓				
85.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	✓				
85.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	✓				
85.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	✓				
	Garbing	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
86.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	✓				
87.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	✓				
88.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.					yes - per [illegible] Tirkanich 5/10/21
89.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	✓				
90.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	✓				
91.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a mirror available to check that all hair is covered.*	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

92.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	✓				
93.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	✓				
94.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	✓				
95.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	✓				
96.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	✓				
97.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	✓				
98.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example).	✓				
	Environmental Monitoring	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
99.00	The most recent PEC and room certification report is available.	✓				
99.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	✓				
99.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	✓				
99.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is moved or major work is done to the space. *If non-compliant, record the date of the previous certification.*	✓				
99.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	✓				
99.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

99.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	✓					
100.00	The certification report includes information about the equipment used for performing calibration test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	✓					
100.01	The equipment used had not exceeded its calibration date at the time of certification.	✓					
101.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	✓					
101.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	✓					
101.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	✓					
101.03	RECOMMENDED: ISO class 8 anteroom is certified as having a minimum of 20 ACPH.						
101.04	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically, all of the air will be from outside.*	✓					
101.05	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.				✓		
102.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	✓					
102.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	✓					
102.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs.	✓					
102.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	✓					
103.00	Differential air pressure between rooms was measured.	✓					
103.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	✓					
103.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	✓					
104.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	✓					

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

104.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	✓					
105.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	✓					
105.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	✓					
105.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	✓					
105.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	✓					
106.00	HEPA filter tests were performed.	✓					
106.01	All room HEPA filters were leak tested and if leaks found, they were fixed.	✓					
106.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed.				✓		
107.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	✓					
108.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	✓					
108.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	✓					
108.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	✓					
108.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and the samples are at least 400 liters in volume? *Note: recommendation in ISO 5 PEC is 1000 liters.*	✓					
108.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	✓					
108.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification — Air Sample — Surface Sample ISO Class 5 — >1 CFU/m3 — >3 CFU/plate ISO Class 7 — >10 CFU/m3 — >5 CFU/plate ISO Class 8 — >100 CFU/m3 — >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the number of CFUs found must be multiplied by the appropriate factor.*	✓					

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

	Sterile Compounding Inspection					
108.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are analyzed to determine the organism down to the genus. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	✓				
108.07	If the number of CFUs detected in the rooms exceeds action levels, begin immediate remediation, including recleaning, retraining and retesting; and conduct investigation into the causes.	✓				
108.08	If the number of CFUs detected in the PECs exceeds action levels, begin immediate remediation, including recleaning, retraining and retesting; and conduct investigation into the causes.	✓				
108.09	If any highly pathogenic microbes (ie mold, yeast, coagulase positive staphylococcus, or gram-negative rods) were detected in the PECs (whether or not the number of CFUs exceeds action levels), begin immediate remediation, including recleaning, retraining and retesting; and conduct investigation into the causes.	✓				
108.10	RECOMMENDED: The testing report indicates growth promotion testing or documentation and sterility quality control testing of the media plates was performed. *Positive and negative control tests important to validate results of viable testing.*					
108.11	RECOMMENDED: The testing results report includes media lot numbers and expiration dates and a signature of the laboratory analyst and/or reviewer.					
109.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*				✓	Use Outside Services
	Compounding Equipment	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
110.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	✓				
111.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	✓				
112.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	✓				
113.00	RECOMMENDED: PEC (hood) prefilters are checked and replaced regularly. *View replacement log or documentation of filter check and replacement by certification company.*					
114.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	✓				
114.01	There is documentation of the ACD tubing being changed or discarded every 24 hours.	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

114.02	The ACD is used when performing media fill testing.					-yes per Melody Tri Kennedy 5/10/21	
	Compounding Procedures	C	NC	?	NA	Notes	
	Total Non-Compliant (Includes Unknowns)		0				
115.00	Gloves and critical sites are sanitized with adequate frequency and with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA) spray and a nonlinting wipe.	✓					
116.00	Objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads).	✓					
117.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	✓					
118.00	Supplies required for the scheduled operations of the shift are prepared and decontaminated by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	✓					
119.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). Compounding MUST be observed, if compounding is not being performed at the time of survey mark item as "Non-Compliant".*	✓					
119.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization.*	[redacted]					
120.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	✓					
121.00	All rubber stoppers of vials and bottles and the neck of ampules are sanitized every time with sterile 70% IPA (and a wait of at least 10 seconds to dry) prior to the introduction of a needle or spike for the removal of product.	✓					
122.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	✓					
123.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	✓					
124.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	✓					

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

125.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions.*	✓				
125.01	Official or assigned name, strength and dosage of the preparation.	✓				
125.02	Names, lot numbers and expiration dates of all components.	✓				
125.03	Total quantity or number of units compounded.	✓				
125.04	Person compounding the preparation.	✓				
125.05	Person performing the quality control procedures.	✓				
125.06	Person who approved the preparation.	✓				
125.07	Date of compounding.	✓				
125.08	Assigned internal identification number or prescription number.	✓				
125.09	Assigned BUD and reference if extended beyond USP guidelines.	✓				
125.10	Duplicate label.	✓				
125.11	Sterilization method (if applicable).	✓				
125.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	✓				
126.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	✓				
127.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	✓				
127.01	RECOMMENDED: Labels on batch single-use containers are clearly marked as "Single Use Only".					
128.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	✓				
128.01	RECOMMENDED: Labels on patient-specific single-use containers are clearly marked as "Single Use Only".					
129.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**				✓	No Product being prepared @ the time of inspection

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

130.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	✓	✓			
131.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*				✓	no Extended BUDs
132.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*				✓	
133.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.				✓	
134.00	Filter sterilization in an ISO 5 environment and documentation includes:					
134.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	✓				
134.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling does not indicate "research only" or "laboratory only", for example).	✓				
134.03	Is the appropriate capacity filter being used for the volume being filtered?	✓				
134.04	Filtering is completed rapidly without filter replacement.	✓				
134.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	✓				
135.00	Steam sterilization documentation includes:					no per Nicholas
135.01	The autoclave has been validated for the exposure time and mass of the items to be sterilized.		✓			Tritonal 121° 5 min
135.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices.		✓			
135.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.		✓			
135.04	Heated filtered air is evenly distributed throughout the chamber with a blower.		✓			
135.05	That the CSP will not be adversely affected by the steam and heat.		✓			
135.06	The description of steam sterilization includes conditions and duration for specific CSPs.		✓			

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

135.07	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators.		✓			
136.00	Dry heat sterilization documentation includes:					=no [redacted] 5/10/21
136.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture.		✓			
136.02	Sufficient space is left between materials to allow for air circulation.		✓			
136.03	The description of dry heat sterilization includes conditions and duration for specific CSPs.		✓			
136.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators.		✓			
136.05	The oven is equipped with a system for controlling and recording temperature and exposure period.		✓			
137.00	Depyrogenation by dry heat documentation includes:					=yes all equipment and supplies [redacted] vials are bought for filling
137.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes.		✓			sterilized per machines Tri Kammer 5/10/21 are bought already sterilized
137.02	The description of the cycle and duration for specific load items.		✓			
137.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs).		✓			
137.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a three log reduction in endotoxins.		✓			
138.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*		✓			

	Finished Preparation Release Checks and Tests	C	NC	?	NA	Notes
	Total Non-Compliant (Includes Unknowns)		**0**			
139.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	✓				
140.00	Are there checks for container, closure integrity and any other apparent visual defects?	✓				
141.00	Is compounding accuracy documented by verification of steps?	✓				
142.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	✓				
143.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	✓				
144.00	Sterility testing (USP <71>). *If testing is performed to a higher standard than the minimums below, describe.*					testing is done by Lab
144.01	Sterility testing includes both bacterial and fungal testing.	✓				
144.02	Sterility testing is performed for all CSPs that have extended BUDS.	✓				
144.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers.	✓				
144.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized.	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection

144.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Less than 100, test 10% or four units, whichever is greater 2. 100 up to 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Less than 200 containers, test 5% or 2 containers, whichever is greater 2. 200 or more containers, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	✓				Lab
144.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	✓				
144.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	✓				
145.00	Endotoxin testing (USP <85>). *If testing is performed to a higher standard than the minimums below, describe.*					
145.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials).	✓				Lab
145.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients.	✓				
145.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized.	✓				
145.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	✓				
146.00	RECOMMENDED: Potency testing is performed. *Describe for which products or circumstances potency testing is performed in.*					
	Patient Counseling and Communication	**C**	**NC**	**?**	**NA**	**Notes**
	Total Non-Compliant (Includes Unknowns)		**0**			
147.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	✓				
148.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	✓				
149.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	✓				

National Association of Boards of Pharmacy®
Universal Pharmacy Inspection Form

Sterile Compounding Inspection						
150.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.					

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler w/estchester compounding pharmacy, inc

Physical Address 274 whiteplains road

City eastchester State NY Zip 10709

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (914) 200-1222 Website wc-rx.com

Licensing Company Email rxinfo@wc-rx.com

Section 2: Personal Information

First Nicholas Middle _____ Last Trikonakis

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Andersontown road

City purchase State NY Zip 10577

Telephone [redacted] Email [redacted]@wc-rx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials NT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Saunders Trades + Technical High school			2000 - 2004	
Address		City	State	Zip
183 palmer road		yonkers	NY	10701
Diploma/Degree obtained, if any				
advanced Regents HS diploma				
School Name			From - To (MM/YY – MM/YY)	
St John's University			2004 - 2010	
Address		City	State	Zip
80 Utopia parkway		Jamaica	NY	11439
Diploma/Degree obtained, if any				
Pharm D				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 - 2018	[redacted] Fountain lane	Scarsdale	NY	10705
2018 - present	[redacted] Anderson Hill road	Purchase	NY	10577
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials NT

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Westchester compounding ~~pharmacy~~ pharmacy inc		2010 - Present	
Business Address	**City**	**State**	**Zip**
274 White plains road	eastchester	NY	10709
Phone	**Title**		
(914) 200-1222	President + CEO + PIC		
Description of Duties			
Owner + pharmacist in charge responsible for all operations			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials AVT

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JVT

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials NT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials NT 6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Trikoumakis
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/26/2022
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Westchester,

I, Nicholas Trikoumakis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/26/22
Date

Subscribed and Sworn to before me this 26th day of August, 2022

Jane M. Palma
Notary Public Signature

JANE M. PALMA
NOTARY PUBLIC, State Of New York
No. 01PA6054832
Qualified In Westchester County
Commission Expires 2-12-2023

(Seal)

Applicant's initials _____

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Central Processing only	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Central Processing only

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Albertsons Central Processing Pharmacy

Physical Address: One Pierce Place 10 Floor

City: Itasca State: IL Zip: 60143

Mailing Address (if different from physical address): 250 E. Parkcenter Blvd

City: Boise State: ID Zip: 83706

Telephone: 633-438-9280 Toll Free # (NAC 639.708, NRS 639.23286): 855-496-8308 TF

Fax: _____ Contact Email: rxlicenses@albertsons.com

Website: NA

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Pinal Soni ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20470 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Pinal Soni	NV Pharmacist Registration #: 20470
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): American Drug Stores LLC

Corporation Name: Albertsons Companies Inc.

Mailing Address: 250 E. Parkcenter Blvd

City: Boise State: ID Zip: 83706

Telephone: 208-395-6200 Email: rxlicenses@albertsons.com

Contact Person Name: Dawn Burrow

Date of SEC Registration: 6/25/2020	SEC Registration Number: 333-236956	Stock Exchange Symbol: ACI

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Non-Publicly Traded Corporation / Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 3: Statement of Responsibility - MUST BE COMPLETED BY AN AUTHORIZED PERSON (NAC 639.255)

Statement of Responsibility

1. I am the License Specialist (title) for Albertsons Central Processing Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Dawn Burrow

Print Name of Authorized Person

Dawn Burrow

Original signature of Authorized Person (copies or stamps not accepted)

1/13/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Dawn Burrow hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the License Specialist (title) for Albertsons Central Processing Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Dawn Burrow
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of January, 2023

Gina L Hess
Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NA _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ NA

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dawn Burrow POA attached

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Dawn Burrow

Original signature of Authorized Person (copies or stamps not accepted)

1/13/2023

Date

1/18/23

Board Use Only	Date Received: 1.17.23	Amount: 500.00 CC

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 0514	Safeway Inc.	642 NE 3rd Street Bend, OR 97701	RP-0001016-CS	02/11/20	2020-0122	On February 11, 2020, Safeway Pharmacy #514 signed a consent order with the Oregon Board of Pharmacy for violations relating to various record keeping, drug storage, training, and Pharmacist-in-Charge requirements dating back to June of 2017. Safeway #514 was also cited for failure to have a complete e-kit as required for providing immunizations. As a result of this consent order, Safeway #514 is on probation for a period of two years and will pay a civil penalty in the amount of $45,000 with $40,000 stayed pending compliance with the consent order (the required $5,000 has already been paid). Safeway #514 has also developed and implemented a Quality Assurance Plan (which has been approved by the Oregon Board of Pharmacy). The PIC will perform monthly compliance audits and the District Pharmacy Manager will submit quarterly reports on compliance with the Quality Assurance Plan to the Board office. There are no restrictions on Safeway #514's ability to fill prescriptions for any patient. We are confident that all issues discovered in 2017 have since been resolved.	02/11/21	OR BOP
SWY 1446	Safeway Inc.	11051 S. Parker Road Parker, CO 80134	PDO 180000003	03/24/20	2020-1085	Effective March 25, 2020, Safeway Inc. dba Safeway Pharmacy #1446, located in Parker, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding one repeated deficiency found during an inspection from the past three consecutive inspections, involving vaccine administration records missing the site of administration. As a result of the settlement, Safeway Pharmacy #1446 was ordered to pay a civil penalty in the amount of $575 ($500 plus an additional surcharge of 15% [$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 0914	Safeway Inc.	2321 W. Eisenhower Boulevard Loveland, CO 80537	PDO 82-015	07/25/20	2020-1425	Effective July 25, 2020, Safeway Inc. dba Safeway Pharmacy #914, located in Loveland, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding one repeated deficiency found during an inspection from the past three consecutive inspections, involving vaccine administration records missing the site of administration and date of vaccine. As a result of the settlement, Safeway Pharmacy #914 was ordered to pay a civil penalty in the amount of $575 ($500 plus an additional surcharge of 15% [$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 2817	Safeway Inc.	232 G Street Salida, CO 81201	PDO 109-4	09/10/20	2019-2057	Effective September 10, 2020, Safeway Inc. dba Safeway Pharmacy #2817, located in Salida, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping practices for controlled substances. As a result of the settlement, Safeway Pharmacy #2817 was ordered to pay a civil penalty in the amount of $1,150 ($1,000 plus an additional surcharge of 15% [$150]), and received a letter of admonition from the Colorado State Board of Pharmacy. Inventory of all controlled substances shall be taken in either of the two instances (i) upon change of pharmacist manager or their designee, or (ii) transfer of ownership. Violations must be reported by the PIC to the Board in writing, and within specific timelines. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 2666	Safeway Inc.	4548 Centerplace Drive Greeley, CO 80634	PDO 510	10/22/20	2018-7425	Effective October 22, 2020, Safeway Inc. dba Safeway Pharmacy #2666, located in Greeley, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping and inventory practices for controlled substances as found during a controlled substance audit on February 4, 2019. As a result of the settlement, Safeway Pharmacy #2666 is on probation for a period of three years and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	10/22/23	CO BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 0514	Safeway Inc.	642 N.E. Third Street Bend, OR 97701	RP-0001016-CS	11/11/20	2020-0122	On November 11, 2020, Safeway Pharmacy #514 signed a consent order with the Oregon Board of Pharmacy for violations relating to the failure to maintain proper record keeping and security practices for controlled substances during the period of January 2018 to September 2019. As a result of this consent order, Safeway #514 will pay a civil penalty in the amount of $10,000 with $10,000 stayed pending compliance with the consent order. Safeway #514 has also developed and implemented a Quality Assurance Plan. The PIC will provide training to pharmacists, technicians and future staff pursuant to the Quality Assurance Plan. The District Pharmacy Manager will submit quarterly reports on compliance with the Quality Assurance Plan to the Board office. There are no restrictions on Safeway #514's ability to fill prescriptions for any patient. We are confident that all issues discovered during the period of January 2018 to September 2019 have since been resolved and the Quality Assurance Plan submitted to the Board has been approved.	N/A	OR BOP
SWY 0722	Safeway Inc.	457 West Main Street Trinidad, CO 81082	PDO 12-06	12/29/20	2020-3758	Effective December 29, 2020, Safeway Inc. dba Safeway Pharmacy #722, located in Trinidad, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping and inventory practices for controlled substances as found during a controlled substance audit on February 12, 2020 and during three past audits conducted between 2016 and 2017. As a result of the settlement, Safeway Pharmacy #722 is on probation for a period of two years and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	12/29/22	CO BOP
SWY 2817	Safeway Inc.	232 G Street Salida, CO 81201	PDO 109-4	02/10/21	2020-1666	Effective February 10, 2021, Safeway Inc. dba Safeway Pharmacy #2817, located in Salida, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to maintain proper record keeping practices for controlled substances. As a result of the settlement, Safeway Pharmacy #2817 was ordered to pay a civil penalty in the amount of $3,450 ($3,000 plus an additional surcharge of 15% [$450]), is on probation for a period of two years, and shall nominate a qualified, Board approved Practice Monitor to conduct random inspections and report to the Board within specific timelines. The Practice Monitor must also submit itemized invoices to the Pharmacy and Board for monitoring services. Inventory of all controlled substances shall be taken in either of the two instances (i) upon change of pharmacist manager or their designee, or (ii) transfer of ownership. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	02/10/23	CO BOP
SWY 3250	Safeway Inc.	3526 King Street Alexandria, VA 22302	0201001883	05/25/21	N/A	On May 25, 2021, NAI Saturn Eastern, dba Safeway Pharmacy #3250 entered into a Consent Order with the Virginia Board of Pharmacy relating to a deficiency identified during an inspection wherein it was discovered that the pharmacy failed to file the pharmacist-in-charge application within the required time frame. While the application left our office in time, due to U.S. Mail issues, the application was not received within the required time frame. As a result of the Consent Order, Safeway Pharmacy #3250 was ordered to pay a fine in the amount of $1,000. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Virginia. No other Safeway pharmacy registrations are impacted by this settlement.	N/A	VA BOP
SWY 2754	Safeway Inc.	3627 Airport Way Fairbanks, AK 99709	PHAR448	*07/04/21*	2020-000790	The Alaska State Board of Pharmacy provided notice on June 17, 2021 that Safeway Inc. dba Safeway Pharmacy #2754, located in Fairbanks, Alaska, is under official investigation for failure to file the Change of Manager Form upon the change in pharmacist-in-charge within the required time frame, on two (2) separate occasions. This is a technical violation and the Board has determined that the appropriate action is to impose a civil fine in the amount of $1,000 ($500 for each occasion). The action is pending until the proposed resolution has been adopted by the Board. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Alaska. No other Safeway pharmacy registrations will be impacted by this settlement.	N/A	AK BOP

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 1538	Safeway Inc.	309 Southgate Shopping Center Culpeper, VA 22701	0201003806	*08/01/21*	N/A	NAI Saturn Eastern, dba Safeway Pharmacy #1538 received notification on 08/17/2021 from the Virginia Board of Pharmacy of a deficiency identified during an inspection wherein it was discovered that the pharmacy failed to file the pharmacist-in-charge application within the required time frame. Safeway Pharmacy #1538 was ordered to pay a fine in the amount of $1,000. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Virginia. No other Safeway pharmacy registrations are impacted by this settlement. The Consent Order is currently pending execution.	N/A	VA BOP
SWY 1458	Safeway Inc.	1500 East Main Street Cottage Grove, OR 97424	RP-0001336	09/02/21	2021-0246	On September 2, 2021, Safeway Pharmacy #1458 signed a consent order with the Oregon Board of Pharmacy for violations relating to the failure to maintain proper record keeping and security practices for controlled substances during the period of December 2017 to December 2020. As a result of this consent order, Safeway #1458 will pay a civil penalty in the amount of $10,000 with $10,000 stayed pending compliance with the consent order. Safeway #1458 has also developed and implemented a Quality Assurance Plan (which is currently under review by the Oregon Board of Pharmacy). The PIC will provide training to pharmacists, technicians and future staff pursuant to the Quality Assurance Plan. There are no restrictions on Safeway #1458's ability to fill prescriptions for any patient. We are confident that all issues discovered during the period of December 2017 to December 2020 have since been resolved and that the Quality Assurance Plan submitted to the Board will be approved.	N/A	OR BOP
SWY 1266	Safeway Inc.	11290 Donner Pass Rd. Truckee, CA 96161	PHY 52234	02/02/22	OAH No. 2	On February 2, 2022, the California Board of Pharmacy entered a public reproval against Safeway Pharmacy #1266 for failure to report absence of the pharmacist-in-charge to the Board and inadequate documentation for controlled substance prescriptions from 2014 through 2016. The company paid a total of $25,000 for costs associated with the investigation and within 60 days of the effective date of the decision will be making a donation of $20,000 to the California Naloxone Distribution Project. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of California. No other Safeway pharmacy registrations are impacted by this public reproval.	N/A	CA BOP
SWY 2667	Safeway Inc.	700 S Greeley HWY, Cheyenne, WY 82007	R10207	02/04/22	2021-06	On or about January 29, 2021, Petitioner received a complaint alleging Respondent dispensed an incorrect medication to a patient. The Board opened an investigation. On February 1, 2021 the Board notified the Pharmacistin-Charge (hereinafter, "PIC") of the complaint via certified letter and requested additional information. The PIC failed to reply to the request for information. On February 24, 2021, the Board conducted a routine inspection of Respondent. The Board concluded that #2667 failed to provide pharmacy services to the public in a safe and effective manner. #2267 was fined $10,000 for 26 medication errors.	N/A	WY BOP
SWY 0350	Safeway Inc.	702 North 5th Avenue Sandpoint, ID 83864	40533RP	02/07/18 04/12/19	BOP-19-034 BOP-19-067	On February 7, 2018, Safeway Pharmacy #350 entered into a Stipulation and Consent Order with the Idaho State Board of Pharmacy relating to inadequate staffing when a pharmacist scheduled to work failed to arrive and coverage could not be secured, in part due to its rural location. This caused the pharmacy to close for the day. As a result of the Stipulation and Consent Order, Safeway Pharmacy #350 was ordered to pay a fine in the amount of $4,000. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Idaho. No other Safeway pharmacy registrations are impacted by this settlement. On April 12, 2019, Safeway Pharmacy #350 entered into a Stipulation and Consent Order with the Idaho State Board of Pharmacy regarding the same staffing violations. As a result of this Stipulation and Consent Order, Safeway Pharmacy #350 was ordered to pay a fine in the amount of $2,000. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Idaho. No other Safeway pharmacy registrations are impacted by this settlement.	N/A	ID BOP

2820

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
SWY 4905	Safeway Inc.	6100 Hellyer Avenue Suite 100 San Jose, CA 95138	PHY53416	02/23/21 12/22/16	HA 2020-22	Safeway Pharmacy #4905 ("#4905") is a compounding pharmacy located in San Jose, California and was the subject of disciplinary action by the California Board of Pharmacy, effective December 22, 2016. The Board's action was initiated based on #4905's compounding of domperidone, a product still being prescribed by physicians, but the subject of much industry confusion and lack of clarity by the FDA as to whether it could be lawfully compounded. As soon as the staff at #4905 learned of the confusion and ongoing debate surrounding this product, #4905 ceased compounding the product. Safeway Pharmacy #4905 entered into a stipulated settlement that includes a two-year probation with the California Board of Pharmacy. Safeway Pharmacy #4905 has engaged an independent consultant to ensure ongoing compliance with all compounding laws. While on probation, #4905 received a non-disciplinary cite and fine in the amount of $4,500 for "failure to perform required end product testing on non-sterile to sterile batch compounded products." Until December 23, 2016, the California Board of Pharmacy adopted the USP 797 definition of "batch." Safeway Pharmacy #4905 strictly followed USP 797 guidelines for non-sterile to sterile injectables. In January of 2017, new California compounding regulations went into effect, which added new definitions and deviated greatly from USP 797 requirements. Under USP 797, a "batch" is more than one unit and has to contain at least 25 single-dose packages before end product testing is required. Under the new California rules (which are currently being revamped due to their confusing nature), a single multi-use vial for one patient is a "batch." Upon learning of this, we immediately changed our practices. Because this new Board action occurred while #4905 was on probation, its probation was extended while we awaited resolution of the new Board action. That Board action was resolved on January 23, 2020 and probation at Safeway #4905 has ended. On February 23, 2021, #4905 entered into a Settlement Agreement with the Hawaii Department of Commerce and Consumer Affairs Regulated Industries Complaints Office related to the 2016 disciplinary action taken by the California Board of Pharmacy. As a result of this reciprocal discipline, #4905 was ordered to pay an administrative fine in the amount of $1,000. There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Hawaii. No other Safeway pharmacy registrations are impacted by this settlement.	Completed	CA BOP HI BOP

AGREED BOARD ORDER #H-10-028

RE: IN THE MATTER OF
RANDALL'S PHARMACY #1896
(PHARMACY LICENSE #21279)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 21279 issued to Randall's Pharmacy #1896, 1400 Cypress Creek Road, Cedar Park, Texas 78613.

By letter dated August 19, 2011, the Texas State Board of Pharmacy gave preliminary notice to Randall's Pharmacy #1896 of its intent to take disciplinary action with respect to pharmacy license number 21279 issued to Randall's Pharmacy #1896. This action was taken as a result of an investigation which produced evidence indicating that Randall's Pharmacy #1896 may have violated:

> Section 565.001(a)(1), (2), (12) and (13); and Section 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2009);
>
> Section 281.7(a)(12) and (13); Section 291.31(1), (14) and (15); Section 291.32(a)(2)(H); Section 291.32(c)(1)(E) and (F); Section 291.32(c)(2)(B), (C) and (D); and Section 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2009); and
>
> Section 431.021(r) of the Texas Food Drug and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2009), in that, allegedly:

COUNT

On or about December 13, 2009, Mary Robin Riddick, while acting as an employee (staff pharmacist) of Randall's Pharmacy #1896, 1400 Cypress Creek Road, Cedar Park, Texas 78613, accepted a new prescription via the telephone calling for Prolixin 1mg for patient T.D., a ten year old child. Ms. Riddick transcribed the prescription as calling for Prolixin 1mg tablets, but she incorrectly data entered and verified the data entry of the prescription as calling for fluphenazine (generic for Prolixin) 10 mg tablets. Because the pharmacy did not have the medication in stock, the prescription was set aside to be filled at a later time.

On or about the following day, Thomas Edward Lanford, while acting as an employee (pharmacist-in-charge) of Randall's Pharmacy #1896, dispensed fluphenazine 10 mg tablets on the prescription previously described. The prescription vial was labeled fluphenazine 10 mg tablets with directions to "take ½ tab for 7 nights, then 1 tab for 10 nights, then 1 ½ tabs for 10 nights, then 2 at bedtime." Patient T.D. was administered approximately four doses of ½ tablets, and was admitted to a hospital for overnight observation after experiencing adverse effects. The prescription was assigned prescription number 6095640.

An informal conference was held in the office of the Texas State Board of Pharmacy on October 11, 2011, with Thomas Edward Lanford, R.Ph., Pharmacist-in-Charge of Randall's Pharmacy #1896, and Juliann R. Spier, R.Ph., Director of Pharmacy Operations, Randall's Food Markets, Inc., on behalf of Randall's Pharmacy #1896, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Linda K. Townsend, Staff Attorney, was also in attendance.

At the aforementioned conference, Juliann R. Spier stated she was present for and on behalf of Randall's Pharmacy #1896 and waived the pharmacy's right to be represented by legal counsel. By her appearance at the informal conference and by her signature on this Order, Juliann R. Spier agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and does hereby waive the pharmacy's right to legal counsel, to notice of hearing, to a formal administrative hearing and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Juliann R. Spier agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By her signature on this Order, Juliann R.

Spier neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Juliann R. Spier understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

At the conclusion of the aforementioned conference, and subsequent communications, it was agreed among the parties that Randall's Pharmacy #1896 shall comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy (hereinafter referred to as "BOARD") does hereby ORDER that pharmacy license number 21279 held by Randall's Pharmacy #1896 (hereinafter referred to as "Respondent") shall be, and such license is hereby reprimanded.

It is further ORDERED that Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by

the Texas State Board of Pharmacy. In addition, the policies and procedures for pharmacist peer review shall state that:

(1) The peer review committee will:
- review incident reports;
- determine what caused errors;
- make recommendations to correct the problem that caused the errors; and
- monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.

(2) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.

(3) The peer review committee will meet regularly, and no less than quarterly.

(4) The peer review committee will make a record indicating:
- date of meeting
- location of meeting;
- names of persons attending the meeting;
- description of activities;
- discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
- findings;
- description of recommendations; and
- review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.

Respondent shall submit a report and/or documentation of such policies and procedures to the Texas State Board of Pharmacy, Enforcement Division, within ninety (90) days after the entry of this Order. Copies of forms used by Respondent to collect the data on errors committed at the pharmacy (i.e., incident report forms) must be submitted to the Texas State Board of Pharmacy, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the pharmacist peer review process

shall be maintained for two (2) years at the location of Respondent for inspection by Texas State Board of Pharmacy employees.

It is further ORDERED that any cost associated with compliance with the terms of this Order shall be the responsibility of Respondent.

It is further ORDERED that Respondent shall allow the staff of the BOARD, Enforcement Division, to directly contact Respondent on any matter regarding the enforcement of this Order.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 14th day of February, 2012.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Juliann R. Spier, R.Ph., Director of Pharmacy Operations,
Randall's Food Markets, Inc., for and on behalf of Randall's Pharmacy #1896

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

BEFORE THE BOARD OF PHARMACY

STATE OF IDAHO

In the Matter of the License of:	)	Case No. BOP-19-067
	)	
SAFEWAY, INC. dba SAFEWAY PHARMACY #350,	)	**STIPULATION AND CONSENT ORDER**
Community Pharmacy License No. 40533RP,	)	
	)	
Respondent.	)	
	)	

WHEREAS, information has been received by the Idaho Board of Pharmacy ("Board") that constitutes sufficient grounds for the initiation of an administrative action against SAFEWAY, INC. dba SAFEWAY PHARMACY #350 ("Respondent"); and

WHEREAS, the parties wish to expeditiously settle this matter in lieu of proceeding to an administrative hearing before the Board; now, therefore,

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

A. JURISDICTION OF THE BOARD

A.1. The Board may regulate the practice of pharmacy in the state of Idaho in accordance with title 54, chapter 17, Idaho Code. The Board is further empowered by title 37, chapter 27, Idaho Code, to administer the regulating provisions of the Uniform Controlled Substances Act in the state of Idaho.

A.2. Respondent is a licensee of the Board and holds Community Pharmacy License No. 40533RP to operate a community pharmacy in the state of Idaho. Respondent's license is subject to the provisions of title 54, chapter 17, Idaho Code, title 37, chapter 27, Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01 *et seq.*

B. STIPULATED FACTS

B.1. On December 29, 2018, Respondent learned that the pharmacist scheduled to work that day was unable to cover his shift. Because Respondent did not have adequate staffing and was unable to secure coverage that would allow for such a situation, Respondent decided to close the pharmacy on December 29, 2018. Respondent's failure to adequately staff its pharmacy and thereby close its facility on December 29, 2018 violated IDAPA 27.01.03.201.04.

B.2. Respondent acknowledges its actions constituted violations of the statutes and rules governing the practice of pharmacy in Idaho. More specifically, Respondent admits the violations are subject to the following statutes and rules:

a. Idaho Code § 54-1726(1)(f) (the Board may suspend, revoke or restrict the registration of any person, upon one or more of the following grounds...being found by the Board to be in violation of any of the provisions of this chapter, chapter 27, title 37, or rules adopted pursuant to either chapter).

b. Idaho Code § 54-1728(1)(f) (upon finding the existence of grounds for discipline, the Board may impose one or more of the following penalties...imposition of an administrative fine not to exceed $2,000 for each occurrence providing a basis for discipline).

c. IDAPA 27.01.03.201.04 (a drug outlet must be staffed sufficiently to allow for appropriate supervision, to otherwise operate safely and, if applicable, to remain open during the hours posted as open to the public for business).

B.3. Respondent, in lieu of proceeding with a formal disciplinary hearing, hereby agrees the Board may enter a final order against its license as set forth in Section C below.

C. STIPULATED PENALTIES

C.1. It is agreed that Respondent shall pay a fine of $2,000 for the violations outlined above in Section B. This fine shall become due only after the Board approves and executes the Order incorporating this Stipulation and shall be paid to the Board within 180 days of the date the Order is executed.

C.2. Failure to comply with any of the terms of this Stipulation and Consent Order may result in additional action being taken against Respondent's community pharmacy license.

C.3. All costs associated with Respondent's compliance with the terms of this Stipulation and Consent Order shall be borne solely by Respondent.

D. COMPLIANCE WITH STIPULATION AND CONSENT ORDER

D.1. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Respondent waives its ability to challenge the Board's lack of authority to enforce compliance on appeal to a district court. If there is reason to believe Respondent has violated any of the terms or conditions of this Stipulation, the Executive Director of the Board shall file an administrative complaint, setting forth the allegations of non-compliance and notifying Respondent, and its attorney, if applicable, that Respondent may request a hearing regarding the allegations of non-compliance. If Respondent does not request a hearing on the administrative complaint, any allegations of non-compliance will be deemed admitted.

D.2. If Respondent fails to comply with this Stipulation, Respondent's license may be subject to further discipline, up to and including suspension or revocation. Therefore, the Board retains jurisdiction over this proceeding until all matters are finally resolved as set forth in this Stipulation. Any action taken by the Board to enforce compliance with this Stipulation shall be in accordance with this section.

D.3. Any additional costs and/or attorney fees incurred by the Board in any enforcement action shall be borne solely by Respondent.

E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

Respondent, by signature of its authorized representative hereto, hereby acknowledges the following:

E.1. Respondent admits to the allegations stated above in Section B. Respondent understands these allegations constitute cause for disciplinary terms upon its license. Respondent agrees the Board has jurisdiction to proceed in this matter with its consent as indicated by signature on its behalf hereto.

E.2. Respondent has read the above Stipulation fully and has had the opportunity to discuss it with legal counsel. Respondent understands and acknowledges that by its terms Respondent is waiving certain rights provided under Idaho law.

E.3. Respondent understands that it has, among other rights, the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify on its own behalf; the right to reconsideration; the right to appeal this matter to district court; and all rights provided by the Idaho Administrative Procedure Act and the laws and rules governing the practice of pharmacy in Idaho. Respondent hereby freely and voluntarily waives these rights, without further process, in order to enter into this Stipulation as a resolution of the allegations contained herein.

E.4. Respondent understands that in signing this Stipulation, it is enabling the Board to impose disciplinary terms upon its license as set forth in Section C without further process.

E.5. Respondent understands the Board may approve this Stipulation as proposed, approve it subject to specified changes, or reject it. Respondent understands that, if approved as

proposed, the Board will execute and issue this Stipulation and Consent Order according to the aforementioned terms, and Respondent hereby agrees to the above Stipulation for settlement. If the Board approves this Stipulation subject to changes, and those changes are acceptable, Respondent acknowledges the Stipulation will take effect, and an order modifying the terms of the Stipulation will be issued. If the changes are unacceptable or the Board rejects this Stipulation, this Stipulation will be of no effect. Admissions in this Stipulation and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

E.6. In the event this Stipulation is rejected by the Board or any changes proposed by the Board are not accepted, Respondent waives any right it may have to challenge the Board's impartiality to hear the allegations in any subsequent administrative complaint based on the fact that the Board has considered and rejected this Stipulation.

E.7. Respondent understands the Board shall have the right to make full disclosure of this Stipulation and Consent Order to any state, agency or individual requesting information subject to any applicable provisions of the Idaho Public Records Act, title 9, chapter 3, Idaho Code.

E.8. Respondent understands this Stipulation and Consent Order is the resolution of a contested case and is a **public record**.

E.9. This Stipulation contains the entire agreement between the parties, and Respondent is not relying on any other agreement or representation of any kind, verbal or otherwise.

E.10. This Stipulation shall be presented to the Board with a recommendation for approval from the Executive Director of the Board and the Deputy Attorney General responsible for prosecution before the Board at the next regularly-scheduled meeting of the Board.

E.11. Except for paragraph E.6., which becomes effective when Respondent signs this Stipulation, this Stipulation shall not become effective until it has been approved by a majority of

the Board, and a Board member signs the attached Order.

DATED this 22 day of March, 2019.

SAFEWAY, INC. dba
SAFEWAY PHARMACY #350

By: _____

Printed: Anthony Provenzano

Its: VP, Pharmacy, Compliance & Government Affairs
Authorized Representative for Respondent

I concur in this Stipulation and Consent Order and recommend that the Board adopt the same.

DATED this 1 day of April, 2019.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

_____
Steven L. Olsen
Deputy Attorney General

I also concur in this Stipulation and Consent Order and recommend the Board adopt the same.

DATED this 3 day of April, 2019.

IDAHO BOARD OF PHARMACY

By: _____
Berkeley S. Fraser, RPh
Deputy Executive Director

ORDER

Pursuant to Idaho Code §§ 54-1728 and 37-2718, the Idaho Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order and incorporates them into this Order; and it is hereby ORDERED that Respondent comply with such terms and conditions.

DATED this 12th day of April, 2019.

Kris Jonas, PharmD
Board Member

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 15th day of April, 2019, I caused to be served a true and correct copy of the foregoing by the following method to:

Safeway, Inc. dba Safeway Pharmacy #350 Attn: Steven Sperry 702 N. 5th Ave. Sandpoint, ID 83864	☒ U.S. Mail ☐ Hand Delivery ☒ Certified Mail, Return Receipt Requested ☐ Overnight Mail ☐ Facsimile:
Steven L. Olsen Deputy Attorney General Civil Litigation Division P. O. Box 83720 Boise, ID 83720-0010	☐ U.S. Mail ☐ Hand Delivery ☐ Overnight Mail ☐ Facsimile: ☒ Email: steven.olsen@ag.idaho.gov colleen.funk@ag.idaho.gov

Ellen Mitchell
Investigations Support Coordinator

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2017-0484
SAFEWAY, INC dba: SAFEWAY PHARMACY #424	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon ("Board") has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the Safeway Pharmacy #424 (Registration No. RP-0001060) ("registrant") as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that the registrant's conduct, as admitted, violated the statutes and rules cited in the Notice applicable to registrant including but not limited to OAR 855-006-0020(f) and (j), and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following sanctions:

1. The registrant is placed on probation for a period of three (3) years from the date this order is signed by the Board and the registrant shall comply with the following conditions of probation:

   a. Registrant shall pay the Board a civil penalty in the amount of $60,000 with $50,000 stayed pending compliance with the terms of this Consent Order and no further similar violation for the duration of probation. The $10,000 not stayed shall be paid within ten (10) days from the date this Order becomes final.
   b. Registrant to develop and submit a Quality Assurance Plan for Board approval to correct the violations identified in the Notice. Registrant to submit a first draft of the Quality Assurance Plan within thirty (30) days from the date this Order becomes final. Registrant shall implement the Quality Assurance Plan

once approved.

c. Registrant shall have the PIC perform a monthly audit of compliance with the terms of this Order and approved Quality Assurance Plan.

d. Registrant shall have the District Manager submit quarterly reports on compliance with Quality Assurance Plan to the Board office. Quarterly report due dates will be determined once this Order is final. Quarterly reports are to be clearly identified with Case No. 2017-0484, with one copy to be filed with Pharmacist-in-Charge Self Inspection form on site, and one copy to be submitted to the Board office by certified mail (or other method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

2. Failure of the registrant to comply with all the requirements of this Consent Order constitutes unprofessional conduct and is grounds for revocation or any other form of discipline or sanction authorized by law.

3. Failure of the registrant to comply with all laws and rules regarding pharmacy practice is grounds for any form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative
SAFEWAY, INC dba:
Safeway Pharmacy #424
Registrant (Registration No. RP-0001060)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration	)	Case No. 2017-0484
SAFEWAY, INC dba: SAFEWAY PHARMACY #424	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001060 because Safeway Pharmacy #424 violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

1. Registrant failed to ensure that the pharmacy was in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories were maintained in conformance with the keeping and inventory requirements of federal law and board rules. Safeway Pharmacy #424, located at 795 Columbia River Hwy in Saint Helens, OR lost over 5,000 controlled substance drug units. This conduct is contrary to accepted standards of practice and is unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and is grounds for discipline pursuant OAR 855-041-1010(3) and OAR 689.405(1)(a) and (e)(B).

2. Registrant failed to restrict access to drugs and to ensure the security of the drugs. This conduct is contrary to accepted standards of practice and is unprofessional conduct as defined by OAR 855-006-0020(f) and (j) in violation of OAR 855-041-1020(1).

3. Safeway did not notify the Board in a timely manner of a significant drug loss and drug theft. This conduct is contrary to accepted standards of practice and is unprofessional conduct as defined by OAR 855-006-0020(f) and (j) in violation of OAR 855-041-1030(2) and OAR 855-019-0205(4) and (6).

4. Non-pharmacist personnel took possession of a pharmacy key at the time of the PIC's suspension. This conduct is contrary to accepted standards of practice and is unprofessional conduct as defined by OAR 855-006-0020(f) and (j) in violation of OAR 855-041-1020(1).

5. Registrant suspended the Pharmacist-in-Charge (PIC). Registrant did not permit PIC access to the pharmacy or the ability to fulfill PIC responsibilities while suspended. The suspended PIC remained the PIC of record until their employment termination. They were suspended for approximately a month. This conduct is contrary to accepted standards of practice and is unprofessional conduct as defined by OAR 855-006-0020(f)

and (j) in violation of OAR 855-041-1010(1) and OAR 855-019-0300(1).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D. R.Ph.. Date 2/1/18
Compliance Director

DATE OF MAILING 2/2/2018

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration of	)	Case No. 2020-0122
SAFEWAY, INC dba: SAFEWAY PHARMACY #514	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Registrant shall pay the Board a civil penalty in the amount of $10,000 with $10,000 stayed pending no similar violation to a violation alleged in this matter for three (3) years, and development and implementation of the following:

   a. A Quality Assurance Plan to correct the violations as noted in the Notice and as directed by the Compliance Director. Registrant shall submit the Quality Assurance Plan within ten (10) days after this Order is final. Registrant shall implement the Quality Assurance Plan once it is approved by the Board; and
   b. Registrant shall document training of all pharmacists and technicians in the Quality Assurance Plan within 30 days from the date Quality Assurance Plan is approved by the Board. Documentation of training shall be maintained on-site and available upon request; and
   c. Registrant shall document training of future staff over the next twelve months based upon Board approved Quality Assurance Plan. Documentation of training incoming

pharmacy staff over the period of the following twelve months must be performed within 15 days of employment. Documentation of training shall be maintained on-site and available upon request.

d. Registrant shall submit quarterly reports to Board monitoring compliance with this Consent Order and approved Quality Assurance Plan. Due dates for these reports will be determined once the Quality Assurance Plan is approved. Reports will be submitted quarterly for 3 years.

2. If Registrant violates any term or condition of this Consent Order, the Board may take action to lift the stayed civil penalty.

3. Failure of the Registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative
SAFEWAY, INC dba
SAFEWAY PHARMACY #514
Registrant (Reg. No. RP-0001016)

11/11/2020
Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

11/16/2020
Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration	)	Case No. 2020-0122
SAFEWAY, INC dba: SAFEWAY PHARMACY #514	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against Certificate of Registration No. RP-0001016 because Safeway Pharmacy #514 ("Registrant") violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

From on or about January 2018 through September 2019, Safeway Pharmacy #514 in Bend failed to secure controlled substance drugs on at least 15 separate occasions. Specifically, as required by OAR 855-041-1030, Registrant reported the controlled substance losses listed below.

1. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 1/25/2018 theft or loss of Lorazepam 1mg - #61, Phenobarbital 64.8mg - #82, Phenobarbital 97.2mg - #120, Isomehthept-Dichloralp-APAP 65/325/100mg #140, Phentermine 37.5mg #100, Diphenoxylate-Atropine 2.5/0.025mg #1, and Alprazolam 0.25mg #3
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "double count all controlled substance prescriptions at the time of dispensing."

2. Registrant submitted a DEA Form 106 identifying a 5/1/2018 theft or loss of carisoprodol 350mg #10.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were "More frequent audits. Back and double count."

3. Registrant submitted a DEA Form 106 identifying a 7/3/2018 theft or loss of diazepam 5mg #60.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double and back count all CS [controlled substances]."

4. Registrant submitted a DEA Form 106 identifying a 7/17/2018 theft or loss of Hydrocodone/APAP 7.5/325mg #100.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count and back count all controlled substance."

5. Registrant submitted a DEA Form 106 identifying a 9/4/2018 theft or loss of Dextroamp-Amphet ER 10mg #12.

On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

6. Registrant submitted a DEA Form 106 identifying a 9/23/2018 theft or loss of Oxycodone 10mg #30, Methadone 10mg #2, Morphine Sulfate 10mg #100, and Adderall XR 20mg #1.
On the form, Registrant reported that it did not know the cause of the theft/loss and reported that that security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

7. Registrant submitted a DEA Form 106 identifying a 9/25/2018 theft or loss of Oxycodone 30mg #1.
On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

8. Registrant submitted a DEA Form 106 identifying a 10/9/2018 theft or loss of Hydrocodone/APAP 5/325mg #8, Oxycodone/APAP 10/325mg #22.
On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

9. Registrant submitted a DEA Form 106 identifying a 2/9/2019 theft or loss of Temazepam 15mg #30.
On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double back count and more frequent audits."

10. Registrant submitted a DEA Form 106 identifying a 3/3/2019 theft or loss of Acetaminophen-Cod #3 tablets #20.
On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double back count controls."

11. Registrant submitted a DEA Form 106 identifying a 4/17/2019 theft or loss (or first discovery of theft or loss) of Alprazolam 2mg #59.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were to "Hand count controls and no automatic counting machines used. The store continues to be monitored centrally."

12. Registrant submitted a DEA Form 106 identifying a 5/1/2019 theft or loss (or first discovery of theft or loss) of Phenobarbital 16.2mg #140.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss –were "Only Pharmacists to count controlled substances and back count when dispensing."

13. Registrant submitted a DEA Form 106 identifying a 9/6/2019 theft or loss (or first discovery of theft or loss) of Diazepam 10mg #100.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were "Benzodiazepines

now locked up in CII [Schedule II drugs] cabinet. All CIII-V [Schedule III and IV drugs] now double counted and back counted like CIIs. CII-V are now on a weekly audit rotation."

In addition, as required by OAR 855-019-0205(6), Registrant also reported the additional controlled substance losses listed below.

14. Registrant submitted a DEA Form 107 identifying a 3/25/2019 theft or loss (or first discovery of theft or loss) of Sudogest 60mg #1860mg.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were to "Double count and back count after every fill of controlled substances."

15. Registrant submitted a DEA Form 107 identifying a 4/3/2019 theft or loss (or first discovery of theft or loss) of Sudogest 60mg - #1200mg.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were to "Double count and back count at every fill of controlled substances."

All of the drugs described in the 15 reports above are prescription drugs, which must be dispensed by prescription and are restricted to licensed practitioners.

The preceding losses evidence inadequate safeguards for the proper security and recordkeeping for controlled substances.[1] Registrant repeatedly reported that it could not determine how losses occurred indicating that it routinely could not secure drugs or areas in which they were prepared, stored or repackaged. When Registrant was able to categorize the reason for the losses (packaging discrepancies), the losses repeatedly occurred by the same means, demonstrating that Registrant could not enforce adequate safeguards. Finally, Registrant repeatedly reported that it took the same or similar security measures even when the losses continued, demonstrating that its security measures were inadequate.

Registrant was responsible for maintaining adequate safeguards against theft or diversion of prescription drugs and records for such drugs pursuant to OAR 855-041-1020(1) and (2). Registrant was further responsible to establish, maintain and enforce procedures for securing its legend drugs and the area in which they are prepared, stored or repackaged, pursuant to OAR 855-041-0140(1). For the reasons listed above, Registrant violated OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1).

Registrant was responsible for ensuring that the pharmacy was in compliance with all state and federal laws and rules governing the practice of pharmacy, pursuant to OAR 855-041-1010(3). Under ORS 689.405(1)(i), the Board has authority to discipline Registrant for its violations of OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1). The Board further has authority to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

Registrant's conduct is also unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and the Board also has authority to discipline Registrant on that basis under ORS 689.405(1)(a) and to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

[1] Registrant is responsible for such matters under federal law as well, including 21 CFR 1301.71.

Based on these alleged violations and the authorities cited above, the Board proposes to impose a $10,000 civil penalty.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

Date 9/11/2021

DATE OF MAILING

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration of	)	Case No. 2020-0122
SAFEWAY, INC dba: SAFEWAY PHARMACY #514	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Registrant shall pay the Board a civil penalty in the amount of $10,000 with $10,000 stayed pending no similar violation to a violation alleged in this matter for three (3) years, and development and implementation of the following:

   a. A Quality Assurance Plan to correct the violations as noted in the Notice and as directed by the Compliance Director. Registrant shall submit the Quality Assurance Plan within ten (10) days after this Order is final. Registrant shall implement the Quality Assurance Plan once it is approved by the Board; and
   b. Registrant shall document training of all pharmacists and technicians in the Quality Assurance Plan within 30 days from the date Quality Assurance Plan is approved by the Board. Documentation of training shall be maintained on-site and available upon request; and
   c. Registrant shall document training of future staff over the next twelve months based upon Board approved Quality Assurance Plan. Documentation of training incoming

pharmacy staff over the period of the following twelve months must be performed within 15 days of employment. Documentation of training shall be maintained on-site and available upon request.

d. Registrant shall submit quarterly reports to Board monitoring compliance with this Consent Order and approved Quality Assurance Plan. Due dates for these reports will be determined once the Quality Assurance Plan is approved. Reports will be submitted quarterly for 3 years.

2. If Registrant violates any term or condition of this Consent Order, the Board may take action to lift the stayed civil penalty.

3. Failure of the Registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative — Date: 11/11/2020
SAFEWAY, INC dba
SAFEWAY PHARMACY #514
Registrant (Reg. No. RP-0001016)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph., — Date: 11/16/2020
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration	)	Case No. 2020-0122
SAFEWAY, INC dba: SAFEWAY PHARMACY #514	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against Certificate of Registration No. RP-0001016 because Safeway Pharmacy #514 ("Registrant") violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

From on or about January 2018 through September 2019, Safeway Pharmacy #514 in Bend failed to secure controlled substance drugs on at least 15 separate occasions. Specifically, as required by OAR 855-041-1030, Registrant reported the controlled substance losses listed below.

1. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 1/25/2018 theft or loss of Lorazepam 1mg - #61, Phenobarbital 64.8mg - #82, Phenobarbital 97.2mg - #120, Isomehthept-Dichloralp-APAP 65/325/100mg #140, Phentermine 37.5mg #100, Diphenoxylate-Atropine 2.5/0.025mg #1, and Alprazolam 0.25mg #3
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "double count all controlled substance prescriptions at the time of dispensing."

2. Registrant submitted a DEA Form 106 identifying a 5/1/2018 theft or loss of carisoprodol 350mg #10.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were "More frequent audits. Back and double count."

3. Registrant submitted a DEA Form 106 identifying a 7/3/2018 theft or loss of diazepam 5mg #60.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double and back count all CS [controlled substances]."

4. Registrant submitted a DEA Form 106 identifying a 7/17/2018 theft or loss of Hydrocodone/APAP 7.5/325mg #100.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count and back count all controlled substance."

5. Registrant submitted a DEA Form 106 identifying a 9/4/2018 theft or loss of Dextroamp-Amphet ER 10mg #12.

On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

6. Registrant submitted a DEA Form 106 identifying a 9/23/2018 theft or loss of Oxycodone 10mg #30, Methadone 10mg #2, Morphine Sulfate 10mg #100, and Adderall XR 20mg #1.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that that security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

7. Registrant submitted a DEA Form 106 identifying a 9/25/2018 theft or loss of Oxycodone 30mg #1.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

8. Registrant submitted a DEA Form 106 identifying a 10/9/2018 theft or loss of Hydrocodone/APAP 5/325mg #8, Oxycodone/APAP 10/325mg #22.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double count CII [Schedule II] drugs when dispensing and back count remaining stock. Continue to inventory CII drugs monthly."

9. Registrant submitted a DEA Form 106 identifying a 2/9/2019 theft or loss of Temazepam 15mg #30.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double back count and more frequent audits."

10. Registrant submitted a DEA Form 106 identifying a 3/3/2019 theft or loss of Acetaminophen-Cod #3 tablets #20.
    On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were to "Double back count controls."

11. Registrant submitted a DEA Form 106 identifying a 4/17/2019 theft or loss (or first discovery of theft or loss) of Alprazolam 2mg #59.
    On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were to "Hand count controls and no automatic counting machines used. The store continues to be monitored centrally."

12. Registrant submitted a DEA Form 106 identifying a 5/1/2019 theft or loss (or first discovery of theft or loss) of Phenobarbital 16.2mg #140.
    On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss –were "Only Pharmacists to count controlled substances and back count when dispensing."

13. Registrant submitted a DEA Form 106 identifying a 9/6/2019 theft or loss (or first discovery of theft or loss) of Diazepam 10mg #100.
    On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were "Benzodiazepines

now locked up in CII [Schedule II drugs] cabinet. All CIII-V [Schedule III and IV drugs] now double counted and back counted like CIIs. CII-V are now on a weekly audit rotation."

In addition, as required by OAR 855-019-0205(6), Registrant also reported the additional controlled substance losses listed below.

14. Registrant submitted a DEA Form 107 identifying a 3/25/2019 theft or loss (or first discovery of theft or loss) of Sudogest 60mg #1860mg.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were to "Double count and back count after every fill of controlled substances."

15. Registrant submitted a DEA Form 107 identifying a 4/3/2019 theft or loss (or first discovery of theft or loss) of Sudogest 60mg - #1200mg.
On the form, Registrant categorized the type of theft or loss as a packaging discrepancy and reported that the corrective measures it took to prevent a future theft or loss were to "Double count and back count at every fill of controlled substances."

All of the drugs described in the 15 reports above are prescription drugs, which must be dispensed by prescription and are restricted to licensed practitioners.

The preceding losses evidence inadequate safeguards for the proper security and recordkeeping for controlled substances.[1] Registrant repeatedly reported that it could not determine how losses occurred indicating that it routinely could not secure drugs or areas in which they were prepared, stored or repackaged. When Registrant was able to categorize the reason for the losses (packaging discrepancies), the losses repeatedly occurred by the same means, demonstrating that Registrant could not enforce adequate safeguards. Finally, Registrant repeatedly reported that it took the same or similar security measures even when the losses continued, demonstrating that its security measures were inadequate.

Registrant was responsible for maintaining adequate safeguards against theft or diversion of prescription drugs and records for such drugs pursuant to OAR 855-041-1020(1) and (2). Registrant was further responsible to establish, maintain and enforce procedures for securing its legend drugs and the area in which they are prepared, stored or repackaged, pursuant to OAR 855-041-0140(1). For the reasons listed above, Registrant violated OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1).

Registrant was responsible for ensuring that the pharmacy was in compliance with all state and federal laws and rules governing the practice of pharmacy, pursuant to OAR 855-041-1010(3). Under ORS 689.405(1)(i), the Board has authority to discipline Registrant for its violations of OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1). The Board further has authority to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

Registrant's conduct is also unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and the Board also has authority to discipline Registrant on that basis under ORS 689.405(1)(a) and to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

[1] Registrant is responsible for such matters under federal law as well, including 21 CFR 1301.71.

Based on these alleged violations and the authorities cited above, the Board proposes to impose a $10,000 civil penalty.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

Date 9/11/2021

DATE OF MAILING 9

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-3758

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF **SAFEWAY PHARMACY #0722**, REGISTRATION NO. PDO.12-06,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #0722 ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-3758, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2020).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 17, 1992, being issued registration #PDO.12-06, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 457 W. Main St., Trinidad, Colorado.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On or around February 12, 2020, a Drug Enforcement Agency 106 form was received by the Board for the loss of Phentermine 15 mg capsule, Phentermine 37.5 mg capsule, Zaleplon 5 mg capsule, Alprazolam 0.25 mg tablet, Dronabinol 2.5 mg capsule, and Clonazepam 1 mg tablet. Respondent Pharmacy stated "Due to the variance discovered and the frequency of dispensing of this product, we have no evidence at this time to support any other explanation for this loss."

6. Respondent Pharmacy has a prior history of loss of controlled substances as follows:

a. On November 17, 2017, Suboxone 4mg-mg SL film,
b. On February 22, 2016, Carisoprodol 350 mg tablets, and
c. On January 20, 2016, Zolpidem 10 mg tablet and Tramadol 50 mg tablet.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice.

* * *

Pharmacy Board Rules and Regulations

11.01.00 Records in General. All outlets registered and/or licensed by the Board shall maintain such records and inventories of prescription drugs as may be required by these Rules or any other state or federal law or rule pertaining to such drugs. Such records shall be maintained on a current basis and shall be complete and accurate for all drugs which the outlet manufactures, receives, dispenses, distributes or otherwise disposes of in any other manner. Records and inventories of controlled substances shall be deemed to be "complete" only if each individual record and inventory contains all required information regarding each specific transaction, and if the set of records and inventories contains all information and documents requires to be kept by state and federal laws, and rules. A record or inventory shall be deemed to be "accurate" only if it is a

complete, true and factual statement regarding or reflecting each specific transaction. A set of records or inventories shall be deemed to be "accurate" only if they are complete, and when considered as a whole, they demonstrate that the controlled substances and/or the records and inventories pertaining thereto have been handled in compliance with all applicable laws or rules and that all such controlled substances are properly accounted for.

All such records shall be retained for a period of at least two years after the date of any transaction relating to such record or inventory by any process providing an exact duplicate of the original order in a reproducible quality acceptable to the Board. Records shall be retained in a format that cannot be altered.

Records on an automated data processing system or subsequent storage of such records must be immediately retrievable (via monitor display or hard copy printout). Upon written Board approval, outlets capable of meeting the above standards may not be required to retain the original prescription order or LTCF chart order for non-controlled drugs.

* * *

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Probation.** Respondent Pharmacy's registration shall be placed on probation for a period of two (2) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

10. **Practice Monitor.** Upon commencement of Respondent Pharmacy's probation pursuant to this Final Agency Order and during the entire probationary period, Respondent Pharmacy shall be monitored by a Board-approved practice monitor ("Practice Monitor").

    a. Qualifications: The Practice Monitor must:

        i. Be a Colorado-licensed pharmacist in good standing;
        ii. Practice pharmacy at least eighty (80) hours per month;
        iii. Have no current or past Board discipline;

iv. Not be in any way employed by Respondent Pharmacy or any company that owns or operates Respondent Pharmacy; and
v. Otherwise have no financial or personal interest in Respondent Pharmacy.

b. Board Approval. Within 30 days of the effective date of this Final Agency Order, Respondent Pharmacy must submit, for the approval of the Board or its designated authority during the ordinary course of business, the name of a qualified Practice Monitor with a completed application as provided by the Board, a current resume, and a letter from the applicant Practice Monitor stating that he or she has received a complete copy of this Final Agency Order, that he or she has read and understands its contents, that he or she agrees to serve as Respondent Pharmacy's Practice Monitor and to complete the Board's Practice Monitor reports as required.

If a Practice Monitor nominated by Respondent Pharmacy is not approved by the Board or its designated authority, the period of probation shall be tolled until such time as Respondent Pharmacy nominates another Practice Monitor, that Practice Monitor is approved by the Board or its designated authority, and the Practice Monitor begins monitoring under all the terms and conditions of this Final Agency Order. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the Board's or its designated authority's rejection of the applicant Practice Monitor. Additionally, if Respondent Pharmacy is required to nominate a new Practice Monitor for any reason, the period of probation shall be tolled for any period of time during which a Practice Monitor is not monitoring Respondent Pharmacy. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the existing Practice Monitor's resignation.

c. Duties and Responsibilities. Once approved by the Board or its designated authority, the Practice Monitor shall function as the eyes and ears of the Board. The Practice Monitor shall:

i. Conduct random (unscheduled) inspections once every quarter during the entire probationary period to determine whether Respondent Pharmacy's records and practices comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board rules and regulations, state and federal laws pertaining to drugs, and this Final Agency Order;

ii. Notify the Board by means of a written report, within seventy-two (72) hours of any random inspection that reveals evidence of a violation by Respondent Pharmacy of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order;

iii. Prepare and submit to the Board quarterly written reports no later than the 5th day of January, April, July, and October, which detail the results of the random

on-site inspections during the previous quarter throughout the duration of probation; and

iv. Prepare and submit to Respondent Pharmacy quarterly invoices which itemize all reasonable fees and costs associated with the monitoring of Respondent Pharmacy during the previous quarter. The subject invoices shall, in turn, be submitted to the Board no later than the 5th day of January, April, July, and October throughout the duration of probation.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Completion of Terms.** Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent Pharmacy has completed all terms of this Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business.

14. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do

so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

16. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

17. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 12/16/2020
Authorized Representative

_____
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of December, 2020.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of December 2020, addressed as follows:

Safeway Pharmacy #0722
ATTN: Pharmacy Manager
457 W. Main St.
Trinidad, CO 81082
ATTN: Pharmacy Manager
Email: rxlicenses@albertsons.com; sheila.diller@gmail.com; Charlie.Painter@albertsons.com

Linda Stanko
Agent of the Board

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
September 3, 2019

NAI Saturn Eastern LLC dba Safeway Pharmacy #878
Permit Number: 0201003087

Notice

After an inspection conducted on September 3, 2019 at NAI Saturn Eastern LLC dba Safeway Pharmacy #878, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($250) Deficiency 7: Remodel of pharmacy without submitting application or Board approval: 18 VAC 110-20-140

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $250 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and NAI Saturn Eastern LLC dba Safeway Pharmacy #878 ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on September 3, 2019.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $250 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201003087

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner — Date: 9/9/19

Printed Name of Person Signing: BinhGiang Nguyen — Position/Title: Pharmacy Manager

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FOR THE BOARD:

Caroline D. Juran, Executive Director — Entered: 10/25/19

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

PERSONAL AND CONFIDENTIAL

July 9, 2020

By Electronic Mail: rxlicenses@albertsons.com; dbray109@yahoo.com

Safeway Pharmacy #0914
Attn: Pharmacist Manager
2321 W Eisenhower Blvd.
Loveland, CO 80537

Re: Colorado State Board of Pharmacy, Case No. 2020-1425

Dear Pharmacy Manager:

The Colorado State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint referenced above. Upon thorough review and discussion, the Board found reasonable cause that the pharmacy violated Board Rule 19.01.40 as described in the attached document. As such, the Board decided to initiate disciplinary action against the pharmacy's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- $575.00 Fine (Fine and 15% surcharge)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, the pharmacy agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If the pharmacy wishes to accept the terms of this Order, please do the following:

- **READ** the entire Order;
- **CONSULT** with legal counsel if so desired;
- **SIGN** the enclosed Order;
- **RETURN** the signed Order and Fine by **July 23, 2020**, to:

  Email: Natalie.Miller@state.co.us or
  Natalie Miller
  DORA/Office of Expedited Settlement
  1560 Broadway, Suite 1350
  Denver, CO 80202

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with any attorney-client relationship.

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" the pharmacy violated the practice act.

Please be advised that during this process, the pharmacy has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Also, if the pharmacy chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7779.

Sincerely,

Natalie Miller

Natalie Miller
Settlement Specialist
Office of Expedited Settlement
Natalie.Miller@state.co.us

Enclosure

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-1425

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #0914, REGISTRATION NO. PDO 82-015,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #0914, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-1425, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about April 4, 1985, being issued registration #PDO 82-015, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 2321 W. Eisenhower Blvd., Loveland, CO.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In an inspection of Respondent Pharmacy conducted on February 25, 2020, a Board inspector found one (1) deficiency, a repeated deficiency which occurred over the course of three consecutive inspections conducted on February 25, 2020, May 1, 2019, and August 16, 2018.

6. The repeated deficiencies involved vaccine administration records missing detail of the site administration and the date the VIS was given.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Pharmacy Board Rules and Regulations

19.01.40 Recordkeeping.

a. The following information must be maintained by the prescription drug outlet for three years for each dose of vaccine or immunization administered:

(1) The name, address, and date of birth of the patient;

(2) Patient responses to screening questions for indications/contraindications to the immunization or vaccine being administered;

(3) The date of the administration and site of injection of the immunization or vaccine;

(4) The name, dose, manufacturer, lot number, and expiration date of the vaccine or immunization;

(5) The name and address of the patient's primary health care provider as identified by the patient;

(6) The name or identifiable initials of the administering pharmacist. If the administration is by a pharmacy intern, the initials of both the intern and supervising pharmacist;

(7) The signed informed consent document for each administration;

(8) Which vaccine information statement (VIS) was provided;

(9) The date the VIS was provided; and

(10) The name and address of the facility at which the vaccine or immunization was administered, if administered off-site.

b. The above records shall be maintained separately from other records of the prescription drug outlet.

c. All records required to be maintained pursuant to this Rule 19.00.00 may be maintained electronically so long as such records are maintained in a uniform and readily retrievable manner, are printable upon request of the Board or its inspectors, and can be reviewed at a viewable rate that may customarily be reviewed when otherwise in hard-copy form.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of five hundred dollars ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the

Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of five hundred seventy five dollars ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be

contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated:_____
Authorized Representative

_____
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this _____ day of _____ 2020, addressed as follows:

_____
Agent of the Board

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Office of Enforcement - Expedited Settlement

PERSONAL AND CONFIDENTIAL

December 3, 2019

By Electronic Mail

Safeway Pharmacy #1038
Attn: Aaron Romero, Pharmacist Manager
1653 S Colorado Blvd
Denver, CO 80222
Email: aaronromero@rocketmail.com

Re: Colorado Board of Pharmacy, Case No. 2019-7336

Dear Pharmacist Manager:

The Colorado State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint initiated against Safeway Pharmacy #1038's registration. Upon thorough review and discussion, the Board found reasonable cause that Safeway Pharmacy #1038 violated section 12-280-126(1)(c)(I), (II), and (III) and (k), C.R.S., and Rule 2.01.20, as described in the attached document. As such, the Board decided to initiate disciplinary action against Safeway Pharmacy #1038's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- Fine in the amount of $500 plus surcharge ($575 total)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, Safeway Pharmacy #1038 agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If Safeway Pharmacy #1038 wishes to accept the terms of this Order, please do the following:

- **READ** the entire Order;
- **CONSULT** with legal counsel if so desired;
- **SIGN** the enclosed Order;

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with ony attorney-client relationship.

- **RETURN** the signed Order by **December 17, 2019, to:**

Wunpenn M. Zaborek
DORA/Office of Expedited Settlement
1560 Broadway, Suite 1500
Denver, CO 80202
Fax: (303) 894-5940
Email: wunpennm.zaborek@state.co.us

Please return a copy of the signed Order by email.

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" Safeway Pharmacy #1038 violated the practice act.

Please be advised that during this process, Safeway Pharmacy #1038 has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Additional documentation regarding Safeway Pharmacy #1038's case may be available upon request. Please contact me for further information. Also, if Safeway Pharmacy #1038 chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7696.

Sincerely,

Wunpenn M. Zaborek
Office of Expedited Settlement
wunpennm.zaborek@state.co.us

Enclosure

cc. Charlie Painter
Manager, Pharmacy Professional Services Dept.
Email: Charlie.painter@albertsons.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-7336

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #1038, REGISTRATION NO. PDO 168,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #1038, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-7336, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about January 1, 1988, being issued registration #PDO 168, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1653 S Colorado Blvd, Denver, CO 80222.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In an inspection of Respondent Pharmacy conducted on October 9, 2019, a Board inspector discovered five deficiencies, one of which was a repeated deficiency from inspections conducted on November 15, 2018, and October 24, 2017.

6. The repeated deficiency involved changes or clarifications made to orders.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board

Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

Board Rules and Regulations

2.01.20. Additional Information. The following shall also appear on the prescription or LTCF chart order when appropriate:

a. Any change in or clarification of an order shall be documented on the order and shall bear the initials of the responsible pharmacist or intern, the date contacted and the name of the individual conveying such change or clarification.

* * *

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy

Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of Five Hundred Dollars and No Cents ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Hundred Seventy Five Dollars and No Cents ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 12/5/2019
Authorized Representative

Anthony Provenzano, VP Pharmacy Compliance.
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

January 3, 2022

CERTIFIED MAIL

Safeway Pharmacy #1266
Attn: Anthony Provenzano, VP
11290 Donner Pass Rd.
Truckee, CA 96161

RE: Administrative Case No. 6518
Safeway Inc., dba Safeway Pharmacy #1266, PHY 52234 & PHY 37147

Dear Mr. Provenzano:

Attached is the Board of Pharmacy's Stipulated Settlement and Disciplinary Order for Public Reproval regarding the above-referenced matter. Your attention is directed to pages 4 and 5 of the document.

Effective at 5:00 p.m. on February 2, 2022, Pharmacy Permit No. PHY 52234 & Pharmacy Permit No. PHY 37147 issued to Safeway Pharmacy #1266 shall be publicly reproved by the Board and shall also be subject to terms and conditions in the decision.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Lupe Baltazar, at lupe.baltazar@dca.ca.gov or (916) 518-3009. Should you have any questions related to litigation of this matter, please contact the Deputy Attorney General handling this matter.

Sincerely,

ANNE SODERGREN
Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

SC:lb
Enclosure(s)

cc: Andrew M. Steinheimer, DAG
Alissa Brice Castaneda, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Administrative Case No. 6518
Safeway Pharmacy #1266, PHY 52234 & PHY 37147

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

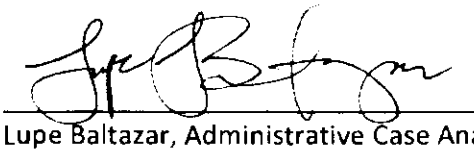
LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed to as follows:

NAME	CERTIFIED NO.
Safeway Pharmacy #1266 Attn: Anthony Provenzano, VP 11290 Donner Pass Rd. Truckee, CA 96161	7020 1810 0001 9317 7755
Alissa Brice Castaneda, Esq. Renaissance Once Two North Central Avenue Phoenix, AZ 85004-2391	7020 1810 0001 9317 7724

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on January 3, 2022, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on January 3, 2022 at Sacramento, California.



Lupe Baltazar, Administrative Case Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SAFEWAY INC., dba
SAFEWAY PHARMACY #1266,
Pharmacy Permit No. PHY 52234,
Pharmacy Permit No. PHY 37147;

ANTARA SHERGILL-HIRSH,
Pharmacist License No. RPH 52264;

and

DAVID SCOTT CARROLL,
Pharmacist License No. RPH 39533,

Respondents

Agency Case No. 6518

OAH No. 2020110462

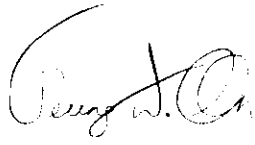
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on February 2, 2022.

It is so ORDERED on January 3, 2022.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



Seung W. Oh, Pharm.D.
Board President

ROB BONTA
Attorney General of California
ANDREW M. STEINHEIMER
Supervising Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SAFEWAY INC.,** **dba SAFEWAY PHARMACY #1266** **11290 Donner Pass Road** **Truckee, CA 96161** **Pharmacy Permit No. PHY 52234** **Pharmacy Permit No. PHY 37147** **ANTARA SHERGILL-HIRSH** **P.O. Box [redacted]** **Incline Village, NV 89450** **Pharmacist License No. RPH 52264,** **and** **DAVID SCOTT CARROLL** **[redacted]Poplar Hollow Way** **Elk Grove, CA 95624-9489** **Pharmacist License No. RPH 39533** Respondents.	Case No. 6518 OAH No. 2020110462 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL AS TO RESPONDENT SAFEWAY, INC., dba SAFEWAY PHARMACY #1266** **[Bus. & Prof. Code § 495]**

IT IS HEREBY STIPULATED AND AGREED by and between Complainant and Respondent Safeway, Inc., dba Safeway Pharmacy #1266 that the following matters are true:

PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Andrew M. Steinheimer, Supervising Deputy Attorney General.

2. Respondent Safeway Inc., dba Safeway Pharmacy #1266 is represented in this proceeding by attorney Alissa Castaneda whose address is: Quarles & Brady, LLP, One Renaissance Square, Two North Central Avenue, Phoenix, AZ 85004-2391.

JURISDICTION

3. On or about May 17, 1991, the Board issued Pharmacy Permit Number PHY 37147 to Safeway, Inc., doing business as Safeway Pharmacy #1266. This license expired on January 30, 2015 due to change in ownership. On or about January 30, 2015, the Board issued Pharmacy Permit No. PHY 52234 to Respondent Safeway, Inc., doing as business as Safeway Pharmacy #1266. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought in Accusation No. 6518 and will expire on January 1, 2022, unless renewed.

4. Accusation No. 6518 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 3, 2020. Respondent timely filed its Notice of Defense contesting the Accusation. A copy of Accusation No. 6518 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6518. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

6. Respondent isc fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at its own expense; the right to confront and cross-examine the witnesses against it; the right to

present evidence and to testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 6518, if proven at a hearing, constitute cause for imposing discipline upon Pharmacy Permit No. PHY 52234 and Pharmacy Permit No. PHY 37147.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie basis for the charges in the Accusation, and that Respondent hereby gives up its right to contest those charges and that in any future proceeding between the Board and any Respondent, the allegations in the Accusation will be deemed admitted.

10. Respondent agrees that its Pharmacy Permits are subject to discipline and it agrees to be bound by the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondentss understands and agrees that it may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacy Permit No. PHY 52234 and Pharmacy Permit No. PHY 37147 issued to Respondent Safeway Inc., dba Safeway Pharmacy #1266, shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 6518, attached as exhibit A.

Community Service Donation. Within 60 days of the effective date of the Decision, Respondent shall make a donation in the amount of $20,000.00 in naloxone or other substance abuse related treatments or services.

Cost Recovery. No later than one year from the effective date of the Decision, Respondent shall pay $25,000 to the Board for its costs associated with the investigation and enforcement of this matter pursuant to Business and Professions Code Section 125.3. If Respondent fails to pay the Board costs as ordered, Respondent shall not be allowed to renew their Pharmacy Permit until Respondent pays costs in full. In addition, the Board may enforce this order for payment of its costs in any appropriate court, in addition to any other rights the Board may have.

Full Compliance. As a resolution of the charges in Accusation No. 6518, this stipulated

settlement is contingent upon Respondent's full compliance with all conditions of this Order. If Respondent fails to satisfy any of these conditions, such failure to comply constitutes cause for discipline, including outright revocation, of Respondent's Pharmacy Permit No. PHY 52234 and Pharmacy Permit No. PHY 52234.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alissa Brice Castaneda. I understand the stipulation and the effect it will have on my Pharmacy Permits. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

On behalf of SAFEWAY INC., DBA SAFEWAY PHARMACY #1266; *Respondent*

I have read and fully discussed with Respondents Safeway Inc., dba Safeway Pharmacy #1266, the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

ALISSA BRICE CASTANEDA
Attorney for Respondents Safeway, Inc. and Antara Shergill Hirsh

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settlement is contingent upon Respondent's full compliance with all conditions of this Order. If Respondent fails to satisfy any of these conditions, such failure to comply constitutes cause for discipline, including outright revocation, of Respondent's Pharmacy Permit No. PHY 52234 and Pharmacy Permit No. PHY 52234.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alissa Brice Castaneda. I understand the stipulation and the effeet it will have on my Pharmacy Permits. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 9/22/2021

On behalf of SAFEWAY INC., DBA SAFEWAY PHARMACY #1266; *Respondent*

I have read and fully discussed with Respondent Safeway Inc., dba Safeway Pharmacy #1266, the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: 9/22/2021

ALISSA BRICE CASTANEDA
Attorney for Respondents Safeway, Inc. and Antara Shergill-Hirsh

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California

ANDREW M. STEINHEIMER
Supervising Deputy Attorney General
Attorneys for Complainant

SA2018102532
Safeway only Stipulation.docx

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: 9/23/21

Respectfully submitted,

ROB BONTA
Attorney General of California

Andrew Steinheimer

ANDREW M. STEINHEIMER
Supervising Deputy Attorney General
Attorneys for Complainant

SA2018102532
Safeway only Stipulation.docx

XAVIER BECERRA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 6518
SAFEWAY INC., **dba SAFEWAY PHARMACY #1266** **11290 Donner Pass Road** **Truckee, CA 96161** **Pharmacy Permit No. PHY 52234** **Pharmacy Permit No. PHY 37147** **ANTARA SHERGILL-HIRSH** **P.O. Box [redacted]** **Incline Village, NV 89450** **Pharmacist License No. RPH 52264,** **and** **DAVID SCOTT CARROLL** **[redacted] Poplar Hollow Way** **Elk Grove, CA 95624-9489** **Pharmacist License No. RPH 39533** Respondents.	**A C C U S A T I O N**

///

Complainant alleges:

PARTIES

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

2. On or about May 17, 1991, the Board issued Pharmacy Permit Number PHY 37147 to Safeway, Inc. (Respondent Safeway), doing business as Safeway Pharmacy # 1266. Respondent Antara Shergill-Hirsch was the pharmacist-in-charge (PIC) from December 12, 2010 to March 4, 2015. The license expired on January 30, 2015 due to a change in ownership.

3. On or about January 30, 2015, the Board issued Pharmacy Permit Number PHY 52234 to Respondent Safeway, doing business as Safeway Pharmacy #1266, with Respondent Shergill-Hirsch as PIC. On or about February 14, 2016, David Scott Carroll (Respondent Carroll) replaced Respondent Shergill-Hirsh as the PIC. On or about September 25, 2016, Nicholas Rust replaced Respondent Carroll as the PIC. On or about April 17, 2017, Robert Chan replaced Nicholas Rust as the PIC. The pharmacy permit was in full force and effect at all times relevant to the charges brought herein and will expire on January 1, 2019, unless renewed.

4. On or about October 25, 2000, the Board issued Pharmacist License Number RPH 52264 to Respondent Shergill-Hirsh. The pharmacist license was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2020, unless renewed.

5. On or about August 28, 1985, the Board issued Pharmacist License Number RPH 39533 to Respondent Carroll. The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2020, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

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

(b) The board shall discipline the holder of any license issued by the

board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

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

(4) Revoking his or her license.

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

8. Section 4300.1 of the Code states:

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

STATUTORY AND REGULATORY PROVISIONS

9. Section 4081, subdivision (a), of the Code states:

All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

10. Section 4101, subdivision (a), of the Code states:

A pharmacist may take charge of and act as the pharmacist-in-charge of a pharmacy upon application by the pharmacy and approval by the board. A pharmacist-in-charge who ceases to act as the pharmacist-in-charge of the pharmacy shall notify the board in writing within 30 days of the date of that change in status.

11. Section 4113, subdivision (c), of the Code states that "[t]he pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy."

12. Section 4301 of the Code states, in pertinent part:

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

. . . .

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

. . . .

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

13. Health and Safety Code section 11153, subdivision (a), states:

A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

14. Health and Safety Code section 11165, subdivision (d), states:

For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

15. Health and Safety Code section 11170 states that "[n]o person shall prescribe, administer, or furnish a controlled substance for himself."

16. Title 21, Code of Federal Regulations (CFR), section 1305.05, subdivision (a), states:

A registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule I and II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records.

17. Title 16, California Code of Regulations (CCR), section 1707.1 states:

(a) A pharmacy shall maintain medication profiles on all patients who have prescriptions filled in that pharmacy except when the pharmacist has reasonable belief that the patient will not continue to obtain prescription medications from that pharmacy.

(1) A patient medication record shall be maintained in an automated data processing or manual record mode such that the following information is readily retrievable during the pharmacy's normal operating hours.

(A) The patient's full name and address, telephone number, date of birth (or age) and gender;

(B) For each prescription dispensed by the pharmacy:

1. The name, strength, dosage form, route of administration, if other than oral, quantity and directions for use of any drug dispensed;

2. The prescriber's name and where appropriate, license number, DEA registration number or other unique identifier;

3. The date on which a drug was dispensed or refilled;

4. The prescription number for each prescription; and

5. The information required by section 1717.

(C) Any of the following which may relate to drug therapy: patient allergies, idiosyncracies, current medications and relevant prior medications including nonprescription medications and relevant devices, or medical conditions which are communicated by the patient or the patient's agent.

(D) Any other information which the pharmacist, in his or her professional judgment, deems appropriate.

(2) The patient medication record shall be maintained for at least one year from the date when the last prescription was filled.

18. Title 16, CCR, section 1714 states, in pertinent part:

. . . .

(b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy . . .

19. Title 16, CCR, section 1718 states, in pertinent part:

"Current Inventory" as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332 . . .

20. Title 16, CCR, section 1761 states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

COST RECOVERY

21. Section 125.3 of the Code provides, in pertinent part, that a Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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DRUG CLASSIFICATIONS

22. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M). Oxycodone is also a dangerous drug pursuant to section 4022 of the Code and is used to treat pain. "Oxycontin" is a brand name for oxycodone.

23. Morphine is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(L), and is used to treat pain. Morphine is also a dangerous drug pursuant to Code section 4022.

24. "Soma," a brand name for carisoprodol, is a Schedule IV Controlled Substance as designated by Title 21, CFR, section 1308.14, subdivision (c)(6), and is a controlled substance pursuant to Health and Safety Code section 110507, subdivision (d). Soma is used to treat muscle spasms. Soma is also a dangerous drug pursuant to Code section 4022.

25. Methadone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c)(14), and is used to treat pain. Methadone is also a dangerous drug pursuant to Code section 4022.

26. Alprazolam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(1). Alprazolam is also a dangerous drug pursuant to Code section 4022 and is used to treat anxiety. "Xanax" is a brand name for alprazolam.

27. Diazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(9). Diazepam is also a dangerous drug pursuant to Code section 4022 and is used to treat anxiety and muscle spasms. "Valium" is a brand name for diazepam.

28. "Percocet" and "Endocet" are brand names for a combination drug containing oxycodone and APAP and are used to treat chronic pain. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M). Oxycodone is also a dangerous drug pursuant to Code section 4022.

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FACTUAL ALLEGATIONS

29. On or about December 15, 2015, the Board received a complaint from J. H., alleging that Safeway Pharmacy #1266 had questionable prescribing and filling practices. J. H. stated that the pharmacy had filled E-Scripts from Lloyd Castello, M. D., who was located in Pomona, California, 400 miles away. On or about November 23, 2015, the pharmacy had dispensed the controlled substances morphine, Oxycontin and carisoprodol to patient Z B that had been prescribed by Dr. Castello (Z B's address was located in Truckee, California).

30. On or about May 2, 2016, Board Inspector P. P. requested and received CURES reports for Z B, J. H., and the pharmacy, including a CURES report covering the time period from May 1, 2013 through May 1, 2016. Between 2013 and 2016, ZB had received controlled substance prescriptions for carisoprodol 350 mg, oxycodone 30 mg, morphine 30 mg, Nuvagil 150 mg, hydromorphone 8 mg, and morphine 100 mg. The primary prescriber was Dr. Costello, whose office was located approximately 515 miles from Safeway Pharmacy #1266.

31. On or about September 19, 2016, inspector P. P. requested and received CURES reports from the Board on the pharmacy and Dr. Costello. Dr. Costello primarily provided controlled substance prescriptions for patients located in Southern California with the exception of ZB. ZB's profile demonstrated the longest distance from Dr. Costello. Some of the other patients also had questionable profiles. Inspector P. P. created various PIVOT tables in order to review areas of non-compliance by the pharmacy or data demonstrating the pharmacy's failure to exercise or implement their best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances and dangerous drugs. The pivot tables showed the patients who received the largest number of controlled substances at the pharmacy. Further, the pivot tables showed that the pharmacy dispensed controlled substances to patients who resided in other states, including Nevada (247 prescriptions), Arizona, Idaho, Washington, Florida and 23 other states. The bulk were in California. The report covered the time period from September 1, 2013 to September 20, 2016. Inspector P. P. made a list of patients with their dates of birth and places of residence in order to pull prescription profiles for the patients from the pharmacy.

32. On or about September 21, 2016, Inspector P. P. and Board Inspector J. H. conducted an inspection at the pharmacy and were assisted by pharmacist G. S. G. S. identified himself as a floater pharmacist. Respondent Carroll (Carroll), who was the designated PIC of the pharmacy as of that time, was not present. G. S. informed the inspectors that Carroll left on medical leave on August 15, 2016, and his projected date of return was in November or January 2017. P. P. asked G. S. who the interim PIC was and G. S. stated that they did not have an assigned interim PIC. The Board had no record of a change of PIC or interim PIC as of the date of the inspection. The Board inspectors obtained various documents from the pharmacy, including a biennial inventory of April 30, 2014, and a biennial inventory of May 11, 2016. The inspectors also obtained McKesson Invoices with DEA 222 forms (U. S. Official Order form for Schedule I and II controlled substances), including a DEA 222 form signed by pharmacist Nicholas Rust (Rust) dated August 1, 2016, as well as pharmacist work schedules for August and September 2016. The Board inspectors could not find a power of attorney form for Rust allowing him to order Schedule II controlled substances. The schedules showed that Carroll had not worked at the pharmacy since August 11, 2016. The Board inspector then obtained certain patient profiles.

33. Inspector P. P. checked hard copies of controlled substance prescriptions to determine if there were notes written on the copies of any contacts made with prescribers. G. S. checked the notes sections on each of the patient profiles and there was no indication that the prescribers were called to verify medical necessity of the drugs for the patients. G. S. had pharmacy technician B. V. print out various medication profiles, including notes, that were requested by the board inspectors. G. S. explained the pharmacy's process for checking for "red flags" (indications of suspicious prescriptions) to the inspectors. A stamp was placed on the back of the prescriptions. The pharmacist was to check appropriate boxes for the patient in determining whether the prescriptions were legitimate. For example, on one of ZB's prescriptions, several boxes had been checked, including the "cocktail" box and out of area prescriber. Inspector P. P. did not see any documentation on any of the prescriptions she obtained and no evidence that any actions were taken after the pharmacist checked the boxes to verify the legitimacy of most of the controlled substances dispensed. P. P. reviewed the stamps on many of the prescriptions and found that

boxes were not checked which would have been appropriate for the prescription. Later, Inspector P. P. created tables to demonstrate that high dose controlled substances were dispensed to patients without any evidence pharmacy staff had communicated with the individual prescribers, including combinations of drugs referred to as "trinity" drugs (combinations of drugs which would be considered at high risk for diversion or abuse, including hydrocodone, alprazolam, and carisoprodol; promethazine/codeine, methylphenidate, and carisoprodol; hydromorphone, carisoprodol and buprenorphine; and methadone, diazepam and tramadol) and "holy trinity" drugs (combinations of the above-listed drugs, but adding oxycodone used with alprazolam and carisoprodol). The tables showed the combinations of drugs that were dispensed to patients, prescriptions that were dispensed to patients who resided out of the area or out of state, and prescriptions that were dispensed to patients with only a post office box address (when physical addresses were required).

34. During the inspection, and while pharmacy technician B. V. was printing patient profiles, inspector J. H. was looking through Schedule II controlled substance hardcopy prescriptions and pulling prescriptions for certain patients. J. H. found a Schedule II controlled substance prescription for Carroll. The back label indicated that Carroll had filled the prescription for himself. This was verified by pharmacy technician B. V. who confirmed his initials.

35. On or about October 3, 2016, Inspector P. P. received an email from Safeway Supervisor C. P. along with various documents, including a change of PIC application, a power of attorney form for Rust, which was not signed, and acquisition and dispensing data for requested drugs for the time period of April 30, 2014 through May 11, 2016. The drugs had been purchased from distributors McKesson and Cardinal Health. P. P. conducted an audit based on the information provided by C. P. and the biennial inventories. P. P. found that the pharmacy had significant shortages of five controlled substances and notable overages of five controlled substances, as set forth below. Respondent Shergill-Hirsch was the PIC for the pharmacy from September 30, 2014 through February 14, 2016. Carroll was the PIC from February 14, 2016, through September 25, 2016.

36. On or about May 24, 2018, Inspector P. P. sent a fax to the pharmacy requesting hard copies of prescriptions for certain patients as well as notes from the patient profiles. That same day, P. P. received various documents from the pharmacy. P. P. created a table of controlled substances that had been dispensed for various patients to verify lack of medical necessity for the drugs; i.e., prescriptions for medications with no logical connection to the diagnosis or treatment.

RESPONDENT SAFEWAY

FIRST CAUSE FOR DISCIPLINE

(Failure to Report Absence of Pharmacist-in-Charge to Board)

37. Respondent Safeway is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (o), in that Respondent violated Code section 4101, subdivision (a), as follows:

a. On or about September 21, 2016, Respondent failed to notify the Board that pharmacist-in-charge Carroll had been absent from the pharmacy since at least August 15, 2016.

b. On or about September 21, 2016, no interim pharmacist-in-charge was assigned to the pharmacy.

SECOND CAUSE FOR DISCIPLINE

(Failure to Produce Power of Attorney)

38. Respondent Safeway is subject to disciplinary action for unprofessional conduct pursuant to Code section 4301, subdivision (o), in that Respondent violated Title 21, CFR, section 1305.05, subdivision (a), as follows:

a. On or about August 1, 2016, Respondent allowed pharmacist Nicholas Rust to sign a DEA 222 form to order oxycodone drugs without a power of attorney form on file with the pharmacy.

b. On or about October 3, 2016, Respondent submitted the power of attorney form for Nicholas Rust to the Board; however, it was not signed.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Identify Legitimacy of Prescriptions)

39. Respondent Safeway is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent violated Health and Safety Code section 11153, subdivision (a), and Title 16, California Code of Regulations, section 1761, as follows: On or about September 21, 2016, pharmacists, while working at Safeway Pharmacy #1266, dispensed controlled substance prescriptions without first verifying a legitimate medical purpose for the drugs. In addition, even when the prescriptions contained uncertainties or irregularities, the pharmacists continued to dispense high dose, higher quantities of controlled substances. Specifically, between April 1, 2014 and September 21, 2016, Respondent's pharmacists filled controlled substances without contacting the prescriber in order to identify the medical necessity prior to dispensing, dispensed drugs to patients who lived long distances from both the pharmacy and the prescribers, and dispensed drugs to patients who lived out of state and obtained prescriptions from Southern California prescribers and then had them filled at the pharmacy:

a. The following prescriptions were issued to patients with no known medical necessity for the drugs, the patients were issued prescriptions of combinations of drugs known as "trinity" or "holy trinity", and there was no documentation of contact with the prescribers for the prescriptions:

Patient initials	Controlled substance:	Prescriber:	Date Issued:
AP	Hydrocode/apap 10/325mg #60 Oxycodone 30mg #180 Clonazepam 2mg #30 Hydrocod/apap 10/325mg #180 Carisoprodol 350mg #90	Rice	4/9/14 4/20/14 4/20/14 4/21/14 4/25/14 and
AP	Hydrocod/apap 10/325mg #180 Oxycodone 30mg #90 to take 6/day Oxycodone 30mg #90-to take every 4hrs Alprazolam 0.5mg	Bouchier	8/2/16 7/22/16 8/3/16 8/6/16 and 8/16/16 9/1/16

Patient initials	Controlled substance:	Prescriber:	Date Issued:
	#5, 15 once daily Oxycodone 30mg #90-one q4h		
CP	Morphine ER 100mg #120 Oxycodone 30mg #180 Carisoprodol 350mg #120	Paul	4/8/14 4/8/14 4/8/14
CP	Morphine ER 100mg #120 Oxycodone 30mg #180 q4h Carisoprodol 350mg #120 Diazepam 10mg #30 1 hs for anxiety	Paul	4/14/16 4/14/16 4/14/16 4/16/16
DVA	Methadone 10mg #450 5 tabs tid Morphine 60mg ER #90-q8h Morphine soln 100mg/5mg 180ml - 1ml q4h Lorazepam 1mg #30 Later, patient had alprazolam and diazepam added to drug list. But the	Barta	4/19/14 4/19/14 4/19/14 5/1/14
DVA	Morphine 100mg/5mg solution 90ml Methadone 10mg #180 Morphine 100mg ER #60 Lorazepam 1mg #30 Patient had cyclobenzaprine, baclofen on current profile	Barta	8/31/16 8/31/16 8/31/16 8/18/16 (Exhibit 14, page 39,40)
DP	Morphine 60mg ER #90 Oxycodone 15mg #180 q4h Carisoprodol 350mg #90	Paul	4/15/14 4/15/14 4/15/14
DP	Morphine 60mg ER #90 Oxycodone 15mg	Paul	4/2/16 4/5/16 4/2/16

Patient initials	Controlled substance:	Prescriber:	Date Issued:
	#200 q4h * Carisoprodol 350mg #90 *Note increased oxy IR 15mg quantity		
PL	Tramadol 50mg #240 -2 q 6h Hydroc/apap 10/325mg #130	Scully	4/23/14 4/26/14
PL	Oxycodone 15mg #200 Tramadol 50mg #150 2 q6h	Pong	2/20/16 started-last date on this record is 7/15/16; still for post-op pain Tramadol: 7/15/16
IM	Oxycodone 20mg #120 Morphine 60mg ER #30 Morphine 15mg ER #30 Morphine 30mg ER #30	Tinkelenberg	5/5/15 5/21/15 6/24/15 6/24/15
IM	Oxycodone 30mg #90 Morphine 30mg ER # 30 then #7 Diazepam 10mg #30 then #6		Oxy on 1/7/16, 2/1/16, 2/13/16 (#18) &3/16/16 MS: 12/2/15, 2/10/16 Diazepam: 12/2/15, 2/10/16
SM	Hydroc/apap 7.5mg/325mg #28 Hydroc/apap 7.5mg/325mg #20	Joseph-Messner	6/4/14 6/9/14
SM	Clonazepam 0.5mg #30 Hydroc/apap 10/325mg #80	Barta Ringers	8/21/16 8/31/16
DC	Hydroc/apap 10/325mg by MC1	Dodd	8/10/16 – PIC filled own RX
DB	Hydroc/apap 10/325mg #15 Diazepam 10mg #10	Liu	4/2/14, 6/19/14 6/19/14
DB	Hydroco/apap 7/5mg/325mg #15 Diazepam 10mg #15	Colpitts	9/20/16 9/20/16
ZB	Carisoprodol 350mg #120 Morphine 100mg ER #150 Oxycodone 30mg	Costello	11/26/14 6/8/15 6/8/15 6/8/15

Patient initials	Controlled substance:	Prescriber:	Date Issued:
	#360 Morphine 30mg ER #30		
ZB	Carisoprodol 350mg #120 Morphine 100mg ER #180 Oxycodone 30mg #360 Morphine 30mg ER #30	Costello – Original complaint	8/2/16 and 8/29/16 8/10/16 8/27/16 8/23/16

b. The following prescriptions were issued to patients who lived out of the area and the patients obtained controlled substances from out of the area prescribers:

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
DC Lives in Elk Grove	Hydroco/apap 10mg #70	Dodd Truckee	8/10/16	2171333 Filled for self
SW Lives in Chinese Camp, CA	Oxycodone 30mg #240 28 times in 25 months Other: Alprazolam 0.5mg #30 , tramadol, prometh/codeine, Zolpidem	Decommer Auburn, CA	4/26/14 through 6/1/16	2169094 (Exhibit 22, page 10) 4213049 Xanax (page 11) Distance: 130miles from CC to Auburn. 68 miles from Auburn to Truckee
ZB	Carisoprodol 350mg #120-20 times Morphine 100mg ER #180 -17 times Oxycodone 30mg #360- 17 times Morphine 30mg ER #30 – 14 times *Refer to Exhibit 21*	Costello Pomona, CA	7/5/14 thru 9/8/16	2169138 electronic 2169137 electronic 2171216 2171215 2171214 Electronic for Morphine RXs 4213048 – Soma 2169139 – oxy 30 MS 30mg directions was to crush in cream 11 times then switched to oral

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
AP Truckee,CA	Hydrocod/apap 10/325mg #180-31 times Oxycodone 30mg #90 to take 6/day Oxycodone 30mg #90-to take every 4hrs – 48 times Alprazolam 0.5mg #5, 15 once daily - twice Clonazepam 2mg #30 – 3 times *Refer to Exhibit 12*	Bouchier Grass Valley, CA	4/9/14 through 9/2/16	2171277 - oxycodone 2171274-hydro/apap Diagnosis on one RX: chronic pain 56 miles, over one hour drive from Grass Valley to Truckee MD is family practice
TM Graeagle, CA	Endocet 10/325mg #60 or #80- 3 times Morphine ER 15mg #50 1x Oxycodone 5mg #60 1x Oxycod/apap 5/325mg #60, 80 or 50 – 6 times	Dodd Truckee, CA	5/21/16 through 9/15/16	2171338 2171144 Distance: 57 minutes (45.5miles) from Graeagle, CA to Truckee
VR Sioux Falls, SD	Hydroco/apap 5/325mg #30	Monroe Santa Ana, CA	8/1/16	2171262 Rx was verified but no comment why from SD to Santa Ana to Truckee. Distance from MD to Truckee: 8.5 hours
DW Loyalton, CA PO BOX, no address	Methadone 10mg #120 9 times Hydro/apap #180 -25 times Alprazolam .25mg #30 – 19 times Diazepam 10mg #60 Carisoprodol 350mg #60 Butalbital/apap #30 Methadone 5mg #60 Phentermine All the above were prescribed	Kim, M Portola, CA	4/3/14 through 9/19/16	2171352 2171353 2171354 2170333 All electronic Distance: 27 miles from Loyalton to Portola. 1 pharmacy in Loyalton. 1 in Portola. 2 in Quincy 46 minutes or 1.25hrs depending on route from

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
	together and taken at some point at the same time per profile.			Loyalton to Truckee.
JC San Marcos, CA	Oxy/apap 10/325mg #240	Kaime MD Truckee CA center	4/10/14	2171355 When asked RPH why there was no contact with prescriber; the answer was one of assumption because oxy/apap came from cancer center.
JL Las Vegas, NV Only a PO Box on patient profile.	Methadone 10mg #90	Fedor MD Santa Barbara, CA	7/19/16	2171169 Distance: 359miles from LV to Santa Barbara- 5.25 hours. 493 miles from SB to Truckee. NOTE: DL says patient is from Florida!
MA Grass Valley, CA	Oxy/apap 10/325mg #150, 60, 100 Hydroco/apap 10/325 #60,90,100, Carisoprodol 350mg #60 Diazepam 10mg #30, 60 Starting on 12/3/15, pt advised to wean on oxy/apap; instead, quantities increased and there are no notes to address.	Picetti Sacramento, CA Spine specialist With Yee, M MD.	3/20/15 through 4/22/16	2170372-oxy/apap on 3/24/16 Distance: I observed it could be reasonable to see a spine specialist in Sacramento and patient lives in GV. However, the travel from Sacramento via Truckee was questionable.

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
PL Truckee, CA	Oxycodone 15mg #200	Hindle PA SFO, CA Spine institute	7/11/16	2171151 Issue: The security feature: RX is supposed to change with heat and did not. I had RPH Speicher try. It did not change.
AS Novato, CA	Lorazepam 1mg #30 or #40 -16 times in 13 months	Kreiss Fremont, CA	Last on this record: 9/9/16 Range: 7/10/15 through 9/19/16	4213540 Distance: 59 miles from Novato to Fremont. 177 miles from Novato to Truckee
KD Grass Valley, CA	Endocet 10/325mg #42 Zolpidem 10mg #20 Alprazolam 0.5mg #30	Anton, Mark Newport Beach, CA	9/23/15	2168700 4211697 4211698 Distance: 531 miles from Newport Beach to Truckee. I googled MD: Aesthetics MD. No notes to explain why patient received meds in Truckee and not GV.

c. The following prescriptions were issued to patients who lived out of state and/or the prescriber was from out of state:

Patient initials	Controlled Substance:	Prescriber:	Date:
KS Sammanish, WA	Tramadol 50mg	Auerbach, P ER MD at Stanford hospital	8/23/15 Distance: 219 miles from Stanford to Truckee.
NP Charlotte, NC	Hydroc/apap 5/325mg #50	Cahill, K Santa Barbara, CA	7/15/16 RX2171150 Distance:

			493 miles from Santa Barbara to Truckee.
PL Surprise, AZ	Oxycodone 5mg #60 Lorazepam 0.5mg #6	Martin, P S. Lake Tahoe Scholnick, J Truckee	7/14/16 RX 2171147 on secure form. RX 4213329 Distance: 44 miles or 1.25 hrs from Tahoe to Truckee
DM Florence AZ	Hydroc/apap 7.5mg/325mg #60 Tramadol 50mg #60	Osgood Truckee and Jackson, CA	2168510 on 9/2/15, 6/4/15, and 8/8/14 Note: pharmacy should have called to see why person out of state was seeing this MD in Truckee
PB DOB: 12/15/54 Reno, NV	Adderall 10mg #30 -3 times Alprazolam 1mg #75 – 7 times Oxycodone 10mg #180 – 1x Oxycodone 15mg #170, 250 – 2 times Endocet 10/325mg #180 4 times	Paul, G Truckee, CA Family practice MD	2171212 on 7/30/16 4213300 on 7/25/16 2170798 on 5/21/16 Distance: Patient address in Reno, gets controlled substances from MD in Truckee. NO medical justification for amphetamine with pain meds but no calls to prescriber. 40 miles
OB Incline village NV	Hydroc/apap 5/325mg #30	Astengo, S ER physician, closest in S. Lake Tahoe, CA	2166938 on 3/3/15
NA Miami, FL	Hydromorphone 2mg #75 Tramadol 50mg # 50	Ringnes, A Truckee, CA	2170296 4212664 Both on 3/15/16 No notes
MH Sequim, WA	Testosterone 50mg packets #450 Androgel 450gm	Reichert, J Joseph Drew Both from- Reno, NV	4212670 on 3/17/16 4211420 on 12/9/15 RPH should have questioned address from WA to NV to CA to fill.
LM Sun Valley, NV	Methadone 10mg #210 (7 per day)-filled 10 times	Hamblin, B Point Reyes Station, CA	2167507 2167768 Date range: 6/25/14 through 6/5/15. I did not check CURES to see gaps. 231 miles from Sun

			Valley to Point Reyes Station. 38 miles from Sun Valley to Truckee but must pass through Reno, NV
KB Lumberton, MS DOB: 7/27/85	Adderall XR 30mg #30	William Alan Davis (when I googled name only found one in Bethesda, MD)	2168035 on 7/9/15
AP Dublin, CA DOB 7/5/95	Oxycodone 5mg #90 Notable directions: 1 to 3 every 4 hours.	Buchanan, D Reno, NV	2171025 on 6/26/16 This was a 20 y.o. who is from Dublin getting high dose oxycodone. 186 miles from Dublin to Truckee. 218 miles from Dublin to reno, NV
JJ Kellogg, ID DOB: 9/18/84	Buprenorphine 8mg #90 x2 Clonazepam 1mg #90	Carraher md Post Falls ID DEA does not begin with an 'X'	Filled 10/14/15 and 9/10/15. Distance for patient to travel to MD: 45 miles. Because of patient age, address and possible no access to CURES, RPH should have called.
EP Newton Center, MA DOB 5/12/92	Hydroc/apap 5/325mg #30	Jowers, C ER MD at Portola and Truckee, CA	Rx 2168250 on 8/2/15 Note: probably ER RX but pharmacy did not inquire as to medical necessity for a person out of state
JH Fort Myers, FL DOB 9/20/85	Oxycodone 5mg #100	Coll, Daniel Records show he is a PA at Truckee hospital and in Reno, NV	2168348 on 8/14/15 Note: this was a large quantity and out of state patient with no verification by RPH on profile.
JC Reno, NV DOB 11/16/70	Hydroc/apap 10/325mg #30, 20, 40, etc. at least 10 times with Alprazolam 1mg #30 – 7 times (+other strengths) And	Barta, G Truckee, CA J. Dodd Truckee, CA	Patient travels from Reno, NV to Truckee to see MDs And to this pharmacy. Distance/time: 30 minutes

	Adderall XR 30mg #30 – 13 times		
EE Katy, TX DOB 9/11/73	Hydro/apap 7.5/325mg #20	Quammen, A Truckee, CA	Appeared given with drug for cold sore outbreak?
EG Colorado Springs, CO DOB 3/22/88	Hydro/apap 10/325mg #60 on 3/7/16	Ringer, A Cincinnati, OH	RX2170221 This RX should have been sent to the patients address in Colorado if information correct.

FOURTH CAUSE FOR DISCIPLINE

(Erroneous Report to CURES)

40. Respondent Safeway is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent violated Health and Safety Code section 11165, subdivision (d)(2), as follows: On or about March 7, 2016, Respondent dispensed prescription number 2170221 for patient EG under the name of Dr. Ringer located in Cincinnati, Ohio, instead of the prescriber identified on the prescription, A. Ringnes, M. D. located in Truckee, California.

FIFTH CAUSE FOR DISCIPLINE

(Furnishing Controlled Substances to Oneself)

41. Respondent Safeway is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent violated Health and Safety Code section 11170, as follows: On or about August 10, 2016, Respondent's pharmacist-in-Charge, David Scott Carroll, while working at Safeway Pharmacy #1266, filled, verified and dispensed prescription number 2171333 for 70 tablets of hydrocodone/APAP 10/325 mg for himself.

SIXTH CAUSE FOR DISCIPLINE

(Shortages of Controlled Substances)

42. Respondent Safeway is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and

properly secured, in violation of Code section 4081, subdivision (a), Title 21, CFR, section 1304 and Title 16, CCR, sections 1714, subdivision (b), and 1718, as follows: On and between April 30, 2014 and May 11, 2016, Respondent failed to maintain its premises so that drugs were secured from theft or other types of losses, resulting in significant shortages of controlled substances, specifically 201 tablets of hydrocodone/APAP 10/325 mg, 217 tablets of oxycodone/APAP 10/325 mg, 168 tablets of zolpidem 10 mg, 370 tablets of oxycodone 30 mg, and 97 tablets of Oxycontin 30 mg.

SEVENTH CAUSE FOR DISCIPLINE

(Overages of Controlled Substances)

43. Respondent Safeway is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of Code section 4081, subdivision (a), and Title 16, CCR, sections 1714, subdivision (b), and 1718, as follows: On and between April 30, 2014 and May 11, 2016, Respondent failed to maintain its premises so that drugs were secured from theft or other types of losses, resulting in overages of controlled substances, specifically 340 tablets of Norco 10/325 mg, 4 tablets of hydrocodone/APAP 5/325 mg, 181 tablets of methadone 10 mg, 781 tablets of Endocet 10/325 mg and 34 tablets of oxycodone 10 mg.

EIGHTH CAUSE FOR DISCIPLINE

(Duty to Maintain Patient Profiles)

44. Respondent Safeway is subject to disciplinary action pursuant to Code section 4301, subdivision (o), for unprofessional conduct, in that Respondent violated Title 16, CCR, section 1707.1, subdivision (a), as follows: On and between April 1, 2014 and September 21, 2016, Respondent failed to obtain physical addresses for patients who were dispensed Schedule II

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through IV controlled substances and instead obtained post office boxes for the following patients:

Patient initials	Controlled substances dispensed:	MD	Date of RX	RX number/ Comments:
JL Las Vegas, NV Only a PO Box on patient profile.	Methadone 10mg #90	Fedor MD Santa Barbara, CA	7/19/16	2171169 Distance: 359miles from LV to Santa Barbara- 5.25 hours. 493 miles from SB to Truckee. NOTE: DL says he is from Florida.
SS PO Box Truckee	Diazepam 10mg #65 Morphine 15mg ER #90 Endocet 10/325mg #100	Kim, M	Diazepam 4/14/14 - 7/19/16 MS ER: 1/28/15 - 7/7/16 Endocet: 4/28/14 – 7/7/16	No notes on patient profile
CO PO Box Loyalton, CA	Alprazolam 1mg #90 Carisoprodol 350mg #30 Hydrocode/apap 10/325mg #180 This is considered the "trinity" or an opioid cocktail by Safeway	Lombard	Alprazolam:4/25/14 -8/28/16 Carisoprodol: 4/9/14 – 9/16/16 Hydroc/apap: 4/25/14 – 2/25/16	Not only was there no address but the combination is considered a red flag. I counted at least 10 RPH who filled for this patient and none addressed these issues.
KS PO Box Soda Springs, CA	Methyphenidate ER 54mg #30 Methylphenidate 10mg #30 Clonazepam x1 Bupropion XL x1		4/7/14 – 9/15/16	DOB: 3/30/66: For the 2+ years this was the patients' profile – no notes, no address, no DX
DW PO Box Truckee, CA	Hydroc/apap 10/325mg #120 Carisoprodol 350mg #90 Alprazolam 0.25mg #30 Oxycontin 40mg #90	Lombard	4/10/14 – 8/31/16	This combination is considered a red flag and referred to as the 'holy trinity' Not only did the pharmacy not know where the

Patient initials	Controlled substances dispensed:	MD	Date of RX	RX number/ Comments:
				person lived but did not know medical necessity.

RESPONDENT ANTARA SHERGILL-HIRSH

NINTH CAUSE FOR DISCIPLINE

(Shortages of Controlled Substances)

45. Respondent Shergill-Hirsh is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safeway, failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of Code section 4081, subdivision (a), Title 21, CFR, section 1304 and Title 16, CCR, sections 1714, subdivision (b), and 1718, as follows: On and between April 30, 2014 and May 11, 2016, Respondent Shergill-Hirsh failed to maintain the pharmacy's premises so that drugs were secured from theft or other types of losses, resulting in significant shortages of controlled substances, specifically 201 tablets of hydrocodone/APAP 10/325 mg, 217 tablets of oxycodone/APAP 10/325 mg, 168 tablets of zolpidem 10 mg, 370 tablets of oxycodone 30 mg, and 97 tablets of Oxycontin 30 mg.

TENTH CAUSE FOR DISCIPLINE

(Overages of Controlled Substances)

46. Respondent Shergill-Hirsh is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safeway, failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of Code section 4081, subdivision (a), and Title 16, CCR, sections 1714, subdivision (b), and 1718, as follows: On and between April 30, 2014 and May 11, 2016, Respondent Shergill-Hirsh failed to maintain the pharmacy's premises so that drugs were secured from theft or other types of losses, resulting

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in overages of controlled substances, specifically 340 tablets of Norco 10/325 mg, 4 tablets of hydrocodone/APAP 5/325 mg, 181 tablets of methadone 10 mg, 781 tablets of Endocet 10/325 mg and 34 tablets of oxycodone 10 mg.

ELEVENTH CAUSE FOR DISCIPLINE

(Failure to Identify Legitimacy of Prescriptions)

47. Respondent Shergill-Hirsh is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safety, violated Health and Safety Code section 11153, subdivision (a), and Title 16, California Code of Regulations, section 1761, as follows: On or about September 21, 2016, pharmacists, while working at Safeway Pharmacy #1266, dispensed controlled substance prescriptions without first verifying a legitimate medical purpose for the drugs. In addition, even when the prescriptions contained uncertainties or irregularities, the pharmacists continued to dispense high dose, higher quantities of controlled substances. Specifically, between April 1, 2014 and September 21, 2016, pharmacists filled controlled substances without contacting the prescriber in order to identify the medical necessity prior to dispensing, dispensed drugs to patients who lived long distances from both the pharmacy and the prescribers, and dispensed to patients who lived out of state and obtained prescriptions from Southern California prescribers and then had them filled at the pharmacy:

a. The following prescriptions were issued to patients with no known medical necessity for the drugs, the patients were issued prescriptions of combinations of drugs known as "trinity" or "holy trinity", and there was no documentation of contact with the prescribers for the prescriptions:

Patient initials	Controlled substance:	Prescriber:	Date Issued:
AP	Hydrocode/apap 10/325mg #60 Oxycodone 30mg #180 Clonazepam 2mg #30 Hydrocod/apap 10/325mg #180 Carisoprodol 350mg #90	Rice	4/9/14 4/20/14 4/20/14 4/21/14 4/25/14 and

Patient initials	Controlled substance:	Prescriber:	Date Issued:
AP	Hydrocod/apap 10/325mg #180 Oxycodone 30mg #90 to take 6/day Oxycodone 30mg #90-to take every 4hrs Alprazolam 0.5mg #5, 15 once daily Oxycodone 30mg #90-one q4h	Bouchier	8/2/16 7/22/16 8/3/16 8/6/16 and 8/16/16 9/1/16
CP	Morphine ER 100mg #120 Oxycodone 30mg #180 Carisoprodol 350mg #120	Paul	4/8/14 4/8/14 4/8/14
CP	Morphine ER 100mg #120 Oxycodone 30mg #180 q4h Carisoprodol 350mg #120 Diazepam 10mg #30 1 hs for anxiety	Paul	4/14/16 4/14/16 4/14/16 4/16/16
DVA	Methadone 10mg #450 5 tabs tid Morphine 60mg ER #90-q8h Morphine soln 100mg/5mg 180ml - 1ml q4h Lorazepam 1mg #30 Later, patient had alprazolam and diazepam added to drug list. But the	Barta	4/19/14 4/19/14 4/19/14 5/1/14
DVA	Morphine 100mg/5mg solution 90ml Methadone 10mg #180 Morphine 100mg ER #60 Lorazepam 1mg #30 Patient had cyclobenzaprine, baclofen on current profile	Barta	8/31/16 8/31/16 8/31/16 8/18/16 (Exhibit 14, page 39,40)

Patient initials	Controlled substance:	Prescriber:	Date Issued:
DP	Morphine 60mg ER #90 Oxycodone 15mg #180 q4h Carisoprodol 350mg #90	Paul	4/15/14 4/15/14 4/15/14
DP	Morphine 60mg ER #90 Oxycodone 15mg #200 q4h * Carisoprodol 350mg #90 *Note increased oxy IR 15mg quantity	Paul	4/2/16 4/5/16 4/2/16
PL	Tramadol 50mg #240 -2 q 6h Hydroc/apap 10/325mg #130	Scully	4/23/14 4/26/14
PL	Oxycodone 15mg #200 Tramadol 50mg #150 2 q6h	Pong	2/20/16 started-last date on this record is 7/15/16; still for post-op pain Tramadol: 7/15/16
IM	Oxycodone 20mg #120 Morphine 60mg ER #30 Morphine 15mg ER #30 Morphine 30mg ER #30	Tinkelenberg	5/5/15 5/21/15 6/24/15 6/24/15
IM	Oxycodone 30mg #90 Morphine 30mg ER # 30 then #7 Diazepam 10mg #30 then #6		Oxy on 1/7/16, 2/1/16, 2/13/16 (#18) &3/16/16 MS: 12/2/15, 2/10/16 Diazepam: 12/2/15, 2/10/16
SM	Hydroc/apap 7.5mg/325mg #28 Hydroc/apap 7.5mg/325mg #20	Joseph-Messner	6/4/14 6/9/14
SM	Clonazepam 0.5mg #30 Hydroc/apap 10/325mg #80	Barta Ringers	8/21/16 8/31/16
DC	Hydroc/apap 10/325mg by MC1	Dodd	8/10/16 – PIC filled own RX

Patient initials	Controlled substance:	Prescriber:	Date Issued:
DB	Hydroc/apap 10/325mg #15 Diazepam 10mg #10	Liu	4/2/14, 6/19/14 6/19/14
DB	Hydroco/apap 7/5mg/325mg #15 Diazepam 10mg #15	Colpitts	9/20/16 9/20/16
ZB	Carisoprodol 350mg #120 Morphine 100mg ER #150 Oxycodone 30mg #360 Morphine 30mg ER #30	Costello	11/26/14 6/8/15 6/8/15 6/8/15
ZB	Carisoprodol 350mg #120 Morphine 100mg ER #180 Oxycodone 30mg #360 Morphine 30mg ER #30	Costello – Original complaint	8/2/16 and 8/29/16 8/10/16 8/27/16 8/23/16

b. The following prescriptions were issued to patients who lived out of the area and the patients obtained controlled substances from out of the area prescribers:

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
DC Lives in Elk Grove	Hydroco/apap 10mg #70	Dodd Truckee	8/10/16	2171333 Filled for self
SW Lives in Chinese Camp, CA	Oxycodone 30mg #240 28 times in 25 months Other: Alprazolam 0.5mg #30 , tramadol, prometh/codeine, zolpidem	Decommer Auburn, CA	4/26/14 through 6/1/16	2169094 **(Exhibit 22, page 10)** 4213049 Xanax (page 11) Distance: 130miles from CC to Auburn. 68 miles from Auburn to Truckee
ZB	Carisoprodol 350mg #120-20 times Morphine 100mg ER #180 -17 times Oxycodone 30mg #360- 17 times	Costello Pomona, CA	7/5/14 thru 9/8/16	2169138 electronic 2169137 electronic 2171216 2171215 2171214 Electronic for

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
	Morphine 30mg ER #30 – 14 times *Refer to Exhibit 21*			Morphine RXs 4213048 – Soma 2169139 – oxy 30 MS 30mg directions was to crush in cream 11 times then switched to oral
AP Truckee,CA	Hydrocod/apap 10/325mg #180-31 times Oxycodone 30mg #90 to take 6/day Oxycodone 30mg #90-to take every 4hrs – 48 times Alprazolam 0.5mg #5, 15 once daily - twice Clonazepam 2mg #30 – 3 times *Refer to Exhibit 12*	Bouchier Grass Valley, CA	4/9/14 through 9/2/16	2171277 - oxycodone 2171274- hydro/apap Diagnosis on one RX: chronic pain 56 miles, over one hour drive from Grass Valley to Truckee MD is family practice
TM Graeagle, CA	Endocet 10/325mg #60 or #80- 3 times Morphine ER 15mg #50 1x Oxycodone 5mg #60 1x Oxycod/apap 5/325mg #60, 80 or 50 – 6 times	Dodd Truckee, CA	5/21/16 through 9/15/16	2171338 2171144 Distance: 57 minutes (45.5miles) from Graeagle, CA to Truckee
VR Sioux Falls, SD	Hydroco/apap 5/325mg #30	Monroe Santa Ana, CA	8/1/16	2171262 Rx was verified but no comment why from SD to Santa Ana to Truckee. Distance from MD to Truckee: 8.5 hours
DW Loyalton, CA PO BOX, no address	Methadone 10mg #120 9 times Hydro/apap #180 -25 times Alprazolam .25mg #30 – 19	Kim, M Portola, CA	4/3/14 through 9/19/16	2171352 2171353 2171354 2170333 All electronic

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
	times Diazepam 10mg #60 Carisoprodol 350mg #60 Butalbital/apap #30 Methadone 5mg #60 Phentermine All the above were prescribed together and taken at some point at the same time per profile.			Distance: 27 miles from Loyalton to Portola. 1 pharmacy in Loyalton. 1 in Portola. 2 in Quincy 46 minutes or 1.25hrs depending on route from Loyalton to Truckee.
JC San Marcos, CA	Oxy/apap 10/325mg #240	Kaime MD Truckee CA center	4/10/14	2171355 When asked RPH why there was no contact with prescriber; the answer was one of assumption because oxy/apap came from cancer center.
JL Las Vegas, NV Only a PO Box on patient profile.	Methadone 10mg #90	Fedor MD Santa Barbara, CA	7/19/16	2171169 Distance: 359miles from LV to Santa Barbara- 5.25 hours. 493 miles from SB to Truckee. NOTE: DL says patient is from Florida!
MA Grass Valley, CA	Oxy/apap 10/325mg #150, 60, 100 Hydroco/apap 10/325 #60,90,100, Carisoprodol 350mg #60 Diazepam 10mg #30, 60	Picetti Sacramento, CA Spine specialist With Yee, M MD.	3/20/15 through 4/22/16	2170372- oxy/apap on 3/24/16 Distance: I observed it could be reasonable to see a spine specialist in Sacramento and patient lives

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
	Starting on 12/3/15, pt advised to wean on oxy/apap; instead, quantities increased and there are no notes to address.			in GV. However, the travel from Sacramento via Truckee was questionable.
PL Truckee, CA	Oxycodone 15mg #200	Hindle PA SFO, CA Spine institute	7/11/16	2171151 Issue: The security feature: RX is supposed to change with heat and did not. I had RPH Speicher try. It did not change.
AS Novato, CA	Lorazepam 1mg #30 or #40 -16 times in 13 months	Kreiss Fremont, CA	Last on this record: 9/9/16 Range: 7/10/15 through 9/19/16	4213540 Distance: 59 miles from Novato to Fremont. 177 miles from Novato to Truckee
KD Grass Valley, CA	Endocet 10/325mg #42 Zolpidem 10mg #20 Alprazolam 0.5mg #30	Anton, Mark Newport Beach, CA	9/23/15	2168700 4211697 4211698 Distance: 531 miles from Newport Beach to Truckee. I googled MD: Aesthetics MD. No notes to explain why patient received meds in Truckee and not GV.

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c. The following prescriptions were issued to patients who lived out of state and/or the prescriber was from out of state:

Patient initials	Controlled Substance:	Prescriber:	Date:
KS Sammanish, WA	Tramadol 50mg	Auerbach, P ER MD at Stanford hospital	8/23/15 Distance: 219 miles from Stanford to Truckee.
NP Charlotte, NC	Hydroc/apap 5/325mg #50	Cahill, K Santa Barbara, CA	7/15/16 RX2171150 Distance: 493 miles from Santa Barbara to Truckee.
PL Surprise, AZ	Oxycodone 5mg #60 Lorazepam 0.5mg #6	Martin, P S. Lake Tahoe Scholnick, J Truckee	7/14/16 RX 2171147 on secure form. RX 4213329 Distance: 44 miles or 1.25 hrs from Tahoe to Truckee
DM Florence AZ	Hydroc/apap 7.5mg/325mg #60 Tramadol 50mg #60	Osgood Truckee and Jackson, CA	2168510 on 9/2/15, 6/4/15, and 8/8/14 Note: pharmacy should have called to see why person out of state was seeing this MD in Truckee
PB DOB: 12/15/54 Reno, NV	Adderall 10mg #30 -3 times Alprazolam 1mg #75 – 7 times Oxycodone 10mg #180 – 1x Oxycodone 15mg #170, 250 – 2 times Endocet 10/325mg #180 4 times	Paul, G Truckee, CA Family practice MD	2171212 on 7/30/16 4213300 on 7/25/16 2170798 on 5/21/16 Distance: Patient address in Reno, gets controlled substances from MD in Truckee. NO medical justification for amphetamine with pain meds but no calls to prescriber. 40 miles
OB Incline village NV	Hydroc/apap 5/325mg #30	Astengo, S ER physician, closest in S. Lake Tahoe, CA	2166938 on 3/3/15

NA Miami, FL	Hydromorphone 2mg #75 Tramadol 50mg # 50	Ringnes, A Truckee, CA	2170296 4212664 Both on 3/15/16 No notes
MH Sequim, WA	Testosterone 50mg packets #450 Androgel 450gm	Reichert, J Joseph Drew Both from- Reno, NV	4212670 on 3/17/16 4211420 on 12/9/15 RPH should have questioned address from WA to NV to CA to fill.
LM Sun Valley, NV	Methadone 10mg #210 (7 per day)-filled 10 times	Hamblin, B Point Reyes Station, CA	2167507 2167768 Date range: 6/25/14 through 6/5/15. I did not check CURES to see gaps. 231 miles from Sun Valley to Point Reyes Station. 38 miles from Sun Valley to Truckee but must pass through Reno, NV
KB Lumberton, MS DOB: 7/27/85	Adderall XR 30mg #30	William Alan Davis (when I googled name only found one in Bethesda, MD)	2168035 on 7/9/15
AP Dublin, CA DOB 7/5/95	Oxycodone 5mg #90 Notable directions: 1 to 3 every 4 hours.	Buchanan, D Reno, NV	2171025 on 6/26/16 This was a 20 y.o. who is from Dublin getting high dose oxycodone. 186 miles from Dublin to Truckee. 218 miles from Dublin to reno, NV
JJ Kellogg, ID DOB: 9/18/84	Buprenorphine 8mg #90 x2 Clonazepam 1mg #90	Carraher md Post Falls ID DEA does not begin with an 'X'	Filled 10/14/15 and 9/10/15. Distance for patient to travel to MD: 45 miles. Because of patient age, address and possible no access to CURES, RPH should have called.
EP Newton Center, MA DOB 5/12/92	Hydroc/apap 5/325mg #30	Jowers, C ER MD at Portola and Truckee, CA	Rx 2168250 on 8/2/15 Note: probably ER RX but pharmacy did

			not inquire as to medical necessity for a person out of state
JH Fort Myers, FL DOB 9/20/85	Oxycodone 5mg #100	Coll, Daniel Records show he is a PA at Truckee hospital and in Reno, NV	2168348 on 8/14/15 Note: this was a large quantity and out of state patient with no verification by RPH on profile.
JC Reno, NV DOB 11/16/70	Hydroc/apap 10/325mg #30, 20, 40, etc. at least 10 times with Alprazolam 1mg #30 – 7 times (+other strengths) And Adderall XR 30mg #30 – 13 times	Barta, G Truckee, CA J. Dodd Truckee, CA	Patient travels from Reno, NV to Truckee to see MDs And to this pharmacy. Distance/time: 30 minutes
EE Katy, TX DOB 9/11/73	Hydro/apap 7.5/325mg #20	Quammen, A Truckee, CA	Appeared given with drug for cold sore outbreak?
EG Colorado Springs, CO DOB 3/22/88	Hydro/apap 10/325mg #60 on 3/7/16	Ringer, A Cincinnati, OH	RX2170221 This RX should have been sent to the patients address in Colorado if information correct.

TWELFTH CAUSE FOR DISCIPLINE

(Duty to Maintain Patient Profiles)

48. Respondent Shergill-Hirsh is subject to disciplinary action pursuant to Code section 4301, subdivision (o), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safeway, violated Title 16, CCR, section 1707.1, subdivision (a), as follows: On and between April 1, 2014 and September 21, 2016, Respondent failed to obtain physical addresses for patients who were dispensed Schedule II through IV controlled substances and instead obtained post office boxes for the following patients:

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Patient initials	Controlled substances dispensed:	MD	Date of RX	RX number/ Comments:
JL Las Vegas, NV Only a PO Box on patient profile.	Methadone 10mg #90	Fedor MD Santa Barbara, CA	7/19/16	2171169 Distance: 359miles from LV to Santa Barbara- 5.25 hours. 493 miles from SB to Truckee. NOTE: DL says he is from Florida.
SS PO Box Truckee	Diazepam 10mg #65 Morphine 15mg ER #90 Endocet 10/325mg #100	Kim, M	Diazepam 4/14/14 - 7/19/16 MS ER: 1/28/15 - 7/7/16 Endocet: 4/28/14 – 7/7/16	No notes on patient profile
CO PO Box Loyalton, CA	Alprazolam 1mg #90 Carisoprodol 350mg #30 Hydrocode/apap 10/325mg #180 This is considered the "trinity" or an opioid cocktail by Safeway	Lombard	Alprazolam:4/25/14 -8/28/16 Carisoprodol: 4/9/14 – 9/16/16 Hydroc/apap: 4/25/14 – 2/25/16	Not only was there no address but the combination is considered a red flag. I counted at least 10 RPH who filled for this patient and none addressed these issues.
KS PO Box Soda Springs, CA	Methyphenidate ER 54mg #30 Methylphenidate 10mg #30 Clonazepam x1 Bupropion XL x1		4/7/14 – 9/15/16	DOB: 3/30/66: For the 2+ years this was the patients' profile – no notes, no address, no DX
DW PO Box Truckee, CA	Hydroc/apap 10/325mg #120 Carisoprodol 350mg #90 Alprazolam 0.25mg #30 Oxycontin 40mg #90	Lombard	4/10/14 – 8/31/16	This combination is considered a red flag and referred to as the 'holy trinity' Not only did the pharmacy not know where the person lived but did not know medical necessity.

RESPONDENT DAVID SCOTT CARROLL

THIRTEENTH CAUSE FOR DISCIPLINE

(Shortages of Controlled Substances)

49. Respondent Carroll is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safeway, failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of Code section 4081, subdivision (a), Title 21, CFR, section 1304 and Title 16, CCR, sections 1714, subdivision (b), and 1718, as follows: On and between April 30, 2014 and May 11, 2016, Respondent Carroll failed to maintain the pharmacy's premises so that drugs were secured from theft or other types of losses, resulting in significant shortages of controlled substances, specifically 201 tablets of hydrocodone/APAP 10/325 mg, 217 tablets of oxycodone/APAP 10/325 mg, 168 tablets of zolpidem 10 mg, 370 tablets of oxycodone 30 mg, and 97 tablets of Oxycontin 30 mg.

FOURTEENTH CAUSE FOR DISCIPLINE

(Overages of Controlled Substances)

50. Respondent Carroll is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safeway, failed to maintain the pharmacy and its facilities, space, fixtures and/or equipment so that drugs were safely and properly secured, in violation of Code section 4081, subdivision (a), and Title 16, CCR, sections 1714, subdivision (b), and 1718, as follows: On and between April 30, 2014 and May 11, 2016, Respondent Carroll failed to maintain the pharmacy's premises so that drugs were secured from theft or other types of losses, resulting in overages of controlled substances, specifically 340 tablets of Norco 10/325 mg, 4 tablets of hydrocodone/APAP 5/325 mg, 181 tablets of methadone 10 mg, 781 tablets of Endocet 10/325 mg and 34 tablets of oxycodone 10 mg.

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FIFTEENTH CAUSE FOR DISCIPLINE

(Furnishing Controlled Substances to Oneself)

51. Respondent Carroll is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent violated Health and Safety Code section 11170, as follows: On or about August 10, 2016, Respondent, while working at Safeway Pharmacy #1266, filled, verified and dispensed prescription number 2171333 for 70 tablets of hydrocodone/APAP 10/325 mg for himself.

SIXTEENTH CAUSE FOR DISCIPLINE

(Erroneous Report to CURES)

52. Respondent Carroll is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge of Respondent Safeway, violated Health and Safety Code section 11165, subdivision (d)(2), as follows: On or about March 7, 2016, Respondent dispensed prescription number 2170221 for patient EG under the name of Dr. Ringer located in Cincinnati, Ohio, instead of the prescriber identified on the prescription, A. Ringnes, M. D. located in Truckee, California.

SEVENTEENTH CAUSE FOR DISCIPLINE

(Failure to Identify Legitimacy of Prescriptions)

53. Respondent Carroll is subject to disciplinary action pursuant to Code section 4301, subdivisions (o) and (j), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for Respondent Safety, violated Health and Safety Code section 11153, subdivision (a), and Title 16, California Code of Regulations, section 1761, as follows: On or about September 21, 2016, pharmacists, while working at Safeway Pharmacy #1266, dispensed controlled substance prescriptions without first verifying a legitimate medical purpose for the drugs. In addition, even when the prescriptions contained uncertainties or irregularities, the pharmacists continued to dispense high dose, higher quantities of controlled substances. Specifically, between April 1, 2014 and September 21, 2016, pharmacists filled controlled substances without contacting the prescriber in order to identify the medical necessity prior to dispensing, dispensed drugs to patients who lived long distances from both the pharmacy and the prescribers, and dispensed to

patients who lived out of state and obtained prescriptions from Southern California prescribers and then had them filled at the pharmacy:

a. The following prescriptions were issued to patients with no known medical necessity for the drugs, the patients were issued prescriptions of combinations of drugs known as "trinity" or "holy trinity", and there was no documentation of contact with the prescribers for the prescriptions:

Patient initials	Controlled substance:	Prescriber:	Date Issued:
AP	Hydrocode/apap 10/325mg #60 Oxycodone 30mg #180 Clonazepam 2mg #30 Hydrocod/apap 10/325mg #180 Carisoprodol 350mg #90	Rice	4/9/14 4/20/14 4/20/14 4/21/14 4/25/14 and
AP	Hydrocod/apap 10/325mg #180 Oxycodone 30mg #90 to take 6/day Oxycodone 30mg #90-to take every 4hrs Alprazolam 0.5mg #5, 15 once daily Oxycodone 30mg #90-one q4h	Bouchier	8/2/16 7/22/16 8/3/16 8/6/16 and 8/16/16 9/1/16
CP	Morphine ER 100mg #120 Oxycodone 30mg #180 Carisoprodol 350mg #120	Paul	4/8/14 4/8/14 4/8/14
CP	Morphine ER 100mg #120 Oxycodone 30mg #180 q4h Carisoprodol 350mg #120 Diazepam 10mg #30 1 hs for anxiety	Paul	4/14/16 4/14/16 4/14/16 4/16/16
DVA	Methadone 10mg #450 5 tabs tid Morphine 60mg ER #90-q8h	Barta	4/19/14 4/19/14 4/19/14 5/1/14

Patient initials	Controlled substance:	Prescriber:	Date Issued:
	Morphine soln 100mg/5mg 180ml - 1ml q4h Lorazepam 1mg #30 Later, patient had alprazolam and diazepam added to drug list. But the		
DVA	Morphine 100mg/5mg solution 90ml Methadone 10mg #180 Morphine 100mg ER #60 Lorazepam 1mg #30 Patient had cyclobenzaprine, baclofen on current profile	Barta	8/31/16 8/31/16 8/31/16 8/18/16 (Exhibit 14, page 39,40)
DP	Morphine 60mg ER #90 Oxycodone 15mg #180 q4h Carisoprodol 350mg #90	Paul	4/15/14 4/15/14 4/15/14
DP	Morphine 60mg ER #90 Oxycodone 15mg #200 q4h * Carisoprodol 350mg #90 *Note increased oxy IR 15mg quantity	Paul	4/2/16 4/5/16 4/2/16
PL	Tramadol 50mg #240 -2 q 6h Hydroc/apap 10/325mg #130	Scully	4/23/14 4/26/14
PL	Oxycodone 15mg #200 Tramadol 50mg #150 2 q6h	Pong	2/20/16 started-last date on this record is 7/15/16; still for post-op pain Tramadol: 7/15/16
IM	Oxycodone 20mg #120 Morphine 60mg ER #30 Morphine 15mg ER #30 Morphine 30mg ER #30	Tinkelenberg	5/5/15 5/21/15 6/24/15 6/24/15

Patient initials	Controlled substance:	Prescriber:	Date Issued:
IM	Oxycodone 30mg #90 Morphine 30mg ER # 30 then #7 Diazepam 10mg #30 then #6		Oxy on 1/7/16, 2/1/16, 2/13/16 (#18) &3/16/16 MS: 12/2/15, 2/10/16 Diazepam: 12/2/15, 2/10/16
SM	Hydroc/apap 7.5mg/325mg #28 Hydroc/apap 7.5mg/325mg #20	Joseph-Messner	6/4/14 6/9/14
SM	Clonazepam 0.5mg #30 Hydroc/apap 10/325mg #80	Barta Ringers	8/21/16 8/31/16
DC	Hydroc/apap 10/325mg by MC1	Dodd	8/10/16 – PIC filled own RX
DB	Hydroc/apap 10/325mg #15 Diazepam 10mg #10	Liu	4/2/14, 6/19/14 6/19/14
DB	Hydroco/apap 7/5mg/325mg #15 Diazepam 10mg #15	Colpitts	9/20/16 9/20/16
ZB	Carisoprodol 350mg #120 Morphine 100mg ER #150 Oxycodone 30mg #360 Morphine 30mg ER #30	Costello	11/26/14 6/8/15 6/8/15 6/8/15
ZB	Carisoprodol 350mg #120 Morphine 100mg ER #180 Oxycodone 30mg #360 Morphine 30mg ER #30	Costello – Original complaint	8/2/16 and 8/29/16 8/10/16 8/27/16 8/23/16

b. The following prescriptions were issued to patients who lived out of the area and the patients obtained controlled substances from out of the area prescribers:

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
DC Lives in Elk Grove	Hydroco/apap 10mg #70	Dodd Truckee	8/10/16	2171333 Filled for self

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
SW Lives in Chinese Camp, CA	Oxycodone 30mg #240 28 times in 25 months Other: Alprazolam 0.5mg #30 , tramadol, prometh/codeine, Zolpidem	Decommer Auburn, CA	4/26/14 through 6/1/16	2169094 **(Exhibit 22, page 10)** 4213049 Xanax (page 11) Distance: 130miles from CC to Auburn. 68 miles from Auburn to Truckee
ZB	Carisoprodol 350mg #120-20 times Morphine 100mg ER #180 -17 times Oxycodone 30mg #360- 17 times Morphine 30mg ER #30 – 14 times *Refer to Exhibit 21*	Costello Pomona, CA	7/5/14 thru 9/8/16	2169138 electronic 2169137 electronic 2171216 2171215 2171214 Electronic for Morphine RXs 4213048 – Soma 2169139 – oxy 30 MS 30mg directions was to crush in cream 11 times then switched to oral
AP Truckee,CA	Hydrocod/apap 10/325mg #180-31 times Oxycodone 30mg #90 to take 6/day Oxycodone 30mg #90-to take every 4hrs – 48 times Alprazolam 0.5mg #5, 15 once daily - twice Clonazepam 2mg #30 – 3 times *Refer to Exhibit 12*	Bouchier Grass Valley, CA	4/9/14 through 9/2/16	2171277 - oxycodone 2171274- hydro/apap Diagnosis on one RX: chronic pain 56 miles, over one hour drive from Grass Valley to Truckee MD is family practice
TM Graeagle, CA	Endocet 10/325mg #60 or #80- 3 times Morphine ER 15mg #50 1x Oxycodone 5mg	Dodd Truckee, CA	5/21/16 through 9/15/16	2171338 2171144 Distance: 57 minutes

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
	#60 1x Oxycod/apap 5/325mg #60, 80 or 50 – 6 times			(45.5miles) from Graeagle, CA to Truckee
VR Sioux Falls, SD	Hydroco/apap 5/325mg #30	Monroe Santa Ana, CA	8/1/16	2171262 Rx was verified but no comment why from SD to Santa Ana to Truckee. Distance from MD to Truckee: 8.5 hours
DW Loyalton, CA PO BOX, no address	Methadone 10mg #120 9 times Hydro/apap #180 -25 times Alprazolam .25mg #30 – 19 times Diazepam 10mg #60 Carisoprodol 350mg #60 Butalbital/apap #30 Methadone 5mg #60 Phentermine All the above were prescribed together and taken at some point at the same time per profile.	Kim, M Portola, CA	4/3/14 through 9/19/16	2171352 2171353 2171354 2170333 All electronic Distance: 27 miles from Loyalton to Portola. 1 pharmacy in Loyalton. 1 in Portola. 2 in Quincy 46 minutes or 1.25hrs depending on route from Loyalton to Truckee.
JC San Marcos, CA	Oxy/apap 10/325mg #240	Kaime MD Truckee CA center	4/10/14	2171355 When asked RPH why there was no contact with prescriber; the answer was one of assumption because oxy/apap came from cancer center.
JL Las Vegas, NV Only a PO Box on patient	Methadone 10mg #90	Fedor MD Santa Barbara, CA	7/19/16	2171169 Distance: 359miles from

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
profile.				LV to Santa Barbara- 5.25 hours. 493 miles from SB to Truckee. NOTE: DL says patient is from Florida!
MA Grass Valley, CA	Oxy/apap 10/325mg #150, 60, 100 Hydroco/apap 10/325 #60,90,100, Carisoprodol 350mg #60 Diazepam 10mg #30, 60 Starting on 12/3/15, pt advised to wean on oxy/apap; instead, quantities increased and there are no notes to address.	Picetti Sacramento, CA Spine specialist With Yee, M MD.	3/20/15 through 4/22/16	2170372-oxy/apap on 3/24/16 Distance: I observed it could be reasonable to see a spine specialist in Sacramento and patient lives in GV. However, the travel from Sacramento via Truckee was questionable.
PL Truckee, CA	Oxycodone 15mg #200	Hindle PA SFO, CA Spine institute	7/11/16	2171151 Issue: The security feature: RX is supposed to change with heat and did not. I had RPH Speicher try. It did not change.
AS Novato, CA	Lorazepam 1mg #30 or #40 -16 times in 13 months	Kreiss Fremont, CA	Last on this record: 9/9/16 Range: 7/10/15 through 9/19/16	4213540 Distance: 59 miles from Novato to Fremont. 177 miles from Novato to Truckee
KD Grass Valley, CA	Endocet 10/325mg #42 Zolpidem 10mg	Anton, Mark Newport Beach, CA	9/23/15	2168700 4211697 4211698

Patient initials	Controlled substance:	Prescriber: Address:	Date:	RX number: Comments:
	#20 Alprazolam 0.5mg #30			Distance: 531 miles from Newport Beach to Truckee. I googled MD: Aesthetics MD. No notes to explain why patient received meds in Truckee and not GV.

c. The following prescriptions were issued to patients who lived out of state and/or the prescriber was from out of state:

Patient initials	Controlled Substance:	Prescriber:	Date:
KS Sammanish, WA	Tramadol 50mg	Auerbach, P ER MD at Stanford hospital	8/23/15 Distance: 219 miles from Stanford to Truckee.
NP Charlotte, NC	Hydroc/apap 5/325mg #50	Cahill, K Santa Barbara, CA	7/15/16 RX2171150 Distance: 493 miles from Santa Barbara to Truckee.
PL Surprise, AZ	Oxycodone 5mg #60 Lorazepam 0.5mg #6	Martin, P S. Lake Tahoe Scholnick, J Truckee	7/14/16 RX 2171147 on secure form. RX 4213329 Distance: 44 miles or 1.25 hrs from Tahoe to Truckee
DM Florence AZ	Hydroc/apap 7.5mg/325mg #60 Tramadol 50mg #60	Osgood Truckee and Jackson, CA	2168510 on 9/2/15, 6/4/15, and 8/8/14 Note: pharmacy should have called to see why person out of state was seeing this MD in Truckee
PB DOB: 12/15/54 Reno, NV	Adderall 10mg #30 -3 times Alprazolam 1mg #75 – 7 times	Paul, G Truckee, CA Family practice MD	2171212 on 7/30/16 4213300 on 7/25/16 2170798 on 5/21/16

	Oxycodone 10mg #180 – 1x Oxycodone 15mg #170, 250 – 2 times Endocet 10/325mg #180 4 times		Distance: Patient address in Reno, gets controlled substances from MD in Truckee. NO medical justification for amphetamine with pain meds but no calls to prescriber. 40 miles
OB Incline village NV	Hydroc/apap 5/325mg #30	Astengo, S ER physician, closest in S. Lake Tahoe, CA	2166938 on 3/3/15
NA Miami, FL	Hydromorphone 2mg #75 Tramadol 50mg # 50	Ringnes, A Truckee, CA	2170296 4212664 Both on 3/15/16 No notes
MH Sequim, WA	Testosterone 50mg packets #450 Androgel 450gm	Reichert, J Joseph Drew Both from- Reno, NV	4212670 on 3/17/16 4211420 on 12/9/15 RPH should have questioned address from WA to NV to CA to fill.
LM Sun Valley, NV	Methadone 10mg #210 (7 per day)-filled 10 times	Hamblin, B Point Reyes Station, CA	2167507 2167768 Date range: 6/25/14 through 6/5/15. I did not check CURES to see gaps. 231 miles from Sun Valley to Point Reyes Station. 38 miles from Sun Valley to Truckee but must pass through Reno, NV
KB Lumberton, MS DOB: 7/27/85	Adderall XR 30mg #30	William Alan Davis (when I googled name only found one in Bethesda, MD)	2168035 on 7/9/15
AP Dublin, CA DOB 7/5/95	Oxycodone 5mg #90 Notable directions: 1 to 3 every 4 hours.	Buchanan, D Reno, NV	2171025 on 6/26/16 This was a 20 y.o. who is from Dublin getting high dose oxycodone. 186 miles from Dublin to Truckee. 218 miles from Dublin to reno, NV

JJ Kellogg, ID DOB: 9/18/84	Buprenorphine 8mg #90 x2 Clonazepam 1mg #90	Carraher md Post Falls ID DEA does not begin with an 'X'	Filled 10/14/15 and 9/10/15. Distance for patient to travel to MD: 45 miles. Because of patient age, address and possible no access to CURES, RPH should have called.
EP Newton Center, MA DOB 5/12/92	Hydroc/apap 5/325mg #30	Jowers, C ER MD at Portola and Truckee, CA	Rx 2168250 on 8/2/15 Note: probably ER RX but pharmacy did not inquire as to medical necessity for a person out of state
JH Fort Myers, FL DOB 9/20/85	Oxycodone 5mg #100	Coll, Daniel Records show he is a PA at Truckee hospital and in Reno, NV	2168348 on 8/14/15 Note: this was a large quantity and out of state patient with no verification by RPH on profile.
JC Reno, NV DOB 11/16/70	Hydroc/apap 10/325mg #30, 20, 40, etc. at least 10 times with Alprazolam 1mg #30 – 7 times (+other strengths) And Adderall XR 30mg #30 – 13 times	Barta, G Truckee, CA J. Dodd Truckee, CA	Patient travels from Reno, NV to Truckee to see MDs And to this pharmacy. Distance/time: 30 minutes
EE Katy, TX DOB 9/11/73	Hydro/apap 7.5/325mg #20	Quammen, A Truckee, CA	Appeared given with drug for cold sore outbreak?
EG Colorado Springs, CO DOB 3/22/88	Hydro/apap 10/325mg #60 on 3/7/16	Ringer, A Cincinnati, OH	RX2170221 This RX should have been sent to the patients address in Colorado if information correct.

EIGHTEENTH CAUSE FOR DISCIPLINE

(Duty to Maintain Patient Profiles)

54. Respondent Carroll is subject to disciplinary action pursuant to Code section 4301, subdivision (o), for unprofessional conduct, in that Respondent, as pharmacist-in-charge for

Respondent Safeway, violated Title 16, CCR, section 1707.1, subdivision (a), as follows: On and between April 1, 2014 and September 21, 2016, Respondent Carroll failed to obtain physical addresses for patients who were dispensed Schedule II through IV controlled substances and instead obtained post office boxes for the following patients:

Patient initials	Controlled substances dispensed:	MD	Date of RX	RX number/ Comments:
JL Las Vegas, NV Only a PO Box on patient profile.	Methadone 10mg #90	Fedor MD Santa Barbara, CA	7/19/16	2171169 Distance: 359miles from LV to Santa Barbara- 5.25 hours. 493 miles from SB to Truckee. NOTE: DL says he is from Florida.
SS PO Box Truckee	Diazepam 10mg #65 Morphine 15mg ER #90 Endocet 10/325mg #100	Kim, M	Diazepam 4/14/14 - 7/19/16 MS ER: 1/28/15 - 7/7/16 Endocet: 4/28/14 – 7/7/16	No notes on patient profile
CO PO Box Loyalton, CA	Alprazolam 1mg #90 Carisoprodol 350mg #30 Hydrocode/apap 10/325mg #180 This is considered the "trinity" or an opioid cocktail by Safeway	Lombard	Alprazolam:4/25/14 -8/28/16 Carisoprodol: 4/9/14 – 9/16/16 Hydroc/apap: 4/25/14 – 2/25/16	Not only was there no address but the combination is considered a red flag. I counted at least 10 RPH who filled for this patient and none addressed these issues.
KS PO Box Soda Springs, CA	Methyphenidate ER 54mg #30 Methylphenidate 10mg #30 Clonazepam x1 Bupropion XL x1		4/7/14 – 9/15/16	DOB: 3/30/66: For the 2+ years this was the patients' profile – no notes, no address, no DX
DW PO Box Truckee, CA	Hydroc/apap 10/325mg #120 Carisoprodol 350mg #90 Alprazolam	Lombard	4/10/14 – 8/31/16	This combination is considered a red flag and referred to as the 'holy

Patient initials	Controlled substances dispensed:	MD	Date of RX	RX number/ Comments:
	0.25mg #30 Oxycontin 40mg #90			trinity' Not only did the pharmacy not know where the person lived but did not know medical necessity.

PRAYER

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

1. Revoking or suspending Pharmacy Permit Number PHY 52234, issued to Safeway Inc., doing business as Safeway Pharmacy #1266;

2. Revoking or suspending Pharmacy Permit Number PHY 37147, issued to Safeway Inc., doing business as Safeway Pharmacy #1266;

3. Revoking or suspending Pharmacist License Number RPH 52264, issued to Antara Shergill-Hirsh;

4. Revoking or suspending Pharmacist License Number RPH 39533, issued to David Scott Carroll;

5. Ordering Safeway, Inc., doing business as Safeway Pharmacy #1266, Antara Shergill-Hirsh and David Scott Carroll to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and

5. Taking such other and further action as deemed necessary and proper.

DATED: January 29, 2020

Anne Sodergren

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California, *Complainant*

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-1085

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #1446, REGISTRATION NO. PDO 180000003,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #1446, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-1085, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about April 4, 1985, being issued registration #PDO 180000003, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 11051 S Parker Rd, Parker, CO 80134.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In an inspection of Respondent Pharmacy conducted on February 14, 2020, a Board inspector found one repeated deficiency from the past three consecutive inspections conducted on February 11, 2020, March 29, 2019, and May 5, 2018.

6. The repeated deficiency involved vaccine records that did not detail the site of administration.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules

and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice.

Pharmacy Board Rules and Regulations

19.01.40 Recordkeeping.

a. The following information must be maintained by the prescription drug outlet for three years for each dose of vaccine or immunization administered:

(1) The name, address, and date of birth of the patient;

(2) Patient responses to screening questions for indications/contraindications to the immunization or vaccine being administered;

(3) The date of the administration and site of injection of the immunization or vaccine;

(4) The name, dose, manufacturer, lot number, and expiration date of the vaccine or immunization;

(5) The name and address of the patient's primary health care provider as identified by the patient;

(6) The name or identifiable initials of the administering pharmacist. If the administration is by a pharmacy intern, the initials of both the intern and supervising pharmacist;

(7) The signed informed consent document for each administration;

(8) Which vaccine information statement (VIS)was provided;

(9) The date the VIS was provided; and

(10) The name and address of the facility at which the vaccine or immunization was administered, if administered off-site.

b. The above records shall be maintained separately from other records of the prescription drug outlet.

c. All records required to be maintained pursuant to this Rule 19.00.00 may be maintained electronically so long as such records are maintained in a uniform and readily retrievable manner, are printable upon request of the Board or its inspectors, and can be reviewed at a viewable rate that may customarily be reviewed when otherwise in hard-copy form.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of five hundred dollars ($500.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of five hundred and seventy five dollars ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other

than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Authorized Representative Dated: 3/24/2020

Anthony Provenzano / VP Pharmacy Compliance
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this _____ day of _____ 2020, addressed as follows:

Safeway Pharmacy #1446
250 E Parkcenter Blvd
Pharmacy Licensing
Boise, ID 83706
rxlicenses@albertsons.com

_____
Agent of the Board

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration of	)	Case No. 2021-0246
SAFEWAY INC dba: SAFEWAY PHARMACY #1458	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Registrant shall pay the Board a civil penalty in the amount of $10,000. The $10,000 civil penalty will be stayed pending no similar violation for three (3) years, and development and implementation of the following:

   a. A Quality Assurance Plan to correct the violations as noted in the Notice to be submitted within ten (10) days after this Order is final; and
   b. Registrant shall document training of all pharmacists and technicians in the Quality Assurance Plan within 30 days from the date Quality Assurance Plan is approved by the Board. Documentation of training shall be maintained on-site and available upon request; and
   c. Registrant shall document training of future staff over the next twelve months based upon Board approved QA Plan. Documentation of training incoming pharmacy staff over the period of the following twelve months must be performed within 15 days of employment. Documentation of training shall be maintained on-site and

available upon request.

2. If Registrant violate any term or condition of this Consent Order, the Board may take action to lift the stayed civil penalty.

3. Failure of the Registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative — Date: 9/27/2021

SAFEWAY INC dba
SAFEWAY PHARMACY #1458
Registrant (Reg. No. RP-0001336)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph., — Date: 9/27/2021
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration	)	Case No. 2021-0246
SAFEWAY INC dba: SAFEWAY PHARMACY #1458	)	NOTICE OF PROPOSED DISCIPLINARY ACTION
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001336 because Safeway Pharmacy #1458 violated the Oregon Pharmacy Aet and the Board of Pharmacy rules as set forth below:

From on or about December 2017 through December 2020, Safeway Pharmacy #1458 in Cottage Grove failed to secure controlled substance drugs on at least 13 separate occasions. Specifically, as required by OAR 855-041-1030, Registrant reported the controlled substance losses listed below:

1. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 12/31/2017 theft or loss of Methylphenidate CD 20mg - #70, eszopiclone 1 mg - #31, methadone HCl 5mg - #100, oxazepam 30mg - #30, Metadate CD 40mg - #20, oxycodone HCl 30mg - #120, and Estrogen-methyltestos H.S. - #12.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were "More frequent random audits; reinforcement of discrepancy reporting requirements. Continued central monitoring".

2. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 01/04/2018 theft or loss of buprenorphine 8mg - #66, and oxycodone HCl 5mg - #97.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were "A variety of preventive controls will be implemented. Additional controlled substances will be stored in the locked cabinet, back counts are now required on all controls, and only pharmacist are permitted to handle specific controlled substances".

3. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 08/26/2018 theft or loss of Nuvigil 250mg - #30.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were "Double count all CII through CV scrips. Document double count on the RX profiles. Check in and adjust on hand McKesson orders efficiently".

4. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 10/15/2018 theft or loss of alprazolam ER 2mg - #30.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported

that the security measures it took to prevent future theft/loss was "Locked up in CII cabinet".

5. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 10/30/2018 theft or loss of tramadol HCl 50mg - #178.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss were "Double count controls when dispensing. More frequent audits".

6. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 02/14/2019 theft or loss of Sudogest 60mg - #101.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss was "Double count controls when dispensing".

7. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 03/26/2019 theft or loss of alprazolam ER 1mg - #10.
   On the form, Registrant reported that it did not know the cause of the theft/loss and reported that the security measures it took to prevent future theft/loss was "Double count all controlled prescriptions".

8. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 03/29/2019 theft or loss of tramadol HCl 50mg - #101.
   On the form, Registrant reported the cause of the theft/loss as a "packaging discrepancy" and reported that the security measures it took to prevent future theft/loss was "Double count all controls when dispensing".

9. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 04/12/2019 theft or loss of carisoprodol 350mg - #88.
   On the form, Registrant reported the cause of the theft/loss as a "packaging discrepancy" and reported that the security measures it took to prevent future theft/loss were "Pharmacist will double count all controls. Carisoprodol is being kept in a locked cabinet accessible only to pharmacists".

10. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 09/11/2019 theft or loss of oxycodone-acetaminophen 10-325mg - #100.
    On the form, Registrant reported the cause of the theft/loss as a "packaging discrepancy" and reported that the security measures it took to prevent future theft/loss were "Additional cameras have been installed in pharmacy. Double count and back count controlled substances".

11. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 12/21/2019 theft or loss of carisoprodol 250mg - #99.
    On the form, Registrant reported the cause of the theft/loss as a "packaging discrepancy" and reported that the security measures it took to prevent future theft/loss were "As of 02/01/20, we double count and back count all carisoprodol prescriptions. This security measure will continue until 05/01/20 or until the cause of loss is determined".

12. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 02/29/2020 theft or loss of methylphenidate 10mg - #15.
    On the form, Registrant reported the cause of the theft/loss as a "packaging discrepancy" and reported that the security measures it took to prevent future theft/loss were "Double count and

back count all CII prescriptions for the next three months. Technicians are not to count any CII prescriptions. All controlled substances are to be hand counted. No automated counting machines are to be used for controls".

13. Registrant submitted a federal Drug Enforcement Administration (DEA) Form 106 identifying a 12/23/2020 theft or loss of morphine sulf ER 30mg - #90.
On the form, Registrant reported the cause of the theft/loss as a "packaging discrepancy" and reported that the security measures it took to prevent future theft/loss were "Double count morphine ER 30mg at each dispensing and verify remaining quantity for the next six months".

All of the drugs described in the 13 reports above are prescription drugs, which must be dispensed by prescription and are restricted to licensed practitioners.

The preceding losses evidence inadequate safeguards for the proper security and recordkeeping for controlled substances.[1] Registrant repeatedly reported that it could not determine how losses occurred indicating that it routinely could not secure drugs or areas in which they were prepared, stored or repackaged. When Registrant was able to categorize the reason for the losses (packaging discrepancies), the losses repeatedly occurred by the same means, demonstrating that Registrant could not enforce adequate safeguards. Finally, Registrant repeatedly reported that it took the same or similar security measures even when the losses continued, demonstrating that its security measures were inadequate.

Registrant was responsible for maintaining adequate safeguards against theft or diversion of prescription drugs and records for such drugs pursuant to OAR 855-041-1020(1) and (2). Registrant was further responsible to establish, maintain and enforce procedures for securing its legend drugs and the area in which they are prepared, stored or repackaged, pursuant to OAR 855-041-0140(1). For the reasons listed above, Registrant violated OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1).

Registrant was responsible for ensuring that the pharmacy was in compliance with all state and federal laws and rules governing the practice of pharmacy, pursuant to OAR 855-041-1010(3). Under ORS 689.405(1)(i), the Board has authority to discipline Registrant for its violations of OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1). The Board further has authority to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

Registrant's conduct is also unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and the Board also has authority to discipline Registrant on that basis under ORS 689.405(1)(a) and to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

Based on these alleged violations and the authorities cited above, the Board proposes to impose a $10,000 civil penalty.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing

[1] Registrant is responsible for such matters under federal law as well, including 21 CFR 1301.71.

to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director

8/18/2021
Date

DATE OF MAILING 8/27/2021

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration of	)	Case No. 2021-0246
SAFEWAY INC dba: SAFEWAY PHARMACY #1458	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The Registrant shall pay the Board a civil penalty in the amount of $10,000. The $10,000 civil penalty will be stayed pending no similar violation for three (3) years, and development and implementation of the following:
   a. A Quality Assurance Plan to correct the violations as noted in the Notice to be submitted within ten (10) days after this Order is final; and
   b. Registrant shall document training of all pharmacists and technicians in the Quality Assurance Plan within 30 days from the date Quality Assurance Plan is approved by the Board. Documentation of training shall be maintained on-site and available upon request; and
   c. Registrant shall document training of future staff over the next twelve months based upon Board approved QA Plan. Documentation of training incoming pharmacy staff over the period of the following twelve months must be performed within 15 days of employment. Documentation of training shall be maintained on-site and

available upon request.

2. If Registrant violate any term or condition of this Consent Order, the Board may take action to lift the stayed civil penalty.

3. Failure of the Registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative — Date: 9/27/2021

SAFEWAY INC dba
SAFEWAY PHARMACY #1458
Registrant (Reg. No. RP-0001336)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph., — Date: 9/27/2021
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Retail Drug Outlet Registration	)	Case No. 2021-0246
SAFEWAY INC dba: SAFEWAY PHARMACY #1458	)	NOTICE OF PROPOSED DISCIPLINARY ACTION
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From on or about December 2017 through December 2020, Safeway Pharmacy #1458 in Cottage Grove failed to secure controlled substance drugs on at least 13 separate occasions. Specifically, as required by OAR 855-041-1030, Registrant reported the controlled substance losses listed below:

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Registrant was responsible for maintaining adequate safeguards against theft or diversion of prescription drugs and records for such drugs pursuant to OAR 855-041-1020(1) and (2). Registrant was further responsible to establish, maintain and enforce procedures for securing its legend drugs and the area in which they are prepared, stored or repackaged, pursuant to OAR 855-041-0140(1). For the reasons listed above, Registrant violated OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1).

Registrant was responsible for ensuring that the pharmacy was in compliance with all state and federal laws and rules governing the practice of pharmacy, pursuant to OAR 855-041-1010(3). Under ORS 689.405(1)(i), the Board has authority to discipline Registrant for its violations of OAR 855-041-1020(1) and (2) and OAR 855-041-0140(1). The Board further has authority to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

Registrant's conduct is also unprofessional conduct as defined by OAR 855-006-0020(f) and (j) and the Board also has authority to discipline Registrant on that basis under ORS 689.405(1)(a) and to impose a civil penalty under ORS 689.445(1)(d)(B) and ORS 689.832(1).

Based on these alleged violations and the authorities cited above, the Board proposes to impose a $10,000 civil penalty.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing

[1] Registrant is responsible for such matters under federal law as well, including 21 CFR 1301.71.

to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

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If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D. R.Ph., Date 8/18/2021
Compliance Director

DATE OF MAILING 8/27/2021

ADMINISTRATIVE MEMORANDUM OF AGREEMENT

This Administrative Memorandum of Agreement ("Agreement") is entered into by and between the United States Department of Justice, Drug Enforcement Administration ("DEA") and Safeway Inc. ("Safeway") (each a "Party" and collectively the "Parties").

BACKGROUND

As of March 6, 2014, Safeway was a grocery store chain that owned and operated 1,335 Safeway, Vons, Pavilion's, Randall's, Tom Thumb and Carr stores in 20 different states throughout the country. At many of those locations, Safeway maintained DEA Certificates of Registration ("COR") for its pharmacies to dispense and otherwise handle Schedule II-V controlled substances under provisions of Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*, popularly known as the "Controlled Substances Act" ("CSA"), and its implementing regulations, 21 C.F.R. § 1300 *et seq*. On March 6, 2014, Safeway jointly announced a merger with the Albertsons grocery store chain that closed on January 30, 2015. As noted below, this agreement applies to those DEA registrants within the Safeway chain prior to the close of this merger.

On April 14, 2014, DEA Diversion Investigator Susan Zennan from the Seattle Field Division contacted a Safeway representative regarding a loss reported to the DEA of a large quantity (12,228 tablets) of hydrocodone-acetaminophen 10-325mg from a Safeway store in Wasilla, Alaska. In the course of interviews regarding this filing, DI Zennan learned that this loss had initially been discovered by Safeway in October 2013 and that Safeway had initiated an internal investigation into an employee for suspected theft but that the employee had subsequently quit. Further investigation by DEA DI Zennan identified other instances in which Safeway may have failed to provide timely written notice of thefts or significant losses within twenty four hours as required by 21 C.F.R. §1301.76(b).

The DEA and the Office of the U.S. Attorney for the Western District of Washington initiated an investigation into Safeway's corporate-wide policies and practices regarding the filing of initial written notifications and reports of losses and thefts under 21 C.F.R. § 1301.76(b) and, on May 19, 2014, issued a nationwide subpoena for relevant documents from May 2009 through May 2014. After negotiations about the proper scope of document production and targeting of specific stores, Safeway produced documents and completed its document production to the DEA in November 2015.

In December 2015, DEA representatives met with Safeway representatives to outline concerns about the evidence uncovered in this investigation, discussing in detail five specific stores to illustrate those concerns. The DEA expressed its contention that Safeway prioritized its own internal investigations over law enforcement investigations by internally investigating losses – often for months – prior to reporting those losses to the DEA. The DEA further expressed the view that Safeway's policies, which instructed pharmacists not to directly report losses to the DEA and, instead, report them internally, may have encouraged the unlawful practice of failing to report losses to DEA within one business day pursuant to 21 C.F.R. § 1301.76(b). The DEA expressed the view that, as a result of those practices and policies, there were numerous instances when large quantities of controlled substances would be lost or stolen for significant periods of time before

those losses or thefts were eventually reported to the DEA. Specifically, at the Safeway store in North Bend, WA, the DEA found that a loss of more than 70,000 tablets of hydrocodone-acetaminophen 10-325 mg went unreported for at least six months after it was discovered. DEA also argued that the evidence showed that, at certain stores such as the Safeway in Belmont, CA, Safeway's internal investigations were conducted in a manner that did not appropriately reflect the public harm caused by the loss or theft of controlled substances as opposed to the loss or theft of any other product. During the investigation, DEA learned that Safeway unilaterally changed its policies and practices regarding loss and theft reporting since the DEA initiated its investigation of the company in May of 2014.

Since April 2016, Safeway, the DEA, and the Office of the U.S. Attorney for the Western District of Washington engaged in numerous discussions regarding a settlement resolving all administrative and civil liability arising from the reporting of thefts and losses by Safeway and its affiliated stores that was the subject of DEA's investigation. In lieu of litigation, the Parties have reached the following mutually acceptable agreements.

AGREEMENT

I. General

A. Definitions

The Term "Effective Date" refers to the date of the final signature of this Agreement.

The Term "Safeway Registrants" refers to any individual, corporation, partnership, company, or other legal entity that held a DEA Certificates of Registration and was part of the 1,335 stores that were operated by Safeway, Inc. prior to its merger with the Albertsons grocery store chain on January 30, 2015.

The Term "Safeway Belmont" refers to the entity that holds DEA COR #BS2885195 issued to Safeway, Inc. for Safeway Pharmacy #668, 2100 Ralston, Ave., Belmont, CA, 94002.

The Term "Safeway North Bend" refers to the entity that holds DEA COR #BS5109536 issued to Safeway, Inc. for Safeway Pharmacy #1528, 460 SW Mt. Si Blvd., North Bend, WA 98045.

B. Intention of Parties to Effect Settlement

In order to avoid the uncertainty and expense of litigation, and in furtherance of the Parties' belief that a settlement is in the public interest, the Parties intend to settle and resolve, and hereby do settle and resolve, the administrative matters within the DEA's enforcement authority as to the Covered Conduct described below. The Parties further believe that the terms and conditions of this settlement as set forth below — along with the attached Compliance Agreement as incorporated herein — represent a complete resolution of this matter. In addition, Safeway intends to settle and resolve claims for civil penalties to be brought by the Office of the U.S. Attorney for the Western District of Washington on behalf of the United States of America under a separate settlement agreement with that office ("Civil Settlement Agreement") to be executed concurrently with the execution of this Agreement.

C. Covered Conduct

The DEA's investigation found that, from as early as May 2009 through May 2014, several Safeway Registrants episodically failed to "notify the" DEA "in writing, of the theft or significant loss of any controlled substances within one business day of discovery of such loss or theft" as required under 21 C.F.R. § 1301.76(b). Covered Conduct includes all reporting and all failures, omissions, or delays in reporting or other required notifications of thefts and losses by Safeway Registrants in violation of 21 C.F.R. § 1301.76(b) from May 1, 2009 through the Effective Date. Covered Conduct does not include any other violations by Safeway Registrants of any other provision of the CSA or its implementing regulations, such as deficient recordkeeping or improper dispensing.

D. Term of Agreement

The obligations contained in this Agreement shall remain in full force and effect for three years from the Effective Date, unless the DEA agrees in writing to an earlier termination.

II. TERMS AND CONDITIONS

II. Obligations of Safeway

A. Surrender of Safeway Belmont DEA COR

Safeway agrees to surrender its DEA COR for Safeway Belmont on or before July 31, 2017 in compliance with 21 C.F.R. § 1301.52. Safeway accepts this surrender and waives any rights it may be afforded under the CSA and its implementing regulations in connection with this surrender. Safeway shall take such steps as may be necessary to surrender its DEA COR, *e.g.* transferring controlled substances, prior to the date of surrender. Safeway acknowledges that the DEA shall consider this surrender to be "for cause" as that term is understood and used in federal controlled substances rules and practices.

B. Suspension of Safeway North Bend DEA COR

Safeway agrees that Safeway North Bend's authority to dispense or otherwise handle controlled substances under DEA COR BS5109536 shall be suspended for a period of six months, with a four month active suspension to begin on September 18, 2017. Two months of the six month suspension shall be deferred and held in abeyance and thereafter imposed only if the DEA determines, in its sole discretion that Safeway has violated the terms of the attached Compliance Addendum ("North Bend Suspension Period"). Safeway accepts this suspension and waives its rights to an Order to Show Cause, an evidentiary hearing, a final order, and other process to which it would otherwise be afforded under the CSA and its implementing regulations in connection with the imposition of such a suspension. Prior to the North Bend Suspension Period, Safeway shall take all appropriate actions to transfer controlled substances from this location and otherwise take appropriate measures to prepare for the suspension. This suspension shall not apply to or limit Safeway's authority to dispense or otherwise handle listed chemicals.

C. Inspection

Safeway agrees to cooperate with a DEA inspection of the Safeway North Bend location within the first 30 calendar days of the North Bend Suspension Period. Safeway agrees that no advance notice, Notice of Inspection, administrative subpoena, or formal legal process of any sort shall be required for this inspection.

D. Compliance Program

With regard to future conduct, Safeway agrees to the terms of the Compliance Addendum attached to this Agreement as Exhibit A.

F. Reasonable Cooperation

Safeway agrees to reasonably cooperate with the DEA, United States Attorneys' Offices, and any other Federal, state, or local law enforcement agency investigating or prosecuting Safeway customers or employees for alleged violations or activities related to the Covered Conduct. Such cooperation shall include, but is not limited to, producing records and making employees available for interviews by the DEA or other law enforcement authorities, subject to appropriate requests, *e.g.*, administrative subpoena.

F. Civil Settlement

Pursuant to the Civil Settlement Agreement, Safeway is agreeing to pay the United States of America a civil penalty under 21 U.S.C. § 842(c) for violations of 21 U.S.C. §§ 842(a)(5) in the amount of $3 million in settlement of claims or potential claims made by the United States of America for such violations. Safeway will execute the Civil Settlement Agreement concurrently with the execution of this Agreement to fully and finally settle all claims of the United States of America consistent with the terms and conditions contemplated in the Civil Settlement Agreement.

III. Obligations of the DEA

A. Surrender of Safeway Belmont DEA COR

The DEA shall accept the surrender of Safeway Belmont's DEA COR and shall take such reasonable steps as necessary to facilitate the transfer or surrender of such controlled substances and other materials from Safeway Belmont as may be necessary to effect this surrender.

B. Suspension of Safeway North Bend DEA COR

The DEA shall suspend Safeway North Bend's authority to dispense or otherwise handle controlled substances under DEA COR BS5109536 as of September 18, 2017. Unless the DEA determines in its sole discretion that Safeway has violated the terms of the attached Compliance Addendum, the DEA shall lift the North Bend Suspension four months after the beginning of the suspension. If the DEA determines in its sole discretion that Safeway has violated the terms of the attached Compliance Addendum, the DEA shall notify Safeway no later than two weeks prior to the lifting of the suspension and notify Safeway that Safeway North Bend's authority shall be suspended for an additional two months. This two-month suspension is not exclusive and the

DEA does not waive its rights to take any other action as necessary in response to violations of the Compliance Addendum or other violations of law.

The DEA shall facilitate Safeway's steps to take all appropriate actions to transfer controlled substances from this location and otherwise take appropriate measures to prepare for the suspension.

IV. Releases

A. Release by the DEA

In consideration of the fulfillment of the obligations of Safeway under this Agreement, the DEA agrees to fully and finally release Safeway Registrants from any and all administrative claims within DEA's enforcement authority under 21 U.S.C. §§ 823, 824 related to the Covered Conduct. The DEA agrees to refrain from filing or taking any administrative actions against the Safeway Registrants within the DEA's enforcement authority under 21 U.S.C. §§ 823, 824, based on the Covered Conduct only to the extent that such conduct was or could have been discovered by the DEA through the exercise of due diligence through the examination of open investigations and inspections in existence as of the Effective Date of this Agreement, and the review of the reports and records submitted to the DEA prior to the Effective Date of this Agreement. This release applies only to administrative actions brought before or by the DEA.

Notwithstanding the releases contained in this section, the DEA reserves the right to seek to admit evidence of the Covered Conduct for proper evidentiary purposes in any other administrative proceeding against the Safeway Registrants for non-Covered Conduct. Further, nothing in this Paragraph shall prohibit or limit any other agency within the Department of Justice, any State attorney general, or any other law enforcement, administrative, or regulatory agency of the United States or any State thereof, from initiating administrative, civil, or criminal proceedings with respect to the Covered Conduct. The DEA shall, as obligated in fulfilling its statutory duties, assist and cooperate with any agency that initiates an investigation, action, or proceeding involving the Covered Conduct.

B. Release by Safeway

Safeway fully and finally releases the DEA and the United States of America, its agencies, employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) which Safeway has asserted, could have asserted, or may assert in the future against the United States of America, its agencies, employees, servants, and agents, related to the Covered Conduct, claims arising from the Covered Conduct, and the investigation and legal pursuit thereof by the DEA and the United States of America.

C. Reservation of Claims

Notwithstanding any term of this Agreement, the Parties agree that the following are specifically reserved and excluded from the scope of the release and terms of this Agreement:

1) any criminal liability;

2) any civil, criminal or administrative liability arising under Title 26, U.S. Code (Internal Revenue Code);
3) any administrative liability to the United States other than administrative claims released under this Agreement;
4) any civil liability to the United States, other than the civil claims released in the 2015 Settlement Agreement and Release; or
5) any liability based upon any obligation created by or arising under this Agreement.

V. Miscellaneous

A. Binding on Successors

This Agreement is binding on Safeway, and its respective successors, heirs, transferees, and assigns.

B. Costs

Each Party to this Agreement shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

C. No Additional Releases

This Agreement is intended to be for the benefit of the Parties and the Safeway Registrants only, and by this instrument the Parties do not release any claims against any other person or entity other than the Safeway Registrants.

D. Effect of Agreement

This Agreement constitutes the complete agreement between the Parties. All material representations, understandings, and promises of the Parties are contained in this Agreement, and each of the parties expressly agrees and acknowledges that, other than those statements expressly set forth in this Agreement, it is not relying on any statement, whether oral or written, of any person or entity with respect to its entry into this Agreement or to the consummation of the transactions contemplated by this Agreement. Any modifications to this Agreement shall be set forth in writing and signed by all Parties. Safeway represents that this Agreement is entered into with advice of counsel and knowledge of the events described herein. Safeway further represents that this Agreement is voluntarily entered into in order to avoid litigation, without any degree of duress or compulsion.

E. Execution of Agreement

This Agreement shall become effective (*i.e.*, final and binding) on the "Effective Date." The DEA agrees to notify Safeway immediately when the final signatory has executed this Agreement.

F. Notices & Reports

Safeway remains obligated to provide those notices and reports required by the CSA and its implementing regulations in the manner and within the time frames provided by those rules and regulations. Nothing in this agreement is meant to alter the manner or timing by which Safeway Registrants provide such notices or reports to the DEA under their statutory and regulatory obligations as DEA registrants. All communications, reports, and notices provided pursuant to the terms of this Agreement and Compliance Addendum shall be made in writing to the following individuals, which notice information may be altered from time to time by either Party by written notification:

For the DEA:

Attn: Jorge Jimenez, Section Chief and/or Earl S. Doubet, Regulatory Unit Chief
Diversion Control Division, Regulatory Section
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Attn: Michael A. Webster, Section Chief and/or Thomas Prevoznik, Associate Section Chief
Diversion Control Division, Pharmaceutical Investigations Section
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Attn: Ricardo Quintero, Diversion Program Manager and/or Susan Zennan, Group Supervisor
Seattle Field Division
Drug Enforcement Administration
300 5th Avenue
Seattle, WA 98104

Attn: C. Lee Reeves, Section Chief
Office of Chief Counsel, Diversion & Regulatory Litigation Section
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

For Safeway:

Mr. Robert A. Gordon
250 Parkcenter Blvd.
Boise, ID 83706

Copy to:

Mr. John W. Wolfe
701 5th Avenue, Suite 5600
Seattle, WA 98104
(206) 839 4324
wolfe@orrick.com

The Parties may provide written notices through email addresses for the individuals named above as long as, for each such notice, the recipient confirms receipt of the electronic mail. Safeway may use the central email address [redacted] for all DEA recipients listed above and proof of receipt at that address will satisfy Safeway's obligation to provide such notices and reports. The parties may amend or modify the list of individuals during the Term of the Agreement as necessary.

G. Execution in Counterparts

This Agreement may be executed in counterparts, each of which constitutes an original, and all of which shall constitute one and the same agreement. Copies or facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

H. Authorizations

The individuals signing this Agreement on behalf of Safeway represent and warrant that they are authorized by Safeway to execute this Agreement on behalf of Safeway and the Safeway Registrants. The individuals signing this Agreement on behalf of the DEA represent and warrant that they are signing this Agreement in their official capacities and that they are authorized by the DEA to execute this Agreement.

I. Choice of Law and Venue

This Settlement Agreement and Release shall be construed in accordance with the laws of the United States, and either Party may seek judicial enforcement of this Agreement upon a material breach by the other Party. The Parties agree that the jurisdiction and venue for any dispute arising between and among the Parties to this Agreement shall be proper in the U.S. District Court for the Western District of Washington. This provision, however, shall not be construed as a waiver of the jurisdictional provisions of the Controlled Substances Act, as amended.

IN WITNESS WHEREOF, the Parties hereto have duly executed this Administrative Memorandum of Agreement.

On Behalf of Safeway:

Robert A. Gordon
Senior Vice President and
General Counsel

Dated:

On Behalf of the United States Department of Justice, Drug Enforcement Administration:

Demetra Ashley
Acting Assistant Administrator, Diversion
Control Division
Drug Enforcement Administration

Dated: 7/18/2017

Exhibit A: Compliance Addendum

This Compliance Addendum between Safeway Inc. ("Safeway"), now part of the Albertsons Companies ("the Company"), and the Drug Enforcement Administration ("DEA") memorializes certain policies and procedures that Safeway has proposed to advance its effort to ensure compliance with the Controlled Substances Act ("CSA") and to enhance Safeway's ability to prevent, detect, and timely report diversion of controlled substances. This Compliance Addendum is incorporated into the Memorandum of Agreement dated 7/18/17 and is enforceable in the same manner.

Safeway acknowledges that its stores, as DEA registrants, are obligated to notify and report significant losses and thefts pursuant to 21 C.F.R. § 1301.76(b) as part of the broader obligation to "maintain effective controls and procedures to guard against theft and diversion of controlled substances." 21 C.F.R. § 1301.71(a). The DEA understands that Safeway plan to undertake certain policies and procedures, including those outlined in this document, to meet its obligations under the law. The DEA, however, does not endorse or approve of Safeway's approach any more than it endorses or approves of any other approach by which registrants chose to satisfy their legal obligations. The DEA expects Safeway, like all registrants, to employ systems and enact policies that are, at all times, effective in guarding against diversion — policies and practices that necessarily must adapt to the conduct they seek to detect and report. If the system Safeway has chosen is or becomes ineffective, Safeway is obligated to detect the issues involved and correct them and it will not be a valid defense in any legal action for Safeway to claim that it was employing a system that was known or disclosed to the DEA.

A. General.

1. The term of this Compliance Addendum shall be three (3) years, starting on the Effective Date. "Effective Date" and all other capitalized terms shall have the same meaning as in the Memorandum of Agreement.
2. Safeway shall maintain the specific compliance measures set forth below for the duration of the Compliance Addendum, and shall notify the DEA in writing at least 30 calendar days prior to making any modifications to the policies or procedures set forth herein. The DEA is not obligated to approve or disapprove of any such modifications.
3. To the extent that any compliance measure identified below is not yet in place, Safeway shall implement such measure within the timeframes specified herein.

B. Department of Pharmaceutical Integrity.

1. The Company shall create and maintain a Department of Pharmaceutical Integrity ("DPI") composed of personnel trained in relevant diversion-related issues to coordinate compliance with this addendum no later than 30 calendar days from the Effective Date.
2. Within 30 calendar days from the Effective Date, Safeway shall designate one individual ("DPI Director") who shall be responsible for documenting and reporting compliance with the Compliance Addendum and shall also serve as the dedicated contact point (including a dedicated email address and phone number) within the DPI to facilitate

requests for information from the DEA. Upon request by the DEA, Safeway shall respond to any DEA request for information within 14 calendar days.

3. The DPI Director and DPI personnel will receive annual training related to the management of controlled substances.

4. The DPI Director and DPI personnel shall ensure that all pharmacists receive training relating to the management of controlled substances, including (a) record-keeping requirements under the CSA, (b) the prevention of diversion, and (c) the reporting of significant loss or theft of controlled substances.

5. The DPI Director will provide an annual written report to the Company's Office of Ethics and Compliance addressing the extent to which Safeway pharmacies were compliant with CSA requirements during the preceding twelve months.

6. The DPI Director shall provide the DEA with an executive summary of the DPI's report and any follow-up concerning deficiencies, if any, including any corrective action plan to address those deficiencies. This summary shall be provided to the DEA within 30 calendar days of producing the annual report to the Company's Office of Ethics and Compliance.

C. Notification and Reporting Policies and Procedures.

1. The Company has created a Pharmacy Controlled Substance Analytics Team ("PCAT") dedicated to the prevention, identification, and reporting of controlled substances diversion.

2. All initial notification and Form 106 reporting is centralized with the PCAT organization as follows:

   (a) All pharmacy personnel are responsible for reporting all thefts or losses of controlled substances to PCAT within 24 hours.

   (b) PCAT is responsible for reviewing, logging and reporting (as appropriate) all thefts or significant losses of controlled substances.

   (c) PCAT will evaluate losses to determine if significant and the need to report the loss to the DEA and PCAT will submit required initial written notifications for significant losses and thefts to the DEA in compliance with 21 C.F.R. § 1301.76(b).

   (d) In the instance that the DEA is notified of a potential or actual theft or significant loss, it is the responsibility of PCAT to obtain the necessary information to complete filing the DEA Form 106 by working with the pharmacy team and/or Asset Protection.

3. Regardless of whether an investigation is complete, PCAT will file a Form 106 within 60 calendar days or timely seek an extension. Additionally, as an ongoing investigation is updated, PCAT is responsible for amending and updating the Form 106, as necessary and appropriate. While an investigation is ongoing, PCAT will continue to file Amended Form 106s at intervals no longer than 60 calendar days or timely seek an extension.

4. PCAT is responsible for providing a copy of the completed Form 106 to the pharmacy team and other appropriate parties, as well as maintaining copies in Pharmacy Compliance.

D. Diversion Control Policies and Procedures.

1. In addition to PCAT, Safeway has instituted a Field Evaluation Program ("FEP") wherein trained evaluators visit every retail pharmacy to assess five areas of compliance, including controlled substance management, record keeping and security.

2. In addition to centralized notification and reporting (above), PCAT is responsible for proactive identification of potential controlled substance risks, including: unusual purchasing trends, inventory discrepancies, field evaluations, on-hand quantity adjustments, industry/DEA media monitoring, and reactive investigations for identified discrepancies.

E. Asset Protection Policies and Procedures.

1. Working with PCAT personnel (above), the Asset Protection ("AP") Department is responsible for ensuring that all controlled substances investigations follow an established and consistent process.

2. Safeway has established enhanced processes and procedures for Asset Protection investigations relating to controlled substances to ensure that controlled substances investigations receive the highest order of priority, including:

(a) Enhanced VP-level oversight of controlled substances investigations.

(b) Dedicated Asset Protection personnel to coordinate with PCAT team.

(c) Dedicated Asset Protection Director available on an as needed basis to provide subject-matter expertise in assisting PCAT and Asset Protection managers in controlled substances investigations.

(d) Use of a modified "Incident Report Form" for Asset Protection investigations concerning controlled substances.

(e) Weekly coordination between the Asset Protection, Pharmacy Human Resources, and PCAT teams.

(f) All Asset Protection team members must notify PCAT of any AP investigation relating to controlled substances within 24 hours.

F. Policies and Procedures Intended to Ensure Inventory Control and Diversion Prevention.

1. Improved inventory control procedures shall be implemented with the goal of ensuring that accurate on-hand quantities are maintained for all schedules of controlled substances.

2. Policies and Procedures shall address: completion of cycle counts, completion of monthly CII counts and controlled substance inventories, and strict prohibition of "shake and scan" inventory counts.

G. Retail Pharmacy Policies and Procedures.

1. Safeway will implement policies and procedures intended to ensure that, regardless of size and/or possible known reason, all suspected, potential losses or thefts of controlled

substances must be reported to the Pharmacy Professional Services Department (PPSD) and to the District Pharmacy Manager ("DPM") within 24 hours of discovery.

2. Safeway will implement policies and procedures intended to ensure that retail pharmacies will retain copies of Forms 106 on file for 36 months in their designated Form 106 file/binder.

3. Safeway will implement policies and procedures intended to ensure that any DPM or Director of Pharmacy Operations ("DPO") who receives a report of suspected, potential losses or thefts of controlled substances from any pharmacy or retail store personnel must ensure that all suspected, potential losses or thefts of controlled substances are reported to PCAT within 24 hours.

H. Training.

1. Within twelve months of the Effective Date, every Safeway retail pharmacy team member shall receive training on retail pharmacy policies and procedures relating to controlled substances. Training materials and acknowledgment forms shall be maintained for three years.

2. Safeway shall provide all pharmacy personnel with annual training relating to management of controlled substances, including (a) record-keeping requirements under the CSA, (b) the prevention of diversion, and (c) the reporting of significant loss or theft of controlled substances. Safeway shall ensure that all new hires receive comparable training at the time of hire. All pharmacy personnel shall submit confirmation of completion of training each year.

I. Disciplinary Procedure for Failure to Report Controlled Substance Theft or Loss.

1. The following disciplinary structure is subject to Safeway's legal obligations under the National Labor Relations Act and union collective bargaining agreements at pharmacies where employees are union represented.

2. The first confirmed time any Safeway pharmacy employee fails to report a suspected theft or loss of controlled substances, he or she shall be required to review the annual training relating to CSA compliance. The employee shall sign an acknowledgement that confirms completion of the additional training session and his or her understanding of Safeway's requirement that all theft or suspected loss of controlled substances must be reported to PCAT within 24 hours. The employee will also be issued a last and final warning that alerts him or her to the fact a second occurrence may result in termination.

3. The second confirmed time any Safeway pharmacy employee fails to report a suspected theft or loss of controlled substances, he or she will be subject to disciplinary action up to and including termination.

4. In addition to statutory notification and reporting requirements, the DPI shall notify the DEA if any pharmacy personnel are terminated as a result of suspected involvement in any activity related to the diversion of controlled substances within 14 calendar days of the termination.

5. Consistent with applicable employment and human resources laws and regulations, Safeway shall issue revised policies and procedures related to monitoring employee activities in the pharmacy.

J. Annual Audit on Significant Loss and Theft Reporting.

1. The Company maintains an Internal Audit Department that is separate from the PCAT and DPI referenced above.

2. The Internal Audit Department in coordination with the DPI Director shall prepare and provide to the DEA no later than 12 months after the Effective Date an Initial Annual Audit Report on Significant Loss and Theft Reporting. This Report shall be certified by the appropriate representative of the Internal Audit Department and shall contain, for each significant loss or theft reported to the DEA within 10 months after the Effective Date by a Safeway Registrant, the following information:

    i. The date when the potentially significant loss or potential theft was first identified by a Safeway employee;

    ii. The date of the filing of the initial written notification to DEA;

    iii. The date the first filing of the Form 106 with the DEA and any amended Form 106s and/or any request for extension;

    iv. The Audit Department's assessment as to whether the information reported to the DEA in initial notifications and Form 106s was (a) accurate and (b) complete at the time they were reported, including whether the cause of the missing controlled substances was accurately characterized.

    v. The Audit Department's assessment as to whether Safeway employee conduct complied with corporate policies and whether discipline was imposed for non-compliance;

    vi. The Audit Department's recommendations as to any changes in corporate policies or practices, if any, prompted by the circumstances and the status of any such proposal;

    vii. Any impediments to the Audit Department's full and fair investigation of each significant loss or theft report.

3. The Internal Audit Department, in coordination with the DPI Director, shall prepare a Second Annual Audit Report on Significant Loss and Theft Reporting and a Third Annual Audit Report on Significant Loss and Theft Reporting in the same manner and addressing the same information as set forth in the Initial Annual Audit Report, above. The Second Annual Audit Report shall address each significant loss or theft reported to the DEA within twenty-two months after the Effective Date by a Safeway Registrant that is not already covered in the Initial Annual Audit Report. The Third Annual Audit Report shall address each significant loss or theft reported to the DEA within thirty-four months after the Effective Date by a Safeway Registrant that is not already covered by the two prior annual reports.

4. The Second and Third Audit Reports shall also supplement disclosures from prior reports as necessary to fully disclose each category of information identified above, but not merely to include redundant information.

5. For any conduct that is fully disclosed in an Annual Audit Report, the DEA shall favorably consider that fact in determining if fines or regulatory enforcement is required.

K. Final Two Months of Suspension at Safeway North Bend

1. As part of the Memorandum of Agreement, the DEA has suspended the registration of Safeway North Bend for six months but has held two months of that suspension in abeyance contingent on Safeway's compliance with this Compliance Addendum. Safeway shall reasonably comply with DEA efforts to assess whether or not Safeway is in compliance with the terms of this Compliance Addendum.

2. If the DEA determines, in its sole discretion, that Safeway has violated the terms of the Compliance Addendum, the DEA shall notify Safeway of that determination and the basis for that determination in writing no later than three months after the start of the North Bend Suspension Period. In that notification, the DEA shall inform Safeway that the North Bend Suspension Period shall run for the full six months without abeyance and that decision shall be final upon the date of that notification. Safeway waives any process to which it would otherwise be afforded under the CSA and implementing regulations (*e.g.*, issuance of an Order to Show Cause, evidentiary hearing, final order . . . etc.) as to the imposition of that additional two months of suspension at Safeway North Bend.

3. If the DEA does not notify Safeway of any such breach within that time, the suspension of Safeway North Bend shall be lifted four months after the start of the North Bend Suspension Period. The DEA's failure to notify Safeway of any non-compliance shall not constitute any endorsement or approval of Safeway's actions or omissions and shall not be a waiver of any other remedy it may have under the law, including issuing an Order to Show Cause.

L. Other Remedies

1. The DEA's ability to impose an additional two-month suspension at Safeway North Bend pursuant to this agreement is not exclusive of any other remedies under the law. The DEA does not waive, and the DEA is expressly reserving its rights to pursue, any other remedy it may have under the law, including issuing an Order to Show Cause seeking suspension or revocation of the registration of any Safeway Registrant for any conduct occurring after the Effective Date or otherwise not part of the release under the Memorandum of Agreement.

2. If the DEA issues an Order to Show Cause based in part on non-Compliance with this Addendum, Safeway acknowledges and accepts that any material breach of this Compliance Agreement is an "act as would render" a DEA registration "inconsistent with the public interest," 21 U.S.C. § 824(a)(4) and is "[s]uch other conduct which may threaten the public health and safety" 21 U.S.C. § 823(f)(5). Safeway expressly reserves the right to dispute whether any such breach occurred or the materiality of such breach.

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov

DHP – MAILROOM
SEP 15 2021

August 17, 2021

NAI Saturn Eastern LLC dba Safeway Pharmacy #1538
Permit Number: 0201003806

Notice

After an inspection conducted on August 16, 2021 at NAI Saturn Eastern LLC dba Safeway Pharmacy #1538, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($1000) Deficiency 2: Pharmacist-in-Charge in place, inventory taken, but application not filed with Board within the required timeframe; §54.1-3434

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $1000 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and NAI Saturn Eastern LLC dba Safeway Pharmacy #1538 ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on August 16, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $1000 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201003806

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Faith Klein
Signature of PIC or Owner

8/30/21
Date

Faith Klein
Printed Name of Person Signing

Pharmacy manager PIC
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

10/21/2021
Entered

RECEIVED

SEP 06 2019

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2019-0175
SAFEWAY, INC dba: SAFEWAY PHARMACY #1629	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $7,000 ($10,000 with $3,000 stayed pending no further similar violation for three years). $7,000 payment to be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure

verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Authorized Representative — Date 9/4/2019
SAFEWAY, INC dba
Safeway Pharmacy #1629
Registrant (Reg. No. RP-0001739)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D., R.Ph. — Date 9/9/19
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration	)	Case No. 2019-0175
SAFEWAY, INC dba: SAFEWAY PHARMACY #1629	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001739 because Safeway Pharmacy #1629 violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Safeway Pharmacy #1629 in Salem failed to maintain records documenting and identifying the responsible pharmacist for approximately 3,500 prescriptions dated 7/1/2017 to 8/20/2017 for a minimum of three years and make records available to the Board for inspection upon request.

Registrant failed to maintain and make available to the Board records requested in response to a Board investigation.

Failure to maintain records for a minimum of three years and make records available to the Board for inspection upon request is in violation of OAR 855-041-1160(6), ORS 689.508, OAR 855-041-1010(3), and OAR 855-041-1120(3)(a), which is grounds for discipline and imposition of a civil penalty pursuant to ORS 689.335(1), 689.405(1)(c)(B) and (i), 689.832(1) and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the

time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph. — Date: 8/27/19
Compliance Director

DATE OF MAILING 8-27-2019

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF WYOMING

IN THE DISCIPLINARY MATTER OF	)
SAFEWAY PHARMACY #2667	) **DOCKET NO. 2021-06**
PHARMACY LICENSE # R10207	)

SETTLEMENT AGREEMENT, STIPULATION, AND ORDER

COMES NOW the Executive Director (hereinafter, "Petitioner") of the Wyoming State Board of Pharmacy (hereinafter, "Board") and Safeway Pharmacy #2667 (hereinafter "Respondent"), pursuant to WYO. STAT. ANN. § 16-3-107(n) and WYO. STAT. ANN. § 33-24-123(b) and hereby enter into this Settlement Agreement, Stipulation, and Order (hereinafter, "this Agreement")

FINDINGS OF FACT

1. Respondent holds Wyoming Resident Retail Pharmacy License R10207. The Board has jurisdiction over Respondent and the matter set forth herein pursuant to the Wyoming Pharmacy Act, WYO. STAT. ANN. § 33-24-101 *et seq.*, the Wyoming Administrative Procedure Act, WYO. STAT. ANN. § 16-3-101 *et seq.*, and the Board's Rules and Regulations.

2. Respondent is located at 700 South Greeley Highway in Cheyenne, Wyoming.

3. On or about January 29, 2021, Petitioner received a complaint alleging Respondent dispensed an incorrect medication to a patient.

4. The Board opened an investigation. On February 1, 2021 the Board notified the Pharmacist-in-Charge (hereinafter, "PIC") of the complaint via certified letter and requested additional information.

5. The PIC failed to reply to the request for information. On February 24, 2021, the Board conducted a routine inspection of Respondent. The inspector observed inadequate staffing and noted two hundred thirty-one (231) prescriptions in the queue. The PIC performed all aspects of pharmacy workflow in addition to administering vaccinations. Multiple patients were also observed complaining about wait times and prescriptions not being ready as promised.

6. The consumer complaint and inspection observations raised concern over Respondent's ability to provide safe and effective services to the public.

7. On February 26, 2021 a letter requesting copies of all prescriptions dispensed by Respondent from January 1, 2021 to February 24, 2021 was delivered to the staff pharmacist on duty.

8. On February 27, 2021 the staff pharmacist notified the Board via email of their resignation from employment with Respondent.

9. On March 1, 2021 the PIC submitted a written response to the initial complaint and notified the Board of their resignation from employment with Respondent due to unsafe work conditions.

10. On March 5, 2021 the Board conducted a follow up inspection of Respondent. The inspector noted four hundred fifty-six (456) prescriptions in the queue, with the oldest prescriptions from March 1, 2021. The inspector noted the PIC was restricted from working on the queue due to being the only staff member certified to administer vaccinations to patients.

11. On March 14, 2021 Respondent completed a change in PIC. The new PIC provided all requested records from the complaint and inspection on April 9, 2021.

12. Records demonstrate Respondent filled prescription number 6390016 for patient M.M and prescription number 6390180 for patient K.M. Respondent dispensed K.M.'s prescription to M.M. on January 22, 2021.

13. The incident report demonstrates M.M. identified the medication error, returned prescription number 6390180 to Respondent and received the correct medication.

14. Two-thousand seventy (2,070) prescriptions dispensed by Respondent from January 1, 2021 to February 25, 2021 were evaluated for accuracy.

15. The prescription audit identified an error rate of 1.3%. Twenty-six (26) of the following types of errors were identified: Thirteen (13) incorrect refill amounts, three (3) incorrect prescribers, two (2) incorrect quantities, four (4) incorrect directions for use, and four (4) incorrect drugs.

16. On April 27, 2021 the Board conducted a follow up inspection of Respondent. Full time staff had increased from four (4) to seven (7) and all deficiencies were corrected.

17. The excessive numbers of prescriptions in the queue and medication errors demonstrate Respondent failed to provide pharmacy services to the public in a safe and effective manner.

18. WYO. STAT. ANN. § 33-24-101(b)(iv)(A) provides:

> (b) As used in this act:
>
> (iv) "Unprofessional conduct" means:
>
> (A) Dispensing a drug or brand of drug in filling a prescription which differs from that specified by the prescription, without authority of the issuer of the prescription, regarding the patient's name, drug, strength,

quantity, directions or number of authorized refills;

Respondent dispensed twenty-six (26) prescriptions which differed from that specified by the prescription in regards to the issuer, drug, quantity, directions, and the number of authorized refills.

19. WYO. STAT. ANN. § 33-24-113(d)(i) provides:

> (d) The board may deny, suspend, revoke or refuse to renew a license issued under this section, may issue a letter of admonition to a resident pharmacy licensee and may assess an administrative penalty, not to exceed two thousand dollars ($2,000.00) per violation, against a resident pharmacy licensee on any of the following grounds:
>
> (i) Failure to comply with any requirement of this chapter or the Wyoming Controlled Substances Act;

20. Respondent agrees that the Board has jurisdiction over Respondent's license pursuant to WYO. STAT. ANN. § 33-24-113(a) which states, in pertinent part: "Any pharmacy located in this state which dispenses, mails or in any manner deliver controlled substances...in this state pursuant to a prescription or provides pharmaceutical care in this state..."

21. Pursuant to WYO. STAT. ANN. § 16-3-107(n), and in lieu of proceeding with a formal disciplinary proceeding pursuant to WYO. STAT. ANN. § 33-24-113(e), in which Respondent's license may be revoked, suspended, or otherwise disciplined, Respondent agrees to the terms set forth in the Order of this Agreement. Respondent understands that failure to comply with the Order of this Agreement may result in revocation of the license or further disciplinary action.

22. Respondent understands that this Agreement is a disciplinary measure and agrees to accept this disciplinary measure in lieu of proceeding to a formal disciplinary proceeding. By signing this Agreement, Respondent accepts this disciplinary measure and hereby waives their right to a hearing and all appeals in this matter provided by the Wyoming Pharmacy Act, Board Rules and Regulations, and the Wyoming Administrative Procedure Act.

23. Respondent understands that this Agreement, which constitutes formal disciplinary action, specifically an administrative penalty, is a permanent part of the Board's records. Respondent further understands that this Agreement is a public record and, as such, is subject to inspection and dissemination, in accordance with all Federal and State laws.

24. Respondent understands this Agreement must be submitted to the Board which may either approve or reject the Agreement. Should the Board reject the Agreement, Respondent shall have an opportunity to request a contested case hearing in accordance with the Wyoming Administrative Procedure Act, the Board's Practice Act, and the Board's Rules. If the Board does not approve this Agreement, Respondent waives any objection to the Board hearing this matter on the basis that the Board has become disqualified due to its review and consideration

of this Agreement and its contents.

25. The State of Wyoming and the Wyoming State Board of Pharmacy do not waive sovereign immunity by entering into this Agreement, Stipulation, and Order, and specifically retain immunity and all defenses available to them as sovereigns pursuant to WYO. STAT. ANN. § 1-39-104(a) and all other State laws.

26. Due and proper notice of this matter has been afforded to Respondent, and Respondent agrees that they have not been subjected to undue influence, pressure, or coercion by Board, its staff, or the Office of the Attorney General, and that Respondent is entering into this Agreement under Respondent's own free will after having the opportunity to obtain advice from an attorney regarding the consequences of entering into this Agreement.

27. Respondent understands that failure by the Board to either revoke Respondent's license or proceed with any other disciplinary action in the event Respondent violates any term or condition placed on Respondent's license, as set forth in the Order and all subsections thereof, shall not constitute a waiver by Board to proceed with additional disciplinary action for any other breaches of the terms or further violations of the Wyoming Pharmacy Act or Board Rules and Regulations by Respondent.

CONCLUSIONS OF LAW

1. Paragraphs 1-27 of the Findings of Fact are incorporated herein by reference.

2. The Board has jurisdiction in this matter and over Respondent, pursuant to WYO. STAT. ANN. § 33-24-101 *et seq.*, Wyoming Pharmacy Act, Rules and Regulations, and the Wyoming Administrative Procedure Act, WYO. STAT. ANN. § 16-3-101 *et seq.*

3. The Board concludes that, if proven, clear and convincing evidence exists that Respondent dispensed twenty-six (26) prescriptions which differed from the original prescription order, in violation of WYO. STAT. ANN. § 33-24-101(b)(iv)(A):

> (b) As used in this act:
>
> (iv) "Unprofessional conduct" means:
>
> (A) Dispensing a drug or brand of drug in filling a prescription which differs from that specified by the prescription, without authority of the issuer of the prescription, regarding the patient's name, drug, strength, quantity, directions or number of authorized refills;

4. The Board concludes that, if proven, clear and convincing evidence exists that Respondent is in violation of WYO. STAT. ANN. § 33-24-113(d)(i).

5. The Board concludes that, if proven, clear and convincing evidence exists that a settlement agreement is appropriate pursuant to WYO. STAT. ANN. § 33-24-113(d) and WYO. STAT.

ANN. § 16-3-107(n). The Board further concludes the issuance of an administrative penalty is an appropriate disciplinary measure in this case.

CONSENT

Respondent, by affixing an authorized signature hereon, agrees to the following:

1. Respondent has been advised specifically to seek advice of counsel prior to signing this Agreement.

2. Respondent is fully aware that, without Respondent's consent, no legal action could be taken against Respondent without a hearing under WYO. STAT. ANN. § 33-24-113 and the Wyoming Administrative Procedure Act.

3. Respondent has the following rights, among others: the right to a formal hearing before the Board, the right to be represented by an attorney in this matter, the right to cross examine and confront adverse witnesses to testify and subpoena witnesses to testify on its behalf, and the right to petition for judicial review of an adverse decision by Board.

4. Respondent waives the above noted rights.

5. For purposes of this Consent Order before the Board, Respondent does not contest these proceedings and consents to the following Order affecting their license as a retail pharmacy in the State of Wyoming.

ORDER

IT IS, THEREFORE, HEREBY ORDERED by the Wyoming State Board of Pharmacy, settled, agreed, and consented to by the undersigned:

1. That Respondent shall pay an administrative penalty in the amount of ten-thousand ($10,000) for twenty-six (26) medication errors, calculated as follows:

    a. Thirteen (13) incorrect refill amount ($2,000);
    b. Three (3) incorrect prescriber ($2,000);
    c. Two (2) incorrect quantity ($2,000);
    d. Four (4) incorrect directions for use ($2,000);
    e. Four (4) incorrect drug ($2,000).

2. Payment shall be made within ninety (90) days of approval of this Agreement by the Board. Payment shall be made in the form of a cashier check, sent to the Board's office, and be made payable to the Laramie County Treasurer, to the credit of the public school fund of Laramie County pursuant to WYO. STAT. ANN. § 33-24-113(f). Failure to timely or substantively comply with this provision shall result in further disciplinary action by the Board.

3. Respondent shall submit a plan, subject to approval by Board staff, addressing how the

pharmacy will be staffed and managed to provide pharmacy services to the public in a safe and effective manner. Said plan must also address how all current staff and new staff will be trained on adherence to policies and procedures that promote accurate dispensing of prescriptions.

4. Respondent's failure to comply with this Order shall be grounds for further disciplinary action, including revocation or suspension of Respondent's retail pharmacy license.

5. This Agreement constitutes formal disciplinary action and, as such, shall become a permanent part of Respondent's record with the Board. This Agreement is also a public record and shall be inspected and disseminated in accordance with state and federal law. Furthermore, a summary of this Agreement may be published in the Board's newsletter.

6. The Board shall retain continuing jurisdiction in this matter to the extent necessary to enforce the terms of this Agreement.

7. This Agreement shall become effective upon the last date of execution by all signatories.

REMAINDER OF PAGE PURPOSELY LEFT BLANK

ACCEPTED BY RESPONDENT:

_____ Date: 2.7.22

Authorized signatory printed name _____
Wyoming Pharmacy License Number R10207, Safeway Pharmacy #2667

STATE OF Idaho
COUNTY OF Ada

Signed or attested before me on

2/9/22 **by** Charles Painter
Date

CHARLES PAINTER Comm. No. 20213038 NOTARY PUBLIC Expires: 06/24/2027 STATE OF IDAHO

_____
Signature of Notarial Officer **(Seal)**
My Commission Expires: 6/24/27

ACCEPTED BY PETITIONER:

_____ _____
Matthew R. Martineau, RPh, Petitioner **Date**
Executive Director, Wyoming State Board of Pharmacy

APPROVED BY BOARD:

_____ _____
Bessie McGirr, RPh **Date**
President, Wyoming State Board of Pharmacy

APPROVED AS TO FORM:

_____ Feb. 4, 2022
Eric A. Easton #5-2176 **Date**
Senior Assistant Attorney General
Prosecuting Attorney, Attorney for Petitioner

FILED
JUN 05 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. STEVEN DOUGLAS DEVIN, R.PH. Certificate of Registration No. 13260, and MELANIE KELLY, R.PH., Certificate of Registration No. 16028, and SAFEWAY PHARMACY #2656, Certificate of Registration No. PH01820, Respondents.	CASE NOS. 17-008-RPH-B-N 17-008-PH-N STIPULATION AND ORDER (Respondents Kelly and Safeway)

S. PAUL EDWARDS, ESQ., prosecuting on behalf of the State of Nevada, Nevada State Board of Pharmacy ("Board"), and MELANIE KELLY, R.PH., Certificate of Registration No. 16028 ("Kelly"), and SAFEWAY PHARMACY #2656, Certificate of Registration No. PH01820 ("Safeway")(referred to collectively as "Respondents"), both acting without counsel,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter and these parties.

2. The Board served an *Amended Notice of Intended Action and Accusation* ("Accusation") on Respondents on or about April 23, 2019.

3. Respondents filed an *Answer and Notice of Defense* in this action on or about May 14, 2019.

4. Respondents, and each of them, are fully aware of their right to seek the advice of counsel in this matter and either obtained the advice of counsel prior to entering into this Stipulation, or hereby voluntarily waive that right, for purposes of entering into this Stipulation.

5. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Amended Accusation on file herein, as well as their right to reconsideration, their right to appeal, and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Conditioned on the Board's acceptance of this Stipulation, and while reserving the right to challenge any future determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

7. In lieu of an evidentiary hearing, Respondents, and each of them, admit jointly to the allegations set forth in paragraphs II through XII of the Amended Accusation. Additionally, Respondent Kelly admits to the allegations in paragraphs XIII through XV, and Safeway admits to the allegations in paragraphs XVI and XVII of the Amended Accusation.

8. Respondents admit that the allegations set forth in the Amended Accusation, support the legal assertions set forth in the Amended Accusation, particularly in Fourth and Fifth Causes of Action, *to wit*:

a. As the managing pharmacist/pharmacist in charge of Safeway Pharmacy at the time of each of the violations alleged herein, Respondent Melanie Kelly is responsible for those violations pursuant to NRS 639.0087, NRS 639.220(3)(c), NAC 639.510(2), and NAC 639.945(1)(i).

b. As the owner of the facility in which the violations alleged in the Amended Accusation occurred, Safeway Pharmacy is responsible for those violations pursuant to NAC 639.945(2).

9. To resolve this matter without an evidentiary hearing, Respondents agree to the following penalties:

a. Respondent Melanie Kelly shall:

i. Receive a Letter of Reprimand from the Board Executive regarding her obligations and responsibilities as a managing pharmacist;

ii. Complete, within thirty (30) days of the effective date of this Stipulation and Order, two (2) hours of continuing education units (CEUs) on the topic of managing pharmacist responsibilities. Those additional two hours shall be a one-time requirement and shall be in addition to the CEU credits Kelly must ordinarily complete to maintain her license with the Board; and

iii. Pay a fine of two hundred and fifty dollars ($250.00).

b. Respondent Safeway shall:

i. Through its parent company, Albertsons Companies, implement on an on-going basis in each of its Nevada-licensed pharmacies policies and procedures regarding recordkeeping and the prevention of loss, theft and/or diversion as outlined in its response to the Amended Accusation dated May 14, 2019.[1]

ii. Pay attorney's fees and costs to in the amount of one thousand dollars ($1,000.00) to partially reimburse the Board for its costs associated with investigating and prosecuting this case.

[1] Albertsons Companies represents that it has already implemented the policies and procedures outlined in its May 14, 2019 letter as part of an on-going effort to prevent loss and diversion.

10. The foregoing is for the purposes of this proceeding only. It shall have no force or effect in any other case or proceeding before the Board.

11. Board Counsel will present this Stipulation to the Board for approval at its meeting on Wednesday, June 5, 2019, in Reno, Nevada.

12. Respondents shall appear at that meeting to answer questions put to them by members of the Board and Board Staff. The Board may discuss and deliberate regarding this Stipulation even if Respondents are absent.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so.

14. If the Board adopts the recommendations set forth above, Respondents and the Board each agree to release each other from any and all other claims arising from the facts set forth in the Accusation, whether known or unknown, which might otherwise have existed on or before the effective date of the Board's Order in this matter.

15. If the Board rejects any part or all of this Stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's July 2019 meeting in Las Vegas, Nevada. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Upon approval of this Stipulation by the Board. Respondents shall pay the fine(s) agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office

located at 985 Damonte Ranch Pkwy Ste 206, Reno Nevada 89521, within thirty (30) days of the effective date of the Board's Order.

18. Any failure by Respondents, or either of them, to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of each Respondent's pharmacy license until all terms have been satisfied.

Respondent Melanie Kelly and Respondent Safeway Pharmacy #2656 have each fully considered the charges and allegations contained in the Amended Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation, and each freely and voluntarily agrees to the terms set forth herein, and waive certain rights, as stated herein.

Signed this 4th day of June, 2019.

S. PAUL EDWARDS, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 5th day of June, 2019.

Melanie Kelly, R.Ph.
Certificate of Registration No. 16028

Signed this 5th day of June, 2019.

Authorized Representative
Safeway Pharmacy #2656
Certificate of Registration No. PH01820

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Melanie Kelly, R.Ph., Certificate of Registration No. 16028, and Respondent Safeway Pharmacy #2656, Certificate of Registration No. PH01820, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution.

Signed this 5 day of June, 2019

Keri Lemond For
Jason Penrod, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of June, 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Melanie Kelly, RPH
[redacted]Banfi Ct.
Sparks, NV 89436

Safeway Pharmacy
2858 Vista Blvd.
Sparks, NV 89434

SHIRLEY HUNTING

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-7425

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY # 2666, REGISTRATION NO. PDO 510,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy # 2666, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2018-7425, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 13, 2003, being issued registration No. PDO 510, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 4548 Centerplace Drive, Greeley, Colorado 80634.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On February 4, 2019, Board inspectors conducted a controlled substance audit at Respondent Pharmacy after receiving five Drug Enforcement Administration (DEA) Form 106 forms from Respondent Pharmacy detailing loses of various controlled substances.

6. During the course of this February 4, 2019 controlled substance audit, it was determined that additional controlled substances were unaccounted for.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article 280, including commission of an act declared unlawful in section 12-280-129, or an applicable provision of article 20 or 30 of this title 12;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

Pharmacy Board Rules and Regulations

11.01.00 Records in General. All outlets registered and/or licensed by the Board shall maintain such records and inventories or prescription drugs as may be required by these rules or any other state or federal law or rule pertaining to such drugs. Such records shall be maintained on a current basis and shall be complete and accurate for all drugs which the outlet manufactures, receives, dispenses, distributes or otherwise disposes of in any other manner. Records and inventories of controlled substances shall be deemed to be "complete" only if each individual record and inventory

contains all required information regarding each specific transaction, and if the set of records and inventories contains all information and documents requires to be kept by state and federal laws, and rules. A record or inventory shall be deemed to be "accurate" only if it is a complete, true and factual statement regarding or reflecting each specific transaction. A set of records or inventories shall be deemed to be "accurate" only if they are complete, and when considered as a whole, they demonstrate that the controlled substances and/or the records and inventories pertaining thereto have been handled in compliance with all applicable laws or rules and that all such controlled substances are properly accounted for.

11.03.05 Perpetual Inventories of Controlled Substances. All prescription drug outlets shall at all times maintain a current, complete and accurate perpetual controlled substance inventory. All perpetual inventory of controlled substance inventories shall comply with the following:

a. Each inventory shall include, at minimum, all Schedule II controlled substances.

b. The following information shall be recorded on the inventory.

(1) The name of the drug;

(2) Each finished form of the drug (strength and dosage form);

(3) The number of units or volume of each finished form.

c. Regardless of the prescription drug outlet's chosen method of perpetual inventory maintenance, each perpetual inventory shall be made readily retrievable and available in both a printed and contemporaneous format immediately upon the request of the Board or its inspectors with the information required in this Board Rule 11.03.05(a) and (b).

* * *

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. Waiver of Right to Contest. By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by section 12-20-404(4), C.R.S., to contest this Letter of Admonition.

10. Probation. Respondent Pharmacy's registration shall be placed on probation for a period of three (3) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

11. Practice Monitor. Upon commencement of Respondent Pharmacy's probation pursuant to this Final Agency Order and during the entire probationary period, Respondent Pharmacy shall be monitored by a Board-approved practice monitor ("Practice Monitor").

a. Qualifications: The Practice Monitor must:

i. Be a Colorado-licensed pharmacist in good standing;
ii. Practice pharmacy at least eighty (80) hours per month;
iii. Have no current or past Board discipline;
iv. Not be in any way employed by Respondent Pharmacy or any company that owns or operates Respondent Pharmacy; and
v. Otherwise have no financial or personal interest in Respondent Pharmacy.

b. Board Approval. Within thirty (30) days of the effective date of this Final Agency Order, Respondent Pharmacy must submit, for the approval of the Board or its designated authority during the ordinary course of business, the name of a qualified Practice Monitor with a completed application as provided by the Board, a current resume, and a letter from the applicant Practice Monitor stating that he or she has received a complete copy of this Final Agency Order, that he or she has read and understands its contents, that he or she agrees to serve as Respondent Pharmacy's Practice Monitor and to complete the Board's Practice Monitor reports as required.

If a Practice Monitor nominated by Respondent Pharmacy is not approved by the Board or its designated authority, the period of probation shall be tolled until such time as Respondent Pharmacy nominates another Practice Monitor, that Practice Monitor is approved by the Board or its designated authority, and the Practice Monitor begins monitoring under all the terms and conditions of this Final Agency Order. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the Board's or its designated authority's rejection of the applicant Practice Monitor. Additionally, if Respondent Pharmacy is required to nominate a new Practice Monitor for any reason, the period of probation shall be tolled for any period of time during which a Practice Monitor is not monitoring Respondent Pharmacy.

Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the existing Practice Monitor's resignation.

c. Duties and Responsibilities. Once approved by the Board or its designated authority, the Practice Monitor shall function as the eyes and ears of the Board. The Practice Monitor shall:

i. Conduct random (unscheduled) inspections once every three (3) months during the entire probationary period to determine whether Respondent Pharmacy's records and practices comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board rules and regulations, state and federal laws pertaining to drugs, and this Final Agency Order;

ii. Notify the Board by means of a written report, within seventy-two (72) hours of any random inspection that reveals evidence of a violation by Respondent Pharmacy of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order;

iii. Prepare and submit to the Board quarterly written reports no later than the 15th day of January, April, July, and October, which detail the results of the random on-site inspections during the previous quarter throughout the duration of probation; and

iv. Prepare and submit to Respondent Pharmacy quarterly invoices which itemize all reasonable fees and costs associated with the monitoring of Respondent Pharmacy during the previous quarter. The subject invoices shall, in turn, be submitted to the Board no later than the 15th day of January, April, July, and October throughout the duration of probation.

12. Respondent Pharmacy may petition the Board for an early termination of the practice monitoring requirements after 2 years of acceptable practice monitoring reports as determined by the Board.

13. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state

and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

15. **Completion of Terms.** Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent Pharmacy has completed all terms of this Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business.

16. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

17. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that

none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

18. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

19. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

20. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

[signature] Dated: 6/14/2010

Authorized Representative

Anthony Lawrence / VP Pharmacy Operations

Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 22 day of October, 2020.

State Board of Pharmacy

BY: Dmitry Kunin

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 22 day of October 2020, addressed as follows:

Safeway Pharmacy # 2666
Attn: Pharmacist Manager
4548 Centerplace Drive
Greeley, Colorado 80634
rxlicenses@albertsons.com

Lana Hyatte
Agent of the Board

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2020-000790

I, Anthony Provenzano, as an agent for Safeway, Inc., doing business as (DBA) Safeway Pharmacy #2754 admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of our Pharmacy License No. PHAR488, and over this Imposition of Civil Fine.

1. On October 24, 2016, we appointed a new Pharmacist-In-Charge (PIC). We failed to submit notification of this change of PIC to the Board. **This is a violation of AS 08.80.157(g)(2), AS 08.80.330(a), and 12 AAC 52.200(c).**

2. On May 10, 2020, we appointed a new Pharmacist-In-Charge (PIC). We failed to submit notification of this change of PIC to the Board. **This is a violation of AS 08.80.157(g)(2), AS 08.80.330(a), and 12 AAC 52.200(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of our license pursuant to AS 08.01.75, AS 08.80, and 12 AAC 52. We are agreeing to this Imposition of a Civil Fine of one thousand dollars ($1,000) in cash, certified check, or money order payable to the "**State of Alaska**" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Anthony Provenzano VP Compliance — 6/24/2021
Signature/Title, Respondent — **Date**

SUBSCRIBED AND SWORN TO before me this 24th day of June, 2021, at Boise, Idaho, ~~Alaska~~.

SEAL

Gina L Hess
Notary Public in and for ~~Alaska~~ Idaho

SL
SL

Gina L. Hess
Notary Printed Name
My commission expires: 9/1/2021

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Safeway, Inc.)
dba Safeway Pharmacy #2754)
)
Respondent)
Case No. 2020-000790

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2020-000790, regarding license number PHAR448, for failure to timely notify the Board of a Pharmacist-In-Charge change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 23rd day of September, 2021, at Soldotna, Alaska.

ALASKA BOARD OF PHARMACY

By: _____
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

PERSONAL AND CONFIDENTIAL

August 23, 2019

By Electronic Mail

Safeway Pharmacy #2817
ATTN: Pharmacist Manager
Email: rxlicenses@albertsons.com

Re: Colorado State Board of Pharmacy, Case No. 2019-2057

Dear Pharmacist Manager:

The Colorado State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint noted above. Upon thorough review and discussion, the Board found reasonable cause that the pharmacy violated section 12-42.5-123(1)(c)(II), C.R.S., and Board Rules 5.01.10 and 7.00.10, as described in the attached document. As such, the Board decided to initiate disciplinary action against the pharmacy's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- Admonishment
- $1,000 fine (plus surcharge)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, the pharmacy agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If the pharmacy wishes to accept the terms of this Order, please do the following:

- **READ** the entire Order;
- **CONSULT** with legal counsel if so desired;
- **SIGN** the enclosed Order;
- **RETURN** the signed Order by **September 10, 2019** (with a check made payable to the State of Colorado) to:

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with any attorney-client relationship.

Melissa Garner
DORA/Office of Expedited Settlement
1560 Broadway, Suite 1350
Denver, CO 80202
Fax: (303) 869-0349
Email: melissa.garner@state.co.us

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" the pharmacy violated the practice act.

Please be advised that during this process, the pharmacy has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Additional documentation regarding your case may be available upon request. Please contact me for further information. Also, if the pharmacy chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7698.

Sincerely,

Melissa Garner

Melissa Garner
Office of Expedited Settlement
melissa.garner@state.co.us

Enclosure

Cc: Scott Gelman
Gelman & Norberg LLC
Email: sgelman@gelmannorberg.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2057

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #2817, REGISTRATION NO. PDO 109-4,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #2817 ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-2057, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about January 1, 1988, being issued registration number PDO 109-4, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 232 G St., Salida, CO 81201.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Pharmacy failed to keep proper record keeping for controlled substances, as on or around February 2019, a staff pharmacist admitted to multiple small thefts over time of a controlled substance, however, exact quantities could not be determined. A full controlled substance reconciliation was completed at the conclusion of the investigation; however, evidence collected was insufficient to positively attribute all reported losses to the staff pharmacist. There were numerous unaccounted controlled substance inventory discrepancies, including but not limited to, Morphine, Diazepam, Clonazepam, Tramadol, and Zolpidem.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Pharmacy Board Rules and Regulations

5.01.10 Controlled Substance Inventory.

a. Upon the change of pharmacist manager of a prescription drug outlet, an inventory of all controlled substances shall be taken within seventy-two hours, by the new pharmacist manager or the new pharmacist manager's designee. The inventory shall be taken either as of the opening or as of the close of business activity on the inventory date and such time and date taken shall be entered on the inventory record.

b. Upon the transfer of ownership of a prescription drug outlet, an inventory of all controlled substances shall be taken by the pharmacist manager or the pharmacist manager's designee. The inventory shall be taken either as of the opening or as of the close of business activity on the inventory date and such time and date taken shall be entered on the inventory record.

7.00.10 Reporting Violations. The pharmacist manager of a prescription drug outlet shall report to the Board, in writing, within the timelines set forth below:

a. Diversion, theft or significant unaccountable loss of prescription drugs or controlled substances from the pharmacy, hospital or health maintenance organization (as defined in Section 10-16-102, C.R.S.) within one business day of discovery. When a Drug Enforcement Administration (DEA) Form 106 is submitted to the DEA in instances involving controlled substances, a copy of the completed DEA Form 106 along with a detailed written explanation shall be submitted to the Board. When determining whether an unaccountable loss is significant, the pharmacist manager shall consider, among others factors, the following:

(1) The actual quantity of drug lost in relation to the type of business;

(2) The specific drug lost;
(3) Whether the loss of the drug can be associated with access to those drugs by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the drug;
(4) A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses;
(5) Whether the specific drug is a likely candidate for diversion; and
(6) Local trends and other indicators of the diversion potential of the missing drug.

DISPOSITION

7. Letter of Admonition. This Final Agency Order shall constitute a Letter of Admonition as set forth in section 12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-6 above.

8. Waiver of Right to Contest. By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by section 12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board. Respondent Pharmacy shall write its registration number (PDO 109-4) and the case number (2019-2057) on the check.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated:_____
Authorized Representative / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

APPROVED AS TO FORM

FOR RESPONDENT

Scott Gelman
Gelman & Norberg LLC
8480 E. Orchard Rd., Ste. 5000
Greenwood Village, CO 80111-5028

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-6661

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF **SAFEWAY PHARMACY #2817,** REGISTRATION NO. PDO 109-4,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #2817 ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-6661, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2020).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about January 1, 1988, being issued registration #PDO 109-4, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 232 G St., Salida, Colorado.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Pharmacy failed to keep proper record keeping for controlled substances, as on or around February 2019, a staff pharmacist admitted to multiple small thefts over time of a controlled substance, however, exact quantities could not be determined. A full controlled substance reconciliation was completed at the conclusion of the investigation; however, evidence collected as insufficient to positively attribute all reported losses to the staff pharmacist. There were numerous unaccounted controlled substance inventory discrepancies, including but not limited to Morphine, Diazepam, Clonazepam, Tramadol and Zolpidem.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules

and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

Pharmacy Board Rules and Regulations

Board Rule 5.01.10. Controlled Substance Inventory.

a. Upon the change of pharmacist manager of a prescription drug outlet, an inventory of all controlled substances shall be taken within seventy-two hours, by the new pharmacist manager or the new pharmacist manager's designee. The inventory shall be taken either as of the opening or as of the close of business activity on the inventory date and such time and date taken shall be entered on the inventory record.

b. Upon the transfer of ownership of a prescription drug outlet, an inventory of all controlled substances shall be taken by the pharmacist manager or the pharmacist manager's designee. The inventory shall be taken either as of the opening or as of the close of business activity on the inventory date and such time and date taken shall be entered on the inventory record.

* * *

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of Three Thousand Dollars and No Cents ($3,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Three Thousand Four Hundred Fifty Dollars and No Cents ($3,450.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. Probation. Respondent Pharmacy's registration shall be placed on probation for a period of two (2) years. Credit toward satisfying the period of probation shall be given only during such periods of time that Respondent Pharmacy is in total compliance with all provisions of this Final Agency Order.

Terms of Probation

10. Practice Monitor. Upon commencement of Respondent Pharmacy's probation pursuant to this Final Agency Order and during the entire probationary period, Respondent Pharmacy shall be monitored by a Board-approved practice monitor ("Practice Monitor").

    a. Qualifications: The Practice Monitor must:

        i. Be a Colorado-licensed pharmacist in good standing;
        ii. Practice pharmacy at least eighty (80) hours per month;
        iii. Have no current or past Board discipline;
        iv. Not be in any way employed by Respondent Pharmacy or any company that owns or operates Respondent Pharmacy; and
        v. Otherwise have no financial or personal interest in Respondent Pharmacy.

    b. Board Approval. Within 30 days of the effective date of this Final Agency Order, Respondent Pharmacy must submit, for the approval of the Board or its designated authority during the ordinary course of business, the name of a qualified Practice Monitor with a completed application as provided by the Board, a current resume, and a letter from the applicant Practice Monitor stating that he or she has received a complete copy of this Final Agency Order, that he or she has read and understands its contents, that he or she agrees to serve as Respondent Pharmacy's Practice Monitor and to complete the Board's Practice Monitor reports as required.

    If a Practice Monitor nominated by Respondent Pharmacy is not approved by the Board or its designated authority, the period of probation shall be tolled until such time as Respondent Pharmacy nominates another Practice Monitor, that Practice Monitor is approved by the Board or its designated authority, and the Practice Monitor begins monitoring under all the terms and conditions of this Final Agency Order. Respondent Pharmacy must submit the name of another qualified Practice

Monitor for approval of the Board or its designated authority within ten (10) days of the Board's or its designated authority's rejection of the applicant Practice Monitor. Additionally, if Respondent Pharmacy is required to nominate a new Practice Monitor for any reason, the period of probation shall be tolled for any period of time during which a Practice Monitor is not monitoring Respondent Pharmacy. Respondent Pharmacy must submit the name of another qualified Practice Monitor for approval of the Board or its designated authority within ten (10) days of the existing Practice Monitor's resignation.

c. Duties and Responsibilities. Once approved by the Board or its designated authority, the Practice Monitor shall function as the eyes and ears of the Board. The Practice Monitor shall:

i. Conduct random (unscheduled) inspections once every quarter during the entire probationary period to determine whether Respondent Pharmacy's records and practices comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board rules and regulations, state and federal laws pertaining to drugs, and this Final Agency Order;

ii. Notify the Board by means of a written report, within seventy-two (72) hours of any random inspection that reveals evidence of a violation by Respondent Pharmacy of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, Board Rules and Regulations, state or federal laws pertaining to drugs, or this Final Agency Order;

iii. Prepare and submit to the Board quarterly written reports no later than the 5th day of January, April, July, and October, which detail the results of the random on-site inspections during the previous quarter throughout the duration of probation; and

iv. Prepare and submit to Respondent Pharmacy quarterly invoices which itemize all reasonable fees and costs associated with the monitoring of Respondent Pharmacy during the previous quarter. The subject invoices shall, in turn, be submitted to the Board no later than the 5th day of January, April, July, and October throughout the duration of probation.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state

and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Completion of Terms.** Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent Pharmacy has completed all terms of this Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business.

14. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

15. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is

not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

16. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

17. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 2/10/2021
Authorized Representative

Anthony Provenzano / VP Pharmacy Compliance
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 23 day of February, 2021.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23 day of February 2021, addressed as follows:

Safeway Pharmacy #2817
ATTN: Pharmacy Manager
232 G St.
SALIDA, CO 81201
Email: rxlicenses@albertsons.com; Charlie.Painter@albertsons.com

Lana Hyatte
Agent of the Board

Virginia Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
May 24, 2021

NAI Saturn Eastern LLC dba Safeway Pharmacy #3250
Permit Number: 0201001883

Notice

After an inspection conducted on May 24, 2021 at NAI Saturn Eastern LLC dba Safeway Pharmacy #3250, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($1,000) Deficiency 2: Pharmacist-in-Charge in place, inventory taken, but application not filed with Board within the required timeframe; 18 VAC 110-20-110

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $1,000 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201001883

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Rivkah Lowenstein PIC — 5/25/21

Signature of PIC or Owner — Date

Rivkah Lowenstein — pharmacy Manager

Printed Name of Person Signing — Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director — Entered

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov

CONFIDENTIAL

Complete and return with the
Inspection Deficiency Notice and Consent Order

Pharmacy Name: Safeway Pharmacy #3250

Permit Number: 0201001883

FEIN: _____

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Office of Enforcement Expedited Settlement

PERSONAL AND CONFIDENTIAL

November 13, 2019

By Electronic Mail

Safeway Pharmacy #3729
Attn: Katherine Seekins, Pharmacist Manager
1231 S Prairie Ave
Pueblo, CO 81005
Email: michael.wallace@safeway.com

Re: State Board of Pharmacy, Case No. 2019-2089

Dear Pharmacist Manager:

The State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint initiated against Safeway Pharmacy #3729's registration. Upon thorough review and discussion, the Board found reasonable cause that Safeway Pharmacy #3729 violated section 12-280-126(1)(c)(II), C.R.S., and Rule 5.00.70, as described in the attached document. As such, the Board decided to initiate disciplinary action against Safeway Pharmacy #3729's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- Fine in the amount of $1,000 plus surcharge ($1,150 total)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, Safeway Pharmacy #3729 agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If Safeway Pharmacy #3729 wishes to accept the terms of this Order, please do the following:

- **READ** the entire Order;
- **CONSULT** with legal counsel if so desired;
- **SIGN** the enclosed Order;

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with any attorney-client relationship.

- **RETURN** the signed Order by **November 27, 2019, to:**

Wunpenn M. Zaborek
DORA/Office of Expedited Settlement
1560 Broadway, Suite 1500
Denver, CO 80202
Fax: (303) 894-5940
Email: wunpennm.zaborek@state.co.us

Please return a copy of the signed Order by email.

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" Safeway Pharmacy #3729 violated the practice act.

Please be advised that during this process, Safeway Pharmacy #3729 has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Additional documentation regarding Safeway Pharmacy #3729's case may be available upon request. Please contact me for further information. Also, if Safeway Pharmacy #3729 chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7696.

Sincerely,

Wunpenn M. Zaborek
Office of Expedited Settlement
wunpennm.zaborek@state.co.us

Enclosure

cc. Charlie Painter, Manager
Pharmacy Professional Services and Compliance
Email: Charlie.painter@albertsons.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2089

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF SAFEWAY PHARMACY #3729, REGISTRATION NO. PDO 104-22,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Safeway Pharmacy #3729 ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-2089, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about January 1, 1988, being issued registration #PDO 104-22, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1231 S. Prairie Ave, Pueblo, CO 81005.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Pharmacy failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this case, 39 days transpired between February 26, 2019, the date the previous pharmacist manager ceased the position, and March 6, 2019, the date the application and fee were received.

6. On or about March 25, 2019, the Board initiated a complaint against Respondent Pharmacy because of the delay of 39 days in submitting an application detailing a change in pharmacist manager and fee.

7. Respondent Pharmacy's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

* * *

Pharmacy Board Rules and Regulations

5.00.70. Change in Pharmacist Manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within thirty days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado

and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent Pharmacy shall submit all future applications and appropriate fees to the Board detailing changes in pharmacist manager within the required time frame specified by Board rule or statute in effect at the time of such pharmacist manager change.

10. **Other Requirements**. Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all Respondent Pharmacy's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers**. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Pharmacy to the sanctions imposed herein.

12. **Acknowledgments**. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy

further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Pharmacy's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: _____

Authorized Representative

_____

Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LIEUTENANT GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

AHLANI K. QUIOGUE
LICENSING ADMINISTRATOR

STATE OF HAWAII
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801
http://cca.hawaii.gov/pvl

May 27, 2021

Safeway Inc.
c/o Anthony Provenzano
VP, Pharmacy Compliance
6100 Hellyer Avenue, Suite 100
San Jose, California 95138

Stacia M. Silva, Staff Attorney
Regulated Industries Complaints Office
Department of Commerce & Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813

Re: In the Matter of the Miscellaneous Permit of
Safeway Inc.; PHA 2020-22-L

Dear Mr. Provenzano and Ms. Silva:

The Board of Pharmacy, at its meeting on May 20, 2021, approved the above-referenced Settlement Agreement. Upon execution and filing, a completed copy of the Settlement Agreement will be forwarded to you by the Office of Administrative Hearings.

Very truly yours,

Lei S. Fukumura

LEI S. FUKUMURA
Special Deputy Attorney General

LSF:kkn

STACIA M. SILVA 6769
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 6/29/2021 11:33 am

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of	)	PHA 2020-224-L
	)	
SAFEWAY INC.,	)	SETTLEMENT AGREEMENT PRIOR TO
	)	FILING OF PETITION FOR DISCIPLINARY
Respondent	)	ACTION AND BOARD'S FINAL ORDER;
	)	EXHIBIT "1"
	)	
	)	

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent SAFEWAY INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMS [illegible]. The permit was issued on or about March 30, 2015. The permit is set to expire on or about on or about December 31, 202[illegible].

2. Respondent's mailing address for purposes of this action is 6100 Hellyer Avenue, Suite 100, San Jose, California 95138.

3. On or about November 22, 2016, Respondent entered into a Stipulated Settlement and Disciplinary Order with the State of California Board of Pharmacy (hereinafter the "California Order"). The order was based upon allegations of mainta[illegible]ing and dista[illegible], misbranded drugs. In part, Respondent's pharmacy license was revoked, but revocation was

placed on Respondent's [illegible] on probation for a period of [illegible] years. A copy of the [illegible] is attached hereto as Exhibit "1".

The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

The Board has jurisdiction over the subject matter hereof and over the parties hereto.

III. REPRESENTATIONS BY RESPONDENT

Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives this right.

Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and without coercion or duress.

Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-8(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and to challenge the issues of this case in accordance with the terms and conditions of this Settlement Agreement.

[illegible] Board to issue [illegible] permit, the Board acknowledges that Respondent is subject to penalties including but not limited to [illegible] suspension, revocation of the permit and administrative fines, if the [illegible] at a subsequent hearing.

Respondent [illegible] understands that RICO enters into this Settlement Agreement, and agrees to be bound by the [illegible] in this Settlement Agreement, based upon Respondent's representations made herein.

Respondent represents Exhibit "1" is a true and correct copy of the California [illegible].

Respondent understands that any false or untrue statement or any material [illegible] by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

Respondent does not admit to violating any law or rule, but acknowledges that RICO has [illegible] Petition for Disciplinary Action against Respondent's permit.

Respondent enters into this Settlement Agreement as a compromise of the claims [illegible] and the expense of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PIA 2020-224.

11. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO 100 DOLLARS ($1,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7. and C.8. below, this Settlement Agreement shall not be binding on any of the parties hereto unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to hear the case because of its review and consideration of this Settlement Agreement.

MAR 1 8 2021

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF SAFEWAY INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2020-22-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chairperson	5/20/21 DATE
JULIE YURIE TAKISHIMA-LACASA Vice Chair	PATRICK ADAMS
CATALINA CROSS	MARY JO KEEFE
Shori Tokumaru SHERI TOKUMARU	Kenneth VandenBussche KENNETH VANDENBUSSCHE

PVL 07/2020

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SAFEWAY PHARMACY INC.**[1] **d.b.a Safeway Pharmacy #4905** **6100 Hellyer Avenue, Suite 100** **San Jose, California 95138** **Original Permit No. PHY 53416,** Respondent.	Case No. 5605 OAH No. 2016050394

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on December 22, 2016.

It is so ORDERED on November 22, 2016.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
Amy Gutierrez, Pharm.D.
Board President

[1] The accusation is against "Safeway Pharmacy Inc."; however, the incorporated entity is "Safeway Inc."

EXHIBIT "1"

KAMALA D. HARRIS
Attorney General of California
DIANN SOKOLOFF
Supervising Deputy Attorney General
GREGORY TUSS
Deputy Attorney General
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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SAFEWAY PHARMACY INC.**[1] **d.b.a. Safeway Pharmacy #4905** **6100 Hellyer Avenue, Suite 100** **San Jose, California 95138** **Original Permit No. PHY 53416,** Respondent.	Case No. 5605 OAH No. 2016050394 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Complainant Virginia Herold is the Executive Officer of the Board of Pharmacy (board), Department of Consumer Affairs. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, and by Gregory Tuss, Deputy Attorney General.

2. Respondent Safeway Inc., d.b.a. Safeway Pharmacy #4905, is represented in this proceeding by attorney Craig O'Loughlin and Alissa Brice Castaneda, whose address is Two

[1] The accusation is against "Safeway Pharmacy Inc."; however, the incorporated entity is "Safeway Inc." This Stipulated Settlement will use the correct name "Safeway Inc."

North Central Avenue, Phoenix, AZ 95004.

3. On February 27, 2015, the board issued Original Permit No. PHY 53416 to respondent Safeway Inc., d.b.a. Safeway Pharmacy #4905. This original permit will expire on January 1, 2017, unless renewed.

JURISDICTION

4. Accusation No. 5605 was filed before the board and is currently pending against respondent. The accusation and all other statutorily required documents were properly served on respondent on January 21, 2016. Respondent timely filed its notice of defense contesting the accusation.

5. A copy of Accusation No. 5605 is attached as exhibit 1 and incorporated by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 5605. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the accusation; the right to confront and cross-examine the witnesses against it; the right to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 5605, if proven at a hearing, constitute cause for imposing discipline upon its Original Permit No. PHY 53416.

10. For the purpose of resolving the accusation without the expense and uncertainty of further proceedings, respondent agrees that, at a hearing, complainant could establish a factual basis for the charges in the accusation, and that respondent gives up its right to contest those charges.

11. Respondent agrees that its Original Permit No. PHY 53416 is subject to discipline and it agrees to be bound by the board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

12. The admissions made by respondent in this stipulation are only for the purposes of this proceeding, or any other proceedings in which the Board of Pharmacy or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

13. This stipulation shall be subject to approval by the board. Respondent understands and agrees that counsel for complainant and the staff of the board may communicate directly with the board regarding this stipulation and settlement, without notice to or participation by respondent or its counsel. By signing the stipulation, respondent understands and agrees that it may not withdraw its agreement or seek to rescind the stipulation prior to the time the board considers and acts upon it. If the board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph; it shall be inadmissible in any legal action between the parties; and the board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that portable document format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures, shall have the same force and effect as the originals.

15. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions,

negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS ORDERED that Original Permit No. PHY 53416 issued to respondent Safeway Inc., d.b.a. Safeway Pharmacy #4905, is revoked. However, the revocation is stayed and respondent is placed on probation for two (2) years on the following terms and conditions.

1. **Obey All Laws**

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendre in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state or federal agency which involves respondent's pharmacy license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report any such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has

been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. Interview with the Board

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. Cooperate with Board Staff

Respondent shall cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of their probation. Failure to cooperate shall be considered a violation of probation.

5. Reimbursement of Board Costs

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of $10,766.75. Respondent is responsible for these costs jointly and severally with respondents John Vincent Castaldo, Karen Lyn Muir, and Christine Moheb Stephanos, who are also named in Accusation No. 5605, to the extent that each respondent is held responsible for those costs by a settlement agreement or final adjudication of the accusation. Respondent shall be permitted to pay these costs in a payment plan approved by the board or its designee, with payments to be completed no later than one month prior to the end of the probation term.

There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of its responsibility to

reimburse the board its costs of investigation and prosecution.

6. Probation Monitoring Costs

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

7. Status of License

Respondent shall, at all times while on probation, maintain current licensure with the board. If respondent submits an application to the board, and the application is approved, for a change of location, change of permit or change of ownership, the board shall retain continuing jurisdiction over the license, and the respondent shall remain on probation as determined by the board. Failure to maintain current licensure shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

8. License Surrender While on Probation/Suspension

Following the effective date of this decision, should respondent discontinue business, respondent may tender the premises license to the board for surrender. The board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, respondent shall relinquish the premises wall and renewal license to the board within ten (10) days of notification by the board that the surrender is accepted. Respondent shall further submit a completed Discontinuance of Business form according to board guidelines and shall notify the board of the records inventory transfer.

Respondent shall also, by the effective date of this decision, arrange for the continuation of care for ongoing patients of the pharmacy by, at minimum, providing a written notice to ongoing

patients that specifies the anticipated closing date of the pharmacy and that identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five days of its provision to the pharmacy's ongoing patients, respondent shall provide a copy of the written notice to the board. For the purposes of this provision, "ongoing patients" means those patients for whom the pharmacy has on file a prescription with one or more refills outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60) days.

Respondent may not apply for any new licensure from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board.

Respondent further stipulates that he or she shall reimburse the board for its costs of investigation and prosecution prior to the acceptance of the surrender.

9. Notice to Employees

Respondent shall, upon or before the effective date of this decision, ensure that all employees involved in permit operations are made aware of all the terms and conditions of probation, either by posting a notice of the terms and conditions, circulating such notice, or both. If the notice required by this provision is posted, it shall be posted in a prominent place and shall remain posted throughout the probation period. Respondent shall ensure that any employees hired or used after the effective date of this decision are made aware of the terms and conditions of probation by posting a notice, circulating a notice, or both. Additionally, respondent shall submit written notification to the board, within fifteen (15) days of the effective date of this decision, that this term has been satisfied. Failure to submit such notification to the board shall be considered a violation of probation.

"Employees" as used in this provision includes all full-time, part-time, volunteer, temporary and relief employees and independent contractors employed or hired at any time during probation.

10. Owners and Officers: Knowledge of the Law

Respondent shall provide, within thirty (30) days after the effective date of this decision,

signed and dated statements from its owners, including any owner or holder of ten percent (10%) or more of the interest in respondent or respondent's stock, and any officer, stating under penalty of perjury that said individuals have read and are familiar with state and federal laws and regulations governing the practice of pharmacy. The failure to timely provide said statements under penalty of perjury shall be considered a violation of probation.

11. Posted Notice of Probation

Respondent shall prominently post a probation notice provided by the board in a place conspicuous and readable to the public. The probation notice shall remain posted during the entire period of probation.

Respondent shall not, directly or indirectly, engage in any conduct or make any statement which is intended to mislead or is likely to have the effect of misleading any patient, customer, member of the public, or other person(s) as to the nature of and reason for the probation of the licensed entity.

Failure to post such notice shall be considered a violation of probation.

12. Violation of Probation

If respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent license, and probation shall be automatically extended until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

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13. Community Services Program

Within sixty (60) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, a community service program in which respondent shall provide free health-care related services on a regular basis to a community or charitable facility or agency for at least 100 hours per year during the period of probation. Within thirty (30) days of board approval of these services, respondent shall submit documentation to the board demonstrating commencement of the community service program. A record of this notification must be provided to the board upon request. Respondent shall report on progress with the community service program in the quarterly reports. Failure to timely submit, commence, or comply with the program shall be considered a violation of probation.

14. Separate File of Records

Respondent shall maintain and make available for inspection a separate file of all records pertaining to the acquisition or disposition of all controlled substances. Failure to maintain such file or make it available for inspection shall be considered a violation of probation.

15. Consultant

During the period of probation, respondent shall retain at its own expense an independent consultant who specializes in compounding, and who shall be responsible for reviewing pharmacy operations on a monthly basis for compliance by respondent with state and federal laws and regulations governing the practice of a compounding pharmacy and for compliance by respondent with the obligations of a pharmacist-in-charge. This consultant shall be a pharmacist licensed by and not on probation with the board, and whose name shall be submitted to the board or its designee for prior approval within thirty (30) days of the effective date of this decision. During the period of probation, the board or its designee retains the discretion to reduce the frequency of the pharmacist consultant's review of respondent's operations. Failure to timely retain, seek approval of, or ensure timely reporting by the consultant shall be considered a violation of probation.

16. Completion of Probation

Upon written notice by the board or its designee indicating successful completion of

probation, respondent license will be fully restored.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Craig O'Loughlin and Alissa Brice Castaneda. I understand the stipulation and the effect it will have on Original Permit No. PHY 53416. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

SAFEWAY INC.
Respondent

I have read and fully discussed with respondent Safeway Inc., d.b.a. Safeway Pharmacy #4905, the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

CRAIG O'LOUGHLIN
ALISSA BRICE CASTANEDA
Attorneys for Respondent

ENDORSEMENT

This Stipulated Settlement and Disciplinary Order is submitted for consideration by the Board of Pharmacy.

Dated:

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
DIANN SOKOLOFF
Supervising Deputy Attorney General

GREGORY TUSS
Deputy Attorney General
Attorneys for Complainant

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DATED: 10/17/16

SAFEWAY INC.
Respondent

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DATED: 10/17/16

CRAIG O'LOUGHLIN
ALISSA BRICE CASTANEDA
Attorneys for Respondent

ENDORSEMENT

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Dated: 10.17.16

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Attorney General of California
DIANN SOKOLOFF
Supervising Deputy Attorney General

GREGORY TUSS
Deputy Attorney General
Attorneys for Complainant

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Exhibit 1

Accusation No. 5605

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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SAFEWAY PHARMACY INC.** **d.b.a. Safeway Pharmacy #4905** **6100 Hellyer Avenue, Suite 100** **San Jose, California 95138** **Original Permit No. PHY 52537** **Original Permit No. PHY 53416,** **SAFEWAY PHARMACY INC.** **d.b.a. Safeway Pharmacy #4526** **255 Second Street** **Los Altos, California 94022** **Original Permit No. PHY 51192,** **JOHN VINCENT CASTALDO** **[redacted] Hutchinson Road** **Los Gatos, California 95033** **Original Pharmacist License No. RPH 31324,** **KAREN LYN MUIR** **[redacted] Dunsmuir Way** **Menlo Park, California 94025** **Original Pharmacist License No. RPH 39228,** **and**	Case No. 5605 **ACCUSATION**

CHRISTINE MOHEB STEPHANOS
[redacted] Orangetree Lane
Mountain View, California 94040

Original Pharmacist License No. RPH 61981,

Respondents.

Complainant Virginia Herold alleges:

I. PARTIES

1. Complainant brings this accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On December 3, 2014, the Board issued Original Permit No. PHY 52537 to respondent Safeway Pharmacy Inc. (Safeway), d.b.a. Safeway Pharmacy #4905. Original Permit No. PHY 52537 was cancelled on March 6, 2015. On February 27, 2015, the Board issued Original Permit No. PHY 53416 to respondent Safeway Pharmacy #4905. Original Permit No. PHY 53416 will expire on January 1, 2016, unless renewed.

3. On December 13, 2012, the Board issued Original Permit No. PHY 51192 to respondent Safeway, d.b.a. Safeway Pharmacy #4526. Original Permit No. PHY 51192 was cancelled on January 9, 2015.

4. On August 8, 1977, the Board issued Original Pharmacist License No. RPH 31324 to respondent John Vincent Castaldo. This original pharmacist license was in full force and effect at all times relevant to the charges brought in this accusation and will expire on December 31, 2016, unless renewed.

5. On March 14, 1985, the Board issued Original Pharmacist License No. RPH 39228 to respondent Karen Lyn Muir. This original pharmacist license was in full force and effect at all times relevant to the charges brought in this accusation and will expire on April 30, 2016, unless renewed.

6. On November 20, 2008, the Board issued Original Pharmacist License No. RPH 61981 to respondent Christine Moheb Stephanos. This original pharmacist license was in full force and effect at all times relevant to the charges brought in this accusation and will expire on

January 31, 2016, unless renewed.

II. JURISDICTION

7. This accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

8. Section 4300 states in part:

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

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

"(1) Suspending judgment.

"(2) Placing him or her upon probation.

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

"(4) Revoking his or her license.

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

9. Section 4300.1 states:

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

10. Section 4304 states:

"The board may deny, revoke, or suspend any license issued pursuant to Section 4161 for any violation of this chapter or for any violation of Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code."

III. STATUTORY AND REGULATORY PROVISIONS

11. Section 4169, subdivision (a), states in part:

"A person or entity shall not do any of the following:

. . .

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

12. Section 4301 states in part:

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

. . .

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

13. Section 4306.5 states in part:

"Unprofessional conduct for a pharmacist may include any of the following:

. . .

"(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services."

14. Health and Safety Code section 111335 states:

"Any drug or device is misbranded if its labeling or packaging does not conform to the requirements of Chapter 4 (commencing with Section 110290)."

15. Health and Safety Code section 111397 subdivision (a), states:

"Any foreign dangerous drug that is not approved by the United States Food and Drug Administration or that is obtained outside of the licensed supply chain regulated by the United States Food and Drug Administration, California State Board of Pharmacy, or State Department

of Public Health is misbranded."

16. Health and Safety Code section 111400 states:

"Any drug or device is misbranded if it is dangerous to health when used in the dosage, or with the frequency or duration prescribed, recommended, or suggested in its labeling."

17. Health and Safety Code section 111440 states:

"It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is misbranded."

18. California Code of Regulations, title 16, section 1735.3, subdivision (a), states in part:

"For each compounded drug product, the pharmacy records shall include:

. . .

"(4) The identity of the pharmacist reviewing the final drug product."

IV. COST RECOVERY

19. Section 125.3, subdivision (a), states:

"Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceedings, the administrative law judge may direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case."

V. DRUGS

20. Domperidone is an anti-dopaminergic drug which acts as an antiemetic and prokinetic agent. It is used relieve nausea and vomiting, and to increase lactation. It is a dangerous drug under Business and Professions Code section 4022. Although the United States Food and Drug Administration (FDA) may approve an application to use domperidone as an investigational new drug in treating various gastrointestinal conditions, the use of domperidone is not approved in the United States for any indication. The FDA has determined that any products containing domperidone are unapproved new drugs and misbranded. Consequently, any product containing domperidone violates the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 301 et

seq.).

VI. FACTUAL BACKGROUND

21. On April 8, 2015, the Board inspected respondent Safeway at its present address of record. The inspectors found a 500 gram bulk powder container of domperidone with an expiration date of January 30, 2018. The container stated "NOT FOR HUMAN USE NOT FOR US[E] IN FOOD[-]PRODUCING ANIMALS." Respondent Castaldo, the pharmacist-in-charge at respondent Safeway, said that Safeway had been compounding domperidone. He said that the domperidone manufacturer told him that the FDA told the manufacturer to put the warning on the label but it is safe to use on humans. Respondent Castaldo told the inspectors that the Professional Compounding Centers of America said to keep compounding with domperidone until "somebody shuts you down." He said that nevertheless respondent Safeway had stopped compounding domperidone about a month before the inspection. The inspectors embargoed the domperidone.

22. Worksheets show the following instances of domperidone compounding at respondent Safeway. All worksheets list respondent Castaldo as the pharmacist.

a)	7/21/14	600 10mg capsules	Checked by Muir
b)	10/8/14	300 30mg capsules	Checked by Muir
c)	10/27/14	300 10mg capsules	Checked by Castaldo
d)	11/13/14	300 10mg capsules	Checked by Muir
e)	12/11/14	300 10mg capsules	Checked by [unknown]
f)	1/12/15	300 10mg capsules	Checked by [blank]
g)	2/6/15	300 20mg capsules	Checked by [blank]
h)	2/18/15	300 10mg capsules	Checked by [blank]
i)	3/4/15	300 20mg capsules	Checked by [blank][1]

23. Pharmacy records show respondent Safeway dispensed approximately 423 prescriptions for domperidone totaling approximately 45,898 capsules ranging from 5mg to

[1] Instances a) through e) are attributable to respondent Safeway PHY 51192, f) through h) to respondent Safeway PHY 52537, and i) to respondent Safeway PHY 53416.

40mg. Approximately 374 of these prescriptions totaling approximately 28,693 capsules were dispensed by respondent Safeway PHY 51192, approximately 39 prescriptions totaling approximately 16,263 capsules by respondent Safeway PHY 52537, and approximately 10 prescriptions totaling approximately 942 capsules by respondent Safeway PHY 53416.

24. Respondent Castaldo dispensed and verified approximately 190 prescriptions for domperidone totaling approximately 21,360 capsules. Respondent Muir dispensed and verified approximately 161 prescriptions totaling approximately 16,813 capsules. Respondent Stephanos dispensed and verified 72 prescriptions totaling approximately 7,725 capsules.

VII. CAUSES FOR DISCIPLINE

A. Safeway PHY 51192

First Cause for Discipline
Unprofessional Conduct – Manufacturing Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

25. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

26. Respondent Safeway has subjected its Original Permit No. PHY 51192 to discipline for the unprofessional conduct of manufacturing misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Approximately 28,693 domperidone capsules were compounded at respondent Safeway PHY 51192.

Second Cause for Discipline
Unprofessional Conduct – Selling, Transferring, and Delivering Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

27. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

28. Respondent Safeway has subjected its Original Permit No. PHY 51192 to discipline for the unprofessional conduct of selling, transferring, and delivering misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent Safeway PHY 51192 dispensed approximately 374 prescriptions for domperidone

totaling approximately 28,693 capsules.

B. Safeway PHY 52537

Third Cause for Discipline
Unprofessional Conduct – Manufacturing Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

29. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

30. Respondent Safeway has subjected its Original Permit No. PHY 52537 to discipline for the unprofessional conduct of manufacturing misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Approximately 16,263 domperidone capsules were compounded at respondent Safeway PHY 52537.

Fourth Cause for Discipline
Unprofessional Conduct – Selling, Transferring, and Delivering Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

31. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

32. Respondent Safeway has subjected its Original Permit No. PHY 52537 to discipline for the unprofessional conduct of selling, transferring, and delivering misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent Safeway PHY 52537 dispensed approximately 39 prescriptions for domperidone totaling approximately 16,263 capsules.

C. Safeway PHY 53416

Fifth Cause for Discipline
Unprofessional Conduct – Manufacturing Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

33. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

34. Respondent Safeway has subjected its Original Permit No. PHY 53416 to

discipline for the unprofessional conduct of manufacturing misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Approximately 942 domperidone capsules were compounded at respondent Safeway PHY 53416.

Sixth Cause for Discipline
Unprofessional Conduct – Selling, Transferring, and Delivering Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

35. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

36. Respondent Safeway has subjected its Original Permit No. PHY 53416 to discipline for the unprofessional conduct of selling, transferring, and delivering misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent Safeway PHY 53416 dispensed approximately 10 prescriptions for domperidone totaling approximately 942 capsules.

D. Castaldo

Seventh Cause for Discipline
Unprofessional Conduct – Manufacturing Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

37. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

38. Respondent Castaldo has subjected his original pharmacist license to discipline for the unprofessional conduct of manufacturing misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent compounded domperidone.

Eighth Cause for Discipline
Unprofessional Conduct – Selling, Transferring, and Delivering Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

39. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

40. Respondent Castaldo has subjected his original pharmacist license to discipline for the unprofessional conduct of selling, transferring, and delivering misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent Castaldo dispensed and verified approximately 190 prescriptions for domperidone totaling approximately 21,360 capsules.

Ninth Cause for Discipline
Unprofessional Conduct – Failure to Exercise or Implement Best Professional Judgment or Corresponding Responsibility
Business and Professions Code sections 4301, 4306.5, subdivision (b)

41. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

42. Respondent Castaldo has subjected his original pharmacist license to discipline for the unprofessional conduct of failing to exercise or implement his best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of dangerous drugs (Bus. & Prof. Code, §§ 4301, 4306.5, subd. (b)). Respondent compounded, dispensed, and verified prescriptions for domperidone.

Tenth Cause for Discipline
Unprofessional Conduct – Failure to Identify Identity of Reviewing Pharmacist
Business and Professions Code section 4301, subdivision (o),
California Code of Regulations, title 16, section 1735.3, subdivision (a)

43. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

44. Respondent Castaldo has subjected his original pharmacist license to discipline for the unprofessional conduct of failing to identify the pharmacist reviewing the final drug product (Bus. & Prof. Code, § 4301, subd. (o); Cal. Code Regs., tit. 16, § 1735.3, subd. (a)). Respondent Castaldo was the pharmacist-in-charge at respondent Safeway. Four compounding worksheets for domperidone did not include the identity of the pharmacist who reviewed the final drug product.

///

E. Muir

Eleventh Cause for Discipline
Unprofessional Conduct – Manufacturing Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

45. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

46. Respondent Muir has subjected her original pharmacist license to discipline for the unprofessional conduct of manufacturing misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent compounded domperidone.

Twelfth Cause for Discipline
Unprofessional Conduct – Selling, Transferring, and Delivering Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

47. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

48. Respondent Muir has subjected her original pharmacist license to discipline for the unprofessional conduct of selling, transferring, and delivering misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent Muir dispensed and verified approximately 161 prescriptions for domperidone totaling approximately 16,813 capsules.

Thirteenth Cause for Discipline
Unprofessional Conduct – Failure to Exercise or Implement Best Professional Judgment or Corresponding Responsibility
Business and Professions Code sections 4301, 4306.5, subdivision (b)

49. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

50. Respondent Muir has subjected her original pharmacist license to discipline for the unprofessional conduct of failing to exercise or implement her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of dangerous drugs (Bus. & Prof. Code, §§ 4301, 4306.5, subd. (b)). Respondent compounded, dispensed, and verified

prescriptions for domperidone.

F. Stephanos

Fourteenth Cause for Discipline
Unprofessional Conduct – Selling, Transferring, and Delivering Misbranded Drugs
Business and Professions Code sections 4301, subdivision (o), 4169, subdivision (a)(3), Health and Safety Code section 111440

51. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

52. Respondent Stephanos has subjected her original pharmacist license to discipline for the unprofessional conduct of selling, transferring, and delivering misbranded drugs (Bus. & Prof. Code, §§ 4301, subd. (o), 4169, subd. (a)(3); Health and Saf. Code, § 111440). Respondent Stephanos dispensed and verified 72 prescriptions for domperidone totaling approximately 7,725 capsules.

Thirteenth Cause for Discipline
Unprofessional Conduct – Failure to Exercise or Implement Best Professional Judgment or Corresponding Responsibility
Business and Professions Code sections 4301, 4306.5, subdivision (b)

53. The allegations of paragraphs 20-24 are realleged and incorporated by reference as if fully set forth.

54. Respondent Stephanos has subjected her original pharmacist license to discipline for the unprofessional conduct of failing to exercise or implement her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of dangerous drugs (Bus. & Prof. Code, §§ 4301, 4306.5, subd. (b)). Respondent dispensed and verified prescriptions for domperidone.

VIII. OTHER DISCIPLINARY CONSIDERATIONS

55. To determine the degree of discipline, if any, to be imposed on Original Permit No. PHY 51192 issued to respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4626, complainant alleges that on February 18, 2014, the Board issued Citation No. CI 2013 60059 against Original Permit No. PHY 51192 issued to respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4626. The citation assessed a civil penalty of $1,000 against respondent

Safeway for not maintaining its location so that drugs are properly maintained, secured, and distributed (Bus. & Prof. Code, § 4301, subd. (o); Cal. Code Regs., tit. 16, § 1714, subd. (b)). An audit revealed losses of over 5,000 tablets of oxycodone. On March 3, 2014, respondent Safeway appealed the citation. Respondent Safeway withdrew its request for appeal on August 19, 2015, and paid the citation.

56. To determine the degree of discipline, if any, to be imposed on Original Pharmacist License No. RPH 31324 issued to respondent John Vincent Castaldo, complainant alleges that on February 18, 2014, the Board issued Citation No. CI 2013 60060 against respondent Castaldo's original pharmacist license. The citation assessed a civil penalty of $1,000 for not effectively controlling against theft or diversion of dangerous drugs, and the records for those drugs, as the pharmacist-in-charge (Cal. Code Regs., tit. 16, § 1714, subd. (d)). An audit revealed losses of over 5,000 tablets of oxycodone. On March 3, 2014, respondent Castaldo appealed the citation. Respondent Castaldo withdrew his request for appeal on August 14, 2015, and paid the citation.

IX. PRAYER

WHEREFORE, complainant requests that a hearing be held on the matters alleged in this accusation, and that following the hearing, the Board of Pharmacy issues a decision:

1. Revoking or suspending Original Permit No. PHY 52537 issued to respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4905;

2. Revoking or suspending Original Permit No. PHY 53416 issued to respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4905;

3. Revoking or suspending Original Permit No. PHY 51192 issued to respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4626;

4. Revoking or suspending Original Pharmacist License No. RPH 31324 issued to respondent John Vincent Castaldo;

5. Revoking or suspending Original Pharmacist License No. RPH 39228 issued to respondent Karen Lyn Muir;

6. Revoking or suspending Original Pharmacist License No. RPH 61981 issued to

respondent Christine Moheb Stephanos;

7. Ordering respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4905, under Business and Professions Code section 125.3 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case;

8. Ordering respondent Safeway Pharmacy Inc., d.b.a. Safeway Pharmacy #4626, under Business and Professions Code section 125.3 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case;

9. Ordering respondent John Vincent Castaldo under Business and Professions Code section 125.3 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case;

10. Ordering respondent Karen Lyn Muir under Business and Professions Code section 125.3 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case;

11. Ordering respondent Christine Moheb Stephanos under Business and Professions Code section 125.3 to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case; and

12. Taking such other and further action as deemed necessary and proper.

DATED: 12/22/15

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SF2015402803
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DocuSign Envelope ID: 7ED9B720-A23A-4369-AE3C-E20C7FAB6D8E

CERTIFICATE OF AUTHORITY AND LIMITED POWER OF ATTORNEY

I, Omer Gajial, Senior Vice President, Pharmacy, Health&Wellness of Albertsons Companies, Inc., a Delaware corporation, by authority granted to me under a standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on October 14, 2020, hereby delegate authority and grant a limited power of attorney to the persons listed in **Exhibit A (as such Exhibit A may be updated from time to time)** for and on behalf of Albertsons Companies, Inc. and its consolidated subsidiaries (the "Company"), to do the following:

Make application to the various states and other governmental bodies for, and execute and deliver the documents necessary to acquire and maintain, all licenses, registrations, permits, and other documents relating to the provision of pharmacy services, as required by the issuing local, state, or federal governmental entity.

Notwithstanding this Certificate of Authority and Limited Power of Attorney, the persons listed in Exhibit A remain subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company's policies on legal review, approval and signing of agreements, as such policy may be amended from time to time.

This Certificate of Authority and Limited Power of Attorney shall continue in effect for the persons listed in Exhibit A for so long as they remain in their present position (or any more senior position of authority) and maintain responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

11-10-2020 | 15:37:27 PST

DocuSigned by:
Omer Gajial
122D3F90E10B4D8...

Omer Gajial
Senior Vice President, Pharmacy, Health & Wellness

I, Laura A. Donald, hereby certify that I am the Group Vice President, Corporate Law & Assistant Secretary of Albertsons Companies, Inc.; that the standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on October 14, 2020 is still, on this day, in full force and effect; that Omer Gajial is Senior Vice President, Pharmacy, Health & Wellness of Albertsons Companies, Inc.; and that Omer Gajial has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

11-10-2020 | 16:29:03 PST

DocuSigned by:
Laura Donald
7B2664C9BBE54DC...

Laura A. Donald
Group Vice President, Corporate Law
& Assistant Secretary

DocuSign Envelope ID: 7ED9B720-A23A-4369-AE3C-E20C7FAB6D8E

EXHIBIT A

Name	Title
Dawn Burrow	Pharmacy Licensing Supervisor
Charles Painter	Manager, Pharmacy Professional Services Department

File Number 0189198-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMERICAN DRUG STORES LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 19, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* NOVEMBER ***A.D.*** 2022 .

Authentication #: 2230502260 verifiable until 11/01/2023

Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Acting Secretary

Cecilia Abundis
Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

dba Albertsons Central Processing
Pharmacy
Iveliss Rivas

Licensee:	American Drug Stores LLC
Number:	054.022308
Profession:	LICENSED PHARMACY
Date of Issuance:	08/31/2022
Expiration Date:	03/31/2024
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 01/10/2023

Cecilia Abundis
Director
Division of Professional Regulation

01/10/2023
Date

Refer to the Department's Web Site at IDFPR.Illinois.gov to verify professional licenses via License Look-Up.

3067

Updated 12/2021

OWNERSHIP/CONTROL DISCLOSURE DOCUMENT

AMERICAN DRUG STORES LLC
State of Domicile: Delaware
File No. 4164700
Formation Date: 5/24/2006
FEIN: 36-2062697
Address: 250 E. Parkcenter Boulevard, Boise, ID 83706
Phone: (208) 395-6200

OFFICERS/MANAGERS

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
Cody Perdue	Vice President, Treasurer & Assistant Secretary	12/3/2021	250 E. Parkcenter Boulevard Boise, ID 83706
Juliette Pryor	Executive Vice President, General Counsel & Secretary **also for New Albertsons L.P., 6/15/2020*	6/15/2020	250 E. Parkcenter Boulevard Boise, ID 83706

ADDITIONAL OFFICERS OF PRIMARY OPERATING ENTITY, NEW ALBERTSONS L.P.

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
Robert Larson	Senior Vice President & Chief Accounting Officer	2/22/2016	250 E. Parkcenter Boulevard Boise, ID 83706
(Muhammad) Omer Gajial	Executive Vice President, Pharmacy & Health	9/7/2020	250 E. Parkcenter Boulevard Boise, ID 83706

OWNERSHIP INFORMATION

OWNER	5% OR GREATER OWNERSHIP INTEREST	FEIN	BUSINESS ADDRESS	PHONE
American Stores Company, LLC	**100%** Owner of American Drug	87-0207226	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
New Albertsons L.P. *(entity converted from an Ohio corporation to a Delaware limited partnership on 12/3/2017; no change to its address or FEIN)*	**100%** Owner of American Stores Company, LLC	20-4057706	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
NAI Holdings GP LLC	**5%** Interest as General Partner	*No FEIN; disregarded tax*	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
Safeway Inc.	**95%** Interest as Limited Partner of New Albertsons L.P. Sole	94-3019135	11555 Dublin Canyon Road Pleasanton, CA 94588	(877) 723-3929
Albertsons Safeway LLC	**100%** Owner of Safeway Inc.	86-3915481	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
Albertsons Companies, Inc.	**100%** Owner of Albertsons	47-4376911	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended February 29, 2020
OR
☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission File Number: 333-205546



Albertsons Companies, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**47-4376911**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

250 Parkcenter Blvd.
Boise, Idaho, 83706
(Address of principal executive offices and zip code)

(208) 395-6200
(Registrant's telephone number, including area code)

Not applicable
(Former name, former address and former fiscal year, if changed since last report)

Securities registered under Section 12(b) of the Exchange Act: None

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
N/A	N/A	N/A

Securities registered under Section 12(g) of the Exchange Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☒ No ☐

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒ (Note: The registrant is a voluntary filer and not subject to the filing requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934. Although not subject to these filing requirements, the registrant has filed all reports that would have been required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months had the registrant been subject to such requirements.)

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Store ID	Owner	Street Address	Registration #	Effective Date(s)	Case No(s).	Summary	Probation End Date	Agency
RAN 1896	Safeway Inc.	1400 Cypress Creek Road Cedar Park, TX 78613	21279	02/14/12	H-10-028	On February 14, 2012, Randall's Food Markets, Inc. dba Randall's Pharmacy #1896, located in Cedar Park, Texas, entered into a Board Order with the Texas Board of Pharmacy relating to a misfill event that occurred on or about December 13, 2009. The pharmacy license was reprimanded and as part of the Order, a Continuous Quality Improvement Program was developed for this location to review all medication errors. No restrictions are on the pharmacy license.	N/A	TX BOP
SWY 1528	Safeway Inc.	460 SW Mt. Si Boulevard North Bend, WA 98045	N/A	07/18/17	N/A	On July 18, 2017 Safeway entered into a Memorandum of Agreement with the DEA for failure to notify the DEA in writing of the theft or significant loss of any controlled substance within the required time period (one business day of discovery). As a result of that agreement, Safeway #668 (no longer open) surrendered its license. Safeway #1528 was suspended for four months. The Corrective Action Plan with the DEA was for a period of three years and ended in July of 2020.	N/A	DEA
SWY 0424	Safeway Inc.	795 S. Columbia River Highway St. Helens, OR 97051	RP-0001060-CS	02/08/19	2017-0484	Effective February 8, 2019, Safeway Inc. dba Safeway Pharmacy #424, located in St. Helens, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding loss of controlled substances. As a result of the settlement, Safeway Pharmacy #424 is on probation for period of three years. There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	02/08/22	OR BOP
SWY 2656	Safeway Inc.	2858 Vista Boulevard Sparks, NV 89434	PH01820	06/05/19	17-008-RPH-B-N 17-008-PH-N	On June 5, 2019, Safeway Pharmacy #2656 entered into a Stipulation and Order with the Nevada State Board of Pharmacy relating to controlled substance losses perpetrated by a staff pharmacist who was terminated. The PIC of Safeway #2656 was cited for failure to appropriately supervise the staff pharmacist. As a result of this Stipulation and Board Order, Safeway #2656 paid a fine in the amount of $1,000, and the PIC received a letter of reprimand, paid a fine of $250, and had to complete two continuing education units on the topic of managing pharmacist responsibilities.	N/A	NV BOP
SWY 0878	Safeway Inc.	7900 Fort Hunt Road Alexandria, VA 22308	0201003087	09/09/19	N/A	Effective September 9, 2019, NAI Saturn Eastern dba Safeway Pharmacy #878, located in Alexandria, Virginia, entered into a Consent Order with the Virginia State Board of Pharmacy regarding remodling the pharmacy without submitting an application to the Virginia Board of Pharmacy for approval. As a result of the settlement, Safeway Pharmacy #878 was ordered to pay a civil penalty in the amount of $250. There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Virginia. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	VA BOP
SWY 1629	Safeway Inc.	1265 Center Street NE Salem, OR 97301	RP-0001739-CS	09/09/19	2019-0175	On September 9, 2019, Safeway Inc. dba Safeway Pharmacy #1629, located in Salem, Oregon, entered into a Consent Order with the Oregon Board of Pharmacy regarding record keeping practices. As a result, Safeway Pharmacy #1629 was ordered to pay a civil penalty in the amount of $7,000 ($10,000 with $3,000 stayed pending no further similar violations for three years). There are no additional restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Oregon. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	OR BOP
SWY 3729	Safeway Inc.	1231 S. Prairie Avenue Pueblo, CO 81005	PDO 104-22	11/20/19	2019-2089	Effective November 20, 2019, Safeway Inc. dba Safeway Pharmacy #3729, located in Pueblo, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the failure to timely submit an application detailing a change in pharmacist manager and fee. As a result of the settlement, Safeway Pharmacy #3729 was ordered to pay a civil penalty in the amount of $1,150 ($1,000 plus an additional surcharge of 15% [$150]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP
SWY 1038	Safeway Inc.	1653 S. Colorado Boulevard Denver, CO 80222	PDO 168	12/05/19	2019-7336	Effective December 5, 2019, Safeway Inc. dba Safeway Pharmacy #1038, located in Denver, Colorado, entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding multiple violations found during an inspection, one of which was a repeated deficiency from two prior inspections. As a result of the settlement, Safeway Pharmacy #1038 was ordered to pay a civil penalty in the amount of $575 ($500 plus an additional surcharge of 15% [$75]). There are no restrictions being placed on the pharmacy's registration that would affect its ability to operate as a pharmacy in the State of Colorado. No other Albertsons or Safeway pharmacy registrations are impacted by this settlement.	N/A	CO BOP

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.022308
051.294218

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2024

LICENSED PHARMACY

REMOTE ORDER PROCESSING

AMERICAN DRUG STORES LLC
DBA ALBERTSONS CENTRAL PROCESSING PHARMACY
IVELISS RIVAS
1 PIERCE PL FL 10
ITASCA, IL 60143-1253

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

17324726

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4586564

1/6

STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DRUG COMPLIANCE UNIT
9511 HARRISON STREET, SUITE 300
DES PLAINES, IL 60016-1563

PHONE NUMBER: 847-294-4900
FAX NUMBER: 847-294-4904

(New Pharmacy)

REMOTE PRESCRIPTION-MEDICATION ORDER PROCESSING

BUSINESS NAME	HOURS		DEA REGISTRATION NUMBER	EXPIRES	DATE OF INSPECTION
American Drug Stores LLC dba Albertsons Central Processing Pharmacy	M	9a-5p	N/A	N/A	8/31/2022
	T	9a-5p			
	W	9a-5p			
ADDRESS	TH	9a-5p	ICSA LICENSE NUMBER	EXPIRES	PHARMACY LICENSE NUMBER
	F	9a-5p			
1 Pierce Pl Fl 10	SAT	Closed	N/A	3/31/24	**054.022308**
	SUN	Closed			
CITY / ZIP CODE	OTHER HOURS EXCEP		TELEPHONE		
Itasca 60143			(630) 438-9280 / (855) 496-8308		
OWNERSHIP: ☐ Individual pharmacist ☐ Individual Non-pharmacist ☐ Partnership ☐ Corporation ☒ LLC	OWNERS		TELEPHONE AFTER HOURS ( )	PHARMACY E-MAIL ADDRESS anthony.dalponte@albertsons.com	
	PERSON IN CHARGE Anthony Dalponte		OWNER'S E-MAIL ADDRESS	COUNTY DuPage	

NAME OF LICENSEE R Ph IN CHARGE	LICENSE NUMBER
Anthony Dalponte	051.290067

If the Pharmacist in charge listed above is the PIC in other pharmacies, list here

	NAME	ADDRESS	PHONE NUMBER
1.	N/A		
2.			

2/6

QUESTION	YES	NO	N/A	AUTHORITY
GENERAL				
The pharmacy's license is current and posted.	✓			225 ILCS 85/15
All required current licenses are posted in a conspicuous location in the pharmacy (pocket license or photocopy may be used when registrants are employed at multiple sites).	✓	Discussed		225 ILCS 85/15(5)
Pharmacy is compliant with Section 1330.560 of the Illinois Pharmacy Practice Act Rules, Remote Prescription/Medication Order Processing.	✓			68 Administrative Code Section 1330.560
The PIC has personally reviewed the licenses of all registrants and determined that they are current.	✓			68 Administrative Code Section 1330.660
All pharmacy technicians and certified pharmacy technicians have completed the required training set forth in the Act and Rules.	✓			68 Administrative Code Section 1330.210
Meet all the requirements when there is a change in Pharmacist-in-Charge including but not limited to proper notification to the Department. (New license)			✓	68 Administrative Code Section 1330.660
The facility must have a sign clearly identifying it as a Remote Prescription/Medication Order Processing site.	✓	(Posted)		68 Administrative Code Section 1330.510
Every licensed pharmacy shall conduct an annual self-inspection using forms provided by the Division. The annual self-inspection shall be conducted during the same month, annually, as determined by the pharmacy.	✓	(Discussed)		68 Administrative Code Section 1330.800

SECURITY AND SANITATION	YES	NO	N/A	AUTHORITY
Security provisions are provided during the absence of a pharmacist.	✓			68 Administrative Code Section 1330.600 and 225 ILCS 85/15(1)(b)
Facility is clean and sanitary.	✓			68 Administrative Code Section 1330.630
Facility area shall not be used for storage of merchandise that interferes with the practice of pharmacy.	✓			68 Administrative Code Section 1330.610(e)
The facility area and all store rooms shall be well-lighted and properly ventilated.	✓			68 Administrative Code Section 1330.610(c)

REMOTE ORDER PROCESSING REQUIREMTENTS	YES	NO	N/A	AUTHORITY
Any pharmacy may provide remote prescription/medication order processing services to any other pharmacy as provided in Section 25.10 of the Act and the following further requirements: 1) Any nonresident pharmacy remote prescription/medication order processing services shall first be registered in its resident state and registered in this State. 2) There shall be a secure, HIPAA compliant, electronic communication system that shall include but not be limited to computer, telephone	✓		✓	68 Administrative Code Section 1330.560(a)

3/6

and facsimile connections. 3) The communication system shall give remote access to all relevant patient information to allow the pharmacist of the remote pharmacy to perform remote medication order processing that shall include all laboratory results and every patient's or resident's medication profile, if appropriate. 4) The secure electronic communication system shall be maintained on a daily basis. If this system malfunctions, the remote processing pharmacy shall cease operations related to the institution affected. 5) Nothing in this Section shall relieve the pharmacist-in-charge of dispensing pharmacies of compliance with Sections 1330.520 and 1330.530.	✓ ✓ ✓			
Policy and Procedure Manual: A policy and procedure manual shall be maintained by the remote prescription/medication order processing pharmacy pertaining to the pharmacy's operations. The manual shall: A. Be accessible to the remote prescription/medication order processing pharmacy staff and the staff at the dispensing pharmacy; B. Be available for inspection by the Division; C. Outline the responsibilities of the remote prescription/medication order processing pharmacy staff and the staff at the dispensing pharmacy; D. Include a current list of the name, address, telephone number and license number of each pharmacist involved in remote prescription/medication order processing; E. Include policies and procedures for: i. Protecting the confidentiality and integrity of patient information; ii. Ensuring that pharmacists performing remote prescription /medication order processing have access to appropriate drug information resources; iii. Ensuring that medical and nursing staff when appropriate, understand how to contact a pharmacist; iv. Maintaining records to identify the name, initials or identification code of each pharmacist who performs any processing function; v. Complying with federal and State laws	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓		✓	68 Administrative Code Section 1330.560(b)(1) Located with Policies and Procedures. → Pages 3, 13 -14 → Page 3 → N/A → Page 2 → Pages 14 - 16

4/6

and regulations; vi. Operating or participating in a continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems; vii. Reviewing the written policies and procedures and documenting the review annually.	✓ ✓			Pages 9 – 13 Page 3
Every pharmacist providing remote prescription/medication order processing services shall record on the order, in the computer system, or on another appropriate, unalterable, uniformly maintained and readily retrievable record the following information for every medication order or prescription processed on behalf of a dispensing pharmacy: A. The name, initials or other unique identifier of the pharmacist who verifies the medication order or prescription; B. The name of the patient or resident; C. The name, dose, dosage form, route of administration and dosing frequency of the drug; D. The date and time of verification; E. The name of the prescribing/ordering practitioner; F. Any other information that is required by the dispensing pharmacy being served for use in its own records.	✓ ✓ ✓ ✓ ✓ ✓			68 Administrative Code Section 1330.560(b)(2)
The records for medications entered at the remote prescription/medication order processing pharmacy must be distinguishable and readily retrievable from those entered at the institution being served.	✓			68 Administrative Code Section 1330.560(b)(3)
The pharmacist-in-charge of the remote prescription/medication order processing pharmacy shall maintain and have access to the following records for a minimum of 5 years: A. Records of medication orders processed; B. Records of the electronic communication system maintenance.	✓ ✓	} Discussed		68 Administrative Code Section 1330.560(b)(4)
The remote prescription/medication order processing pharmacy shall maintain a record containing the names and license numbers of all pharmacies to which they are providing services and the number of hours per day the services are being provided.	✓			68 Administrative Code Section 1330.560(b)(5) List provided
All pharmacists/technicians providing remote prescription/medication order processing at a remote pharmacy shall be licensed in Illinois. However, when pharmacists are providing remote prescription/medication	✓	(Discussed)		68 Administrative Code Section 1330.560(c)

5/6

order processing for a community pharmacy licensed in Illinois from a community pharmacy licensed in Illinois but located out-of-state, only the pharmacist-in-charge of the remote pharmacy must be licensed in Illinois.	✓			
Only licensed pharmacists at the pharmacy providing remote pharmacy services shall conduct the drug utilization evaluation or review and validation of any order processed within the remote pharmacy, except as provided for in subsection (c).	✓			68 Administrative Code Section 1330.560(d)

NARRATIVE

This is a New Remote Prescription/Medication Order Processing Pharmacy Inspection by DCIs Aarti Parikh and Charlie Bocian on 8/31/22. Present for the Inspection is PIC Anthony Dalponte. This pharmacy will initially service their 176 Osco Drug locations within Illinois which will be based on demand. Albertsons plans to obtain non-resident licensure in other states they operate in.

- Pharmacy technicians will be performing data entry functions including insurance adjudication.
- Pharmacists will be doing the data verification and DUR for prescriptions that have been entered.
- All dispensing of medication and counseling of patients will be performed at the local pharmacy that is patient facing.
- Computer Software: EPS by Change Healtheare
- References: Facts and Comparisons Online, Merck Veterinary Manuel online, etc.
- Security:
  - Alarm System: Kantech System
  - PIC will be contacted in the event of unauthorized access. (along with other Albertson management).
  - Individual alarm codes with PIC and pharmacists only.
  - ~~Keys with only PIC and pharmacists only.~~
  - Security Camera: 25
  - Motion Detector: 12
  - Pharmacy personnel (licensed) will have badge access.
    - Currently, rphs will have access from 7a-11pm and pharmacy technicians will have access from 9a-5p.
    - All staff that will have access will ~~only~~ be licensed in IL as rph or pharm tech.
    - 5 access points into pharmacy: (motion detector will detect entry)
      - 2 entry points from lobby which requires badge access must be unlocked by rphs.
      - 1 freight elevator - only Albertsons (licensed) management will have access if needed.
      - 2 stairwells which requires badge access to enter pharmacy.
    - Cleaning personnel will access pharmacy during normal hours of operation only when rph is present.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		IDFPR DIRECTOR OF DRUG COMPLIANCE REVIEW AND DATE	
[signature]	8/31/22	[signature]	8/31/22		

6/6

NARRATIVE

- No drop will be at this location.
- Pharmacy Techs & RPhs will be providing services (Data entry, Data verification by RPh, & insurance adjudication) to stores based on need (backlog). Staff would dial into the stores to provide services.

INVESTIGATOR'S SIGNATURE AND DATE		LICENSEE OR REPRESENTATIVE'S SIGNATURE AND DATE		IDFPR DIRECTOR OF DRUG COMPLIANCE REVIEW AND DATE	
[signature] 852	8/31/22	[signature]	8/31/22		

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

[redacted]	[redacted]	[redacted]	[redacted]
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Central Processing	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Central Processing only

[redacted]		
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

[redacted]

Pharmacy Name: Albertsons Specialty Care Pharmacy

Physical Address: 500 Baybrook Court

City: Boise State: ID Zip: 83706

Mailing Address (if different from physical address): 250 E. Parkcenter Blvd

City: Boise State: ID Zip: 83706

Telephone: 208-395-4303 Toll Free # (NAC 639.708, NRS 639.23286): 877-466-8028

Fax: 877-466-8040 Contact Email: rxlicenses@albertsons.com

Website: NA

Nevada Business License # (if applicable) NV20061105524

Supervising/Managing Pharmacist Name (NRS 639.220): Kristina Jonas ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23131 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Kristine Jonas	NV Pharmacist Registration #: 23131
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: na	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Corporation, Incorporation

State of Incorporation: DE

Parent Company (if any): Albertsons LLC

Corporation Name: Albertsons Companies Inc.

Mailing Address: 250 E. Parkcenter Blvd

City: Boise State: ID Zip: 83706

Telephone: 208-395-4303 Email: rxlicenses@albertsons.com

Contact Person Name: Dawn Burrow

Date of SEC Registration: 6/25/2020	SEC Registration Number: 333-236956	Stock Exchange Symbol: ACI

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Limited Liability, Trade, Organization or Other

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

General Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Sole Proprietorship

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

[redacted]

Statement of Responsibility

1. I am the License Supervisor (title) for Albertsons Specialty Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Dawn Burrow POA attached

Print Name of Authorized Person

Dawn Burrow

Original signature of Authorized Person (copies or stamps not accepted)

SEP 26 2022

Date

[redacted]

Affidavit for Pharmacy License

I, Dawn Burrow hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the License Supervisor (title) for Albertsons Specialty Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Dawn Burrow

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26th day of September 2022

Gina L. Hess

Notary Public

GINA L. HESS
Comm. No. 66184
NOTARY PUBLIC
Expires: 09/01/2027
STATE OF IDAHO

[redacted]

Managing Pharmacist Name: na Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

[redacted]

1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

[redacted]

[redacted]

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dawn Burrow POA attached

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Dawn Burrow

Original signature of Authorized Person (copies or stamps not accepted)

SEP 2 6 2022

Date

Board Use Only	Date Received: 9-27-22	Amount: 500.00 CC ✓

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 29, 2021

DATED MATERIAL ENCLOSED

ALBERTSONS LLC.
ATTN: PPSD,
250 PARKCENTER BOULEVARD
BOISE, ID 83726

RE: CI 2020 92145
ALBERTSON'S SPECIALTY CARE
Unlicensed

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 28, 2021: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 12, 2021: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 28, 2021: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: 

Attachments

Joshua Monforte
Citation and Fine Analyst

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 28, 2021.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 12, 2021 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 28, 2021 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2020 92145	ALBERTSON'S SPECIALTY CARE, Unlicensed

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4112 subd. (a)(b)	Nonresident pharmacy: registration required	$5,000.00

CONDUCT:

Unlicensed Activity: Business and Professions Code Section 4112 subdivision (a) and (b) as it relates to Business and Professions Code Section 4037. Business and Professions Code Section 4112 (a) states any pharmacy located outside this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy.
(b) A person may not act as a nonresident pharmacy unless he or she has obtained a license from the board. The board may register a nonresident pharmacy that is organized as a limited liability company in the state in which it is licensed. Business and Professions Code Section 4037 states (a) "Pharmacy" means an area, place, or premises licensed by the board in which the profession of pharmacy is practiced and where prescriptions are compounded. "Pharmacy" includes, but is not limited to, any area, place, or premises described in a license issued by the board wherein controlled substances, dangerous drugs, or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, or repackaged, and from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail. Specifically, on 8/6/2019, it was found that Albertson Specialty Care located at 250 E. Park Center Blvd., Boise, ID 83706 performed order entry, drug utilization review, and provided consultation to patients in CA without a non-resident pharmacy permit. Performing pharmacy practice related function without a license was non-compliance with Business and Professions Code Section 4112 (a)and (b) as it related to Business and Professions Code Section 4037.

[redacted]

DocuSign Envelope ID: 7ED9B720-A23A-4369-AE3C-E20C7FAB6D8E

CERTIFICATE OF AUTHORITY AND LIMITED POWER OF ATTORNEY

I, Omer Gajial, Senior Vice President, Pharmacy, Health&Wellness of Albertsons Companies, Inc., a Delaware corporation, by authority granted to me under a standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on October 14, 2020, hereby delegate authority and grant a limited power of attorney to the persons listed in **Exhibit A (as such Exhibit A may be updated from time to time)** for and on behalf of Albertsons Companies, Inc. and its consolidated subsidiaries (the "Company"), to do the following:

Make application to the various states and other governmental bodies for, and execute and deliver the documents necessary to acquire and maintain, all licenses, registrations, permits, and other documents relating to the provision of pharmacy services, as required by the issuing local, state, or federal governmental entity.

Notwithstanding this Certificate of Authority and Limited Power of Attorney, the persons listed in Exhibit A remain subject to, and must comply with, any applicable approval and procedural requirements set forth in the Company's policies on legal review, approval and signing of agreements, as such policy may be amended from time to time.

This Certificate of Authority and Limited Power of Attorney shall continue in effect for the persons listed in Exhibit A for so long as they remain in their present position (or any more senior position of authority) and maintain responsibility for the tasks or functions described herein, unless earlier modified or rescinded in writing.

11-10-2020 | 15:37:27 PST

DocuSigned by:
Omer Gajial
122D3F98E18D4D8...

Omer Gajial
Senior Vice President, Pharmacy, Health & Wellness

I, Laura A. Donald, hereby certify that I am the Group Vice President, Corporate Law & Assistant Secretary of Albertsons Companies, Inc.; that the standing resolution duly adopted by the Board of Directors of Albertsons Companies, Inc. on October 14, 2020 is still, on this day, in full force and effect; that Omer Gajial is Senior Vice President, Pharmacy, Health & Wellness of Albertsons Companies, Inc.; and that Omer Gajial has full right and authority to execute the above Certificate of Authority and Limited Power of Attorney.

11-10-2020 | 16:29:03 PST

DocuSigned by:
Laura Donald
7B2664C9B8E54DC...

Laura A. Donald
Group Vice President, Corporate Law
& Assistant Secretary

DocuSign Envelope ID: 7ED9B720-A23A-4369-AE3C-E20C7FAB6D8E

EXHIBIT A

Name	Title
Dawn Burrow	Pharmacy Licensing Supervisor
Charles Painter	Manager, Pharmacy Professional Services Department

3092

Updated 12/2021

OWNERSHIP/CONTROL DISCLOSURE DOCUMENT

ALBERTSON'S LLC
State of Domicile: Delaware
File No. 708424
Formation Date: 4/3/1969
FEIN: 82-0184434
Address: 250 E. Parkcenter Boulevard, Boise, ID 83706
Phone: (208) 395-6200

OFFICERS/MANAGERS

FULL NAME	TITLE	EFFECTIVE	BUSINESS ADDRESS
(Muhammad) Omer Gajial	Executive Vice President, Pharmacy & Health	9/7/2020	250 E. Parkcenter Boulevard Boise, ID 83706
Robert Larson	Senior Vice President & Chief Accounting Officer	2/22/2016	250 E. Parkcenter Boulevard Boise, ID 83706
Cody Perdue	Vice President, Treasurer & Assistant Secretary	12/3/2021	250 E. Parkcenter Boulevard Boise, ID 83706
Juliette Pryor	Executive Vice President, General Counsel & Secretary	6/15/2020	250 E. Parkcenter Boulevard Boise, ID 83706

OWNERSHIP INFORMATION

OWNER	5% OR GREATER OWNERSHIP INTEREST	FEIN	BUSINESS ADDRESS	PHONE
Albertsons Safeway LLC	**100%** Owner of Albertson's LLC	86-3915481	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200
Albertsons Companies, Inc.	**100%** Owner of Albertsons Safeway LLC	47-4376911	250 E. Parkcenter Boulevard Boise, ID 83706	(208) 395-6200

IDAHO

IDAHO STATE BOARD OF PHARMACY
1199 SHORELINE LN, SUITE 303
BOISE, ID 83702
PHONE: 208-334-2356
FAX: 208-334-3536

FACILITY
Albertsons Specialty Care Pharmacy
500 Baybrook Court
Emma Sue Hoy
Boise, ID 83706
8774668028

LICENSE
License No: 61748LS
License Type: Limited Service Drug Outlet

Inspection Type:	Annual	**Inspection Date:**	7/26/2022
Result:	Finalized		

Notes:
Remarks: location is a data processing center and the system tracks all employee functions. This includes specialty and central processing of data for physical stores.

Checklist Results

24.36.01.103. BOARD INSPECTIONS AND INVESTIGATIONS

Question	Answer
24.36.01.103.01. Records Subject to Board Inspection. Records created, maintained, or retained by Board licensees or registrants in compliance with statutes or rules enforced by the Board must be made available for inspection upon request by Board inspectors or authorized agents. It is unlawful to refuse to permit or to obstruct a Board inspection. (7-1-18)	True
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction. (7-1-18)	True

24.36.01.300. DRUG OUTLETS: MINIMUM FACILITY STAND

Question	Answer
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA. (7-1-18)	Compliant
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law. (7-1-18)	Not Applicable
24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel. (7-1-18)	Not Applicable
24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes. (7-1-18)	Not Applicable
24.36.01.104.10. Substandard, Misbranded, Adulterated, or Expired Products. Manufacturing, compounding, delivering, distributing, dispensing, or permitting to be manufactured, compounded, delivered, distributed or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock.	Not Applicable
24.36.01.501.02. Individual and Outlet Information Changes. Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change.	Compliant

24.36.01.301. [illegible] PRESCRIPTION FILLING REQUIRE

Question	Answer
24.36.01.301.01. Valid Prescription Drug Order. Prescription drugs must only be dispensed pursuant to a valid prescription drug order as set forth in Subchapter D of these rules. (7-1-18)	Not Applicable
24.36.01.301.03. Labeling. Each drug must bear a complete and accurate label as set forth in these rules. (7-1-18)	Not Applicable
24.36.01.301.04. Verification of Dispensing Accuracy. Verification of dispensing accuracy must be performed to compare the drug stock selected to the drug prescribed. If not performed by a pharmacist or prescriber, and electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. A compounded drug may only be verified by a pharmacist or prescriber. (6-30-19)T	Not Applicable

[illegible] TION OR RETURN OF DRUGS OR DE

Question	Answer
24.36.01.408. DESTRUCTION OR RETURN OF DRUGS OR DEVICES: RESTRICTIONS. A drug outlet registered with the DEA	

as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. Otherwise a dispensed drug or prescription device may only be accepted for return as follows: (7-1-18) 01. Potential Harm. When the pharmacist determines that harm could result if the drug is not returned. (7-1-18)02. Did Not Reach Patient. Non-controlled drugs that have been maintained in the custody and control of the institutional facility, dispensing pharmacy, or their related clinical facilities may be returned if product integrity can be assured. Controlled substances may only be returned from a hospital daily delivery system under which a pharmacy dispenses no more than a seventy-two (72) hour supply for a drug order. (6-30-19)T 03. Donation. Those that qualify for return under the provisions of the Idaho Legend Drug Donation Act as specified in Section 54-1762, Idaho Code. (7-1-18)	Not Applicable

[illegible] RECEIPT, MAINTENANCE AND INVEN[illegible]

Question	Answer
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction. (7-1-18)	Compliant
24.36.01.500.02. Prescription Retention. A prescription drug order must be retained in a readily retrievable manner by each drug outlet and maintained in accordance with federal law. (7-1-18)	Not Applicable
24.36.01.500.03. Inventory Records. Each drug outlet must maintain a current, complete and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed or otherwise disposed of by the registrant. Drug outlets must maintain inventories and records in accordance with federal law. An annual inventory must be conducted at each registered location no later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law. Drugs stored outside a drug outlet in accordance with these rules must be regularly inventoried and inspected to ensure that they are properly stored, secured, and accounted for. Additional inventories are necessary when required by federal law. (7-1-18)	Not Applicable
Date of Inventory Completed	-
Open or Closed	-
Name of Pharmacist	-
24.36.01.303 DRUGS STORED OUTSIDE OF A DRUG OUTLET FOR RETRIEVAL BY A LICENSED HEALTH PROFESSIONAL. Drugs may be stored in an alternative designated area outside the drug outlet, including, but not limited to, floor stock, in an emergency cabinet, in an emergency kit, or as emergency outpatient drug delivery from an emergency room at a registered institutional facility, provided the following conditions are met: (7-1-18) .03. Controlled Substances. Controlled substances may only be stored in an alternative designated area as permitted by, and in accordance with, federal law. (7-1-18)	Not Applicable
37-3303A PSE Electronic Tracking System in use	Not Applicable

[illegible] COMPOUNDING DRUG PREPARATIONS

Question	Answer
24.36.01.700. COMPOUNDING DRUG PREPARATIONS.	Not Applicable
24.36.01.700.02.e. Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use. (7-1-18)	Not Applicable
24.36.01.700.02.d. Disposal of Compromised Drugs. When the correct identity, purity, strength, and sterility of ingredients and components cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampoules, punctured stoppers of vials and bags, and containers of ingredients with incomplete labeling) or when the ingredients and components do not possess the expected appearance, aroma, and texture, they must be removed from stock and isolated for return, reclamation, or destruction. (7-1-18)	Not Applicable
24.36.01.700.04.c. Anticipatory Compounding. Limited quantities of a drug product may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged drug product. (7-1-18)	Not Applicable
24.36.01.700.05. Drug Compounding Controls. (7-1-18) a. Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical calculations, policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the following that are applicable to the scope of compounding practice being performed: (7-1-18) i. Appropriate packaging, handling, transport, and storage requirements; (7-1-18) ii. Accuracy and precision of calculations, measurements, and weighing; (7-1-18) iii. Determining ingredient identity, quality, and purity; (7-1-18) iv. Labeling accuracy and completeness; (7-1-18) v. Beyond use dating; (7-1-18) vi. Auditing for deficiencies, including routine environmental sampling, quality and accuracy testing, and maintaining inspection and testing records; (7-1-18) vii. Maintaining environmental quality control; and (7-1-18) viii. Safe limits and ranges for strength of ingredients, pH, bacterial endotoxins, and particulate matter. (7-1-18)	Not Applicable
24.36.01.700.05.c. Non-Patient Specific Records. Except for drug products that are being compounded or sterile prepackaged for direct administration, a production record of drug products compounded or sterile prepackaged in anticipation of receiving prescription drug orders or distributed in the absence of a patient specific prescription drug order ("office use") solely as permitted in these rules, must be prepared and kept for each drug product prepared, including: (7-1-18) i. Production date; (7-1-18) ii. Beyond use date; (7-1-18) iii. List and quantity of each ingredient; (7-1-18) iv. Internal control or serial number; and (7-1-18) v. Initials or unique identifier of all persons involved in the process or the compounder responsible for the accuracy of these processes. (7-1-18)	Not Applicable

[illegible] PREPARATION

Question	Answer
24.36.01.230.08. Sterile Preparation Endorsement. A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices. (7-1-18)	Not Applicable
24.36.01.701.03. Compounder Responsibilities. i. Opened or entered (such as needle-punctured) single-dose containers, such as bags, bottles, syringes, and vials of sterile products and compounded sterile preparations are to be used within one (1) hour if opened in non-sterile conditions, and any remaining contents must be discarded; (7-1-18) ii. Single-dose vials needle-punctured in a sterile environment may be used up to six (6) hours after initial needle puncture; (7-1-18) iii. Opened single-dose ampules may not be stored for any time period; and (7-1-18) iv. Multiple-dose containers (for example, vials) that are formulated for removal of portions on multiple occasions because they contain antimicrobial preservatives, may be used for up to twenty-eight (28) days after initial opening or entering, unless otherwise specified by the manufacturer. (7-1-18)	Not Applicable
24.36.01.701.03.b. Water-containing compounded sterile products that are non-sterile during any phase of the compounding procedure must be sterilized within six (6) hours after completing the preparation in order to minimize the generation of bacterial endotoxins; (7-1-18)	Not Applicable
24.36.01.701.04. Environmental Controls. Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. (7-1-18) a. Hoods and aseptic environmental control devices must be certified for operational efficiency as often as recommended by the manufacturer or at least every six (6) months or if relocated. (7-1-18)	Not Applicable
24.36.01.701.05. Sterile Preparation Equipment. A drug outlet in which sterile preparations are prepared must be equipped with at	

least the following. (7-1-18) a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves, unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary; (7-1-18) b. A sink; (4-11-19) c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary; and (7-1-18) d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797. (4-11-19)	Not Applicable
24.36.01.701.06. Documentation Requirements. The following documentation must also be maintained by a drug outlet in which sterile preparations are prepared. (7-1-18) a. Justification of beyond use dates assigned, pursuant to direct testing or extrapolation from reliable literature sources; (7-1-18) b. Training records, evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; (7-1-18) d. Temperature, logged daily; (7-1-18) e. Beyond use date and accuracy testing, when appropriate; and (7-1-18) f. Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use. (7-1-18)	Not Applicable
24.36.01.701.07. Policies and Procedures. Policies and procedures appropriate to the practice setting must be adopted by a drug outlet preparing sterile pharmaceutical preparations and must include a continuous quality improvement program for monitoring personnel qualifications and training in sterile technique, including: (7-1-18) a. Antiseptic hand cleansing; (7-1-18) b. Disinfection of non-sterile compounding surfaces; (7-1-18) c. Selecting and appropriately donning protective garb; (7-1-18) d. Maintaining or achieving sterility of sterile preparations while maintaining the labeled strength of active ingredients; (7-1-18) e. Manipulating sterile preparations aseptically, including mixing, diluting, purifying, and sterilizing in the proper sequence; (7-1-18) f. Choosing the sterilization method, pursuant to the risk of a contamination of particular compounded sterile preparation; and (7-1-18) g. Inspecting for quality standards before dispensing or distributing. (7-1-18)	Not Applicable

24.36.01.702 HAZARDOUS DRUGS PREPARATION.

Question	Answer
24.36.01.702.01. Ventilation. Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants. (7-1-18)	Not Applicable
24.36.01.702.02. Ventilated Cabinet. Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. (7-1-18)	Not Applicable
24.36.01.702.05. Protective Equipment and Supplies. Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal. (7-1-18)	Not Applicable
24.36.01.702.06. Contamination Prevention. Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging. (7-1-18)	Not Applicable
24.36.01.702.09. Policy and Procedures Manual. Maintain a policy and procedures manual to ensure compliance with this rule. (7-1-18)	Not Applicable

24.36.01.350 PHARMACIST PRESCRIBING: GENERAL REQ

Question	Answer
24.36.01.350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS. In accordance with Section 54-1704, Idaho Code, a pharmacist may independently prescribe drugs, drug categories and devices provided the following general requirements are met: (7-1-18)	No
24.36.01.350.07. Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan. (7-1-18)	Not Applicable
Does facility have CLIA WAIVER for Point of Care Testing	No

24.36.01.103 Inspection Deficiencies

Question	Answer
24.36.01.103.03. Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow-up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. (7-1-18)	Not Answered
24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. (7-1-18) [Discussed with]	Kris
Deficiencies- Education of Code and Rule provided?	Not Answered
Deficiencies- Issued Warning to Pharmacy -Possible Discipline?	Not Answered
Disclaimer - Any items not discussed specifically by compliance officer on this inspection does not constitute compliance nor approval	True

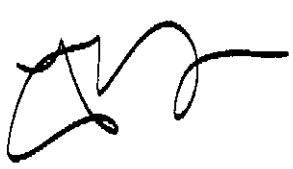
THE UNDERSIGNED LICENSEE OR REPRESENTATIVE AT THE TIME OF INSPECTION ACKNOWLEDGES RECEIPT OF THIS INSPECTION REPORT.



Compliance Officer

7/26/2022

Date/Time



Signature of Owner/Representative

STATE OF IDAHO

Lawerence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

September 19, 2022

Request Type: Certificate of Existence/Filing
Request #: 0004919256
Receipt #: 000716527

Issuance Date: 09/19/2022
Copies Requested: 0

Regarding: ALBERTSON'S LLC
Filing Type: Foreign Limited Liability Company
File # : 167870
Formation/Qualification Date: 06/27/2006
Status: Active-Existing
Formation Locale: DELAWARE
Duration Term: Perpetual
Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

ALBERTSON'S LLC

is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State.

Lawerence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 020047417

IDAHO STATE BOARD OF PHARMACY
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Albertsons Specialty Care Pharmacy dba Albertsons Specialty Care Pharmacy

Limited Service Drug Outlet Registration
Registration No: 617481LS

ISSUED: 06/10/2021 EXPIRES: 12/31/2022
The official status and business address of this license must be verified at Idaho Board of Pharmacy, License Verification.
http://bop.idaho.gov

Physical Address:
500 Baybrook Court
Boise, ID 83706

0
Printed: 11/12/2021

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended February 29, 2020
OR
☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission File Number: 333-205546



Albertsons Companies, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**47-4376911**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

250 Parkcenter Blvd.
Boise, Idaho, 83706
(Address of principal executive offices and zip code)

(208) 395-6200
(Registrant's telephone number, including area code)

Not applicable
(Former name, former address and former fiscal year, if changed since last report)

Securities registered under Section 12(b) of the Exchange Act: None

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
N/A	N/A	N/A

Securities registered under Section 12(g) of the Exchange Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☒ No ☐

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒ (Note: The registrant is a voluntary filer and not subject to the filing requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934. Although not subject to these filing requirements, the registrant has filed all reports that would have been required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months had the registrant been subject to such requirements.)

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

[redacted]

IDAHO

1199 W Shoreline Lane
Boise, ID [redacted]
Phone 208[redacted]
Fax 208[redacted]
BOP Home[redacted]

Licensee Details

This is a primary source verification website offered by the Idaho State Board of Pharmacy.

Demographic Information

Facility Name: Albertsons Specialty Care Pharmacy
Ownership Type: Limited Liability

Physical Address

Street Address:	500 Baybrook Court	**Fax:**	8774668040	**Phone:**	8774668028
City:	Boise	**Zip:**	83706	**State:**	ID
County:	Ada	**Country:**	United States		

License Information

DBA: Albertsons Specialty Care Pharmacy

Lic #:	61748LS	**Type:**	Limited Service Drug Outlet
Status:	Active	**Orig. Issued Date:**	6/10/2021 **Expiry:** 12/31/2022 **Effective:** 6/10/2021
Status Reason:	License Issuance	**Status Date:**	6/10/2021 **Renewed:** 11/11/2021
Method:	Application		

Disciplinary Action

Disciplinary Action is indicated above in red, if the section is BLANK no action exists for this record.

Board Orders

No Related Documents

Close Window

RECEIVED
SEP 21 2022
BY IDOPL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Albertsons Specialty Care Pharmacy

Address: 500 Baybrook Court

City: Boise State: ID Zip: 83706

I hereby authorize the Idaho Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Dawn Burrow

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
61748LS	Active	6/10/2021	12/31/2022

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
Yawnya Cornett	Licensing Specialist	ID	9-22-22	IDAHO STATE BOARD OF PHARMACY

Albertsons Companies

September 25, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Ste 206
Reno, NV 89521

Re: Albertsons Specialty Care Pharmacy

Hello,

Albertsons Companies Inc. operates over 1700 pharmacies across 34 states and the District of Columbia. In the state of Nevada, we have 38 pharmacies under the Albertsons, Safeway, Vons and Sav-On banners. We appreciate the opportunity to file an application for a non-resident pharmacy license in Nevada. The purpose of this letter is to outline the business model for this pharmacy.

Name: Albertsons Specialty Care Pharmacy
Address: 500 Baybrook Ct, Boise, ID 83706
Phone: 877-466-8028
Idaho License: 61748LS
PIC: Kristina Jonas

Scope of Operation:
Our central processing pharmacy operation is based in Boise, Idaho. This pharmacy focuses on supporting pharmacies from a data processing standpoint and does not provide any inventory fulfillment support. The staff based in this facility leverage technology within our dispensing system to perform data entry or data verification of prescriptions that have been received by a company owned Nevada based pharmacy. This technology will allow our staff to perform tasks based on the most urgent next task according to the promised pick-up time for the patient. Our program excludes all controlled substance prescriptions and REMs products.

The support our local pharmacies will receive helps the pharmacy staff to focus on the patients who are in the pharmacy and provide more complete and effective patient care services. We have successfully implemented this program in many states and look forward to seeing these benefits reach the pharmacies in Nevada.

This is a support role of Central Processing this pharmacy provides, and they will not have direct patient interaction. All patient questions can be addressed at the pharmacy who will dispense the prescription to the patient.

Albertsons Companies

Thank you for the consideration of this application and if there is any additional information or clarification needed, please don't hesitate to contact me at Dawn.Burrow2@Albertsons.com or 208-631-1457.

Sincerely,

Dawn Burrow

Dawn Burrow
Licensing Supervisor
Albertsons Companies Inc.

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: AllianceRx Walgreens Pharmacy #1403-1

Physical Address: 7003 Presidents Drive, Suite 260

City: Orlando State: Florida Zip: 32809

Mailing Address (if different from physical address): Walgreen Co., Attn: Licensing Dept. - 300 Wilmot Road, MS 3215

City: Deerfield State: Illinois Zip: 60015

Telephone: 407-859-6197 Toll Free # (NAC 639.708, NRS 639.23286): n/a - see attached

Fax: 407-859-6442 Contact Email: specialtylicenses@walgreens.com

Website: alliancerxwp.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Nicola Johnson ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17283 ✓

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Remote Processing

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ■ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Please see attached.	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): n/a

Corporation Name: Walgreens Boots Alliance, Inc.

Mailing Address: 108 WILMOT ROAD

City: Deerfield State: Illinois Zip: 60015

Telephone: (847) 315-2500 Email: specialtylicenses@walgreens.com

Contact Person Name: Aurora Linang - Licensing Team Lead

Date of SEC Registration: 12/31/2014 | SEC Registration Number: 0001618921 | Stock Exchange Symbol: WBA

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Corporate Secretary (title) for Walgreens Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Tardiff, Corporate Secretary

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/19/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel Tardiff hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Corporate Secretary (title) for Walgreens Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19 day of July, 2022

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Steven W. Everett, Notary Public
Allegheny County
My commission expires October 21, 2022
Commission number 1194054
Member, Pennsylvania Association of Notaries

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicola Johnson Pharmacist Registration #: 17283

Pharmacy Name: AllianceRx Walgreens Pharmacy #1403-1

Initial each statement below to indicate you have read and agree with the following:

NJ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NJ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NJ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NJ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NJ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicola Johnson
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/13/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Tardiff, Corporate Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/11/2022

Date

Board Use Only	Date Received: _____	Amount: 500.00 CK-28307

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002889

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTIONCARE SPECIALTY PHARMACY, REGISTRATION NO. OSP 5773,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Optioncare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002889 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 42108.

4. Respondent Pharmacy neither admits nor denies these findings but does not contest that the Board alleges these findings. It hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708,

C.R.S., and that such conduct may provide grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully

with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 3/30/2010

Subscribed and sworn to before me in the County of Washtenaw, State of Michigan, this 30 day of March, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Optioncare Specialty Pharmacy.

JESSICA E. HANNING
Notary Public, State of Michigan
County of Wayne
My Commission Expires 05-04-2013
Acting in the County of Washtenaw

My commission expires: 5/4/2013

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF April, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:36

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2010 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'10 NOV 23 P1:36

Agent of the Board

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura

KERRI OKAMURA
Chairperson

4/28/16

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6th day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6th day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 13th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:36

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John Steele
John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

RECEIVED
2010 NOV 23 P 1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

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MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

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STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)
v.		) No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538,	Respondent	)

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Alliance Rx Walgreens Prime (hereinafter "Respondent") on January 11, 2019 and said Complaint having been sent to Respondent's last known email address of record; Respondent having been ordered to file an answer or be held in default on February 25, 2019; Respondent having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondent's email address of record on May 17, 2019; Respondent having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefore, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore Ordered that the Pharmacy License of Alliance Rx Walgreens Prime, license number 054.017538, is assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2017-09917
License No. 054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. ALLIANCE RX WALGREENS PRIME, (hereinafter "Respondent") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is currently in ACTIVE status.
2. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.
3. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

4. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.
5. The Board finds the allegations said Complaint to be true:
    a. ALLIANCE RX WALGREENS PRIME (hereinafter "Respondent Pharmacy") is currently licensed as a Pharmacy in the State of Illinois, License Number 054.017538. Respondent's Pharmacy license is currently in "Active" status.
    b. On or about October 3, 2017 and October 10, 2017, Respondent Pharmacy dispensed an incorrect prescription to Patient S.J.
    c. On or about October 3, 2017, Respondent Pharmacy received new prescriptions for Patient S.J, Rx Number 154382250892 for BD Needles 25G x 5/8.
    d. On or about October 6, 2017, Respondent Pharmacy did not catch the mistake and the order was filled and dispensed without the BD Needles 25G x 5/8 to Patient S.J.
    e. On or about October 7, 2017, Patient S.J. contacted Respondent Pharmacy and advised the order was missing the needles and syringes.
    f. On or about October 10, 2017, Respondent Pharmacy scheduled the syringes for delivery to Patient S.J.
    g. Respondent Pharmacy did not catch the mistake and the order was filled and dispensed with the incorrect syringes, 3CC Oral Syringes.
    h. Patient S.J. did not receive the needles in a timely manner and was unable to administer the medication prescribed.
    i. Respondent has committed dispensing errors that resulted in the patient being unable

to administer the prescribed medication.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Alliance RX Walgreens Prime is in violation of 68 Ill. Admin. Code 1330.30(o),
4. .and 225 ILCS 85/30(a)(2), and (7).
5. Respondent Alliance RX Walgreens Prime's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), and (7).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of ALLIANCE RX WALGREENS PRIME, License No. 054.017538, be FINED Two Thousand Dollars ($2,000.00).

DATED THIS 14 DAY OF May, 2019.

Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

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MEMBER

MEMBER

Case No. 2017-09917
License No. 054.017538

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Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

October 27, 2010

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr. #100
Frisco, TX 75034

RE: Stipulation and Final Agency Order
Case #2011-0518

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATON OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

Dear Mr. Mathews:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective October 18, 2010.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

enclosure
cc: Michael Simko, Esq.
John H. Steele, Director, Office of Expedited Settlement
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of September 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Gary A. Peter, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of October 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Michael Simko, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2

WALGREENS SPECIALTY PHARMACY, LLC

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
WALGREENS SPECIALTY PHARMACY, LLC
7164 TECHNOLOGY DR #100

FRISCO, TX 75034

From: The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.
>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: 5500000065148843

Report Password: b7rr3gfw23

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2
WALGREENS SPECIALTY PHARMACY, LLC

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065148843

This report is maintained under the provisions of:

[ ] Title IV (NPDB) [ ] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	COLORADO STATE BOARD OF PHARMACY
Address:	1560 BROADWAY, STE. 1300
City, State, Zip:	DENVER, CO 80202-0546
Country:	
Name of Office:	COLORADO STATE BOARD OF PHARMACY
Title or Department:	DORA/PROGRAM ASSISTANT
Telephone:	(303) 894-7754
Entity Internal Report Reference:	2011-0518
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	WALGREENS SPECIALTY PHARMACY, LLC
Other Organization Name(s) Used:	WALGREENS SPECIALTY PHARMACY #13625
Business Address:	7164 TECHNOLOGY DR #100
City, State, ZIP:	FRISCO, TX 75034
Organization Type:	PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	260631132
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	5004, CO
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	NO
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	COLORADO STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010

WALGREENS SPECIALTY PHARMACY, LLC

Date Action Was Taken:	10/18/2010
Date Action Became Effective:	10/18/2010
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 5,500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Stipulation and Final Agency Order, effective 10/18/10, Case #2011-0518, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine, and the action was completed effective 10/18/10.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/27/2010
Date of Most Recent Change: 10/27/2010

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

END OF DOCUMENT

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

HEARINGS OFFICE
2016 APR 28 P 2:26
DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura — 4/28/16

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

NOV 23 P 1:35

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2010 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John Steele

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 24th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

11 NOV 23 P1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP**. At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers**. Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

Carter recuse
Pietrandoni recuse

DHP – MAILROOM

JAN 29 2021

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: WALGREENS SPECIALTY PHARMACY, LLC D/B/A ALLIANCERX WALGREENS PRIME #15443

Permit Number: 0214-000307
Case Number: 203205

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Thomas J. Matthews, Pharmacist-in-Charge of Walgreens Specialty Pharmacy, LLC DBA AllianceRX Walgreens Prime #15443 ("AllianceRX"), Frisco, Texas, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting AllianceRX's permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On July 16, 1998, the Board issued Permit Number 0214-000307 to AllianceRX to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit is scheduled to expire on July 31, 2021. At all times relevant hereto, said permit was in full force and effect.

2. AllianceRX violated Virginia Code § 54.1-3316(1) and (13) in that it failed to provide Patient A's physician with a prescription for a life-saving medication, Revlimid, on or before April 10, 2019, as requested by Patient A on April 2, 2019. When Patient A requested shipment of a prescription for Revlimid to his physician's office for April 10, 2019 administration, a hold, which had previously been placed on the prescription due to side effects reported by Patient A, was not removed from the prescription, causing the prescription not to be processed.

3. AllianceRX reported that it has changed the process for placing these types of prescriptions on hold to prevent this situation from happening again.

CONSENT

AllianceRX, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. AllianceRX has been advised to seek advice of counsel prior to signing this document;

2. AllianceRX is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. AllianceRX acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. AllianceRX waives its right to an informal conference;

5. AllianceRX admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. AllianceRX consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. AllianceRX is assessed a MONETARY PENALTY of $500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. AllianceRX shall comply with all laws and regulations governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

FAR Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/3/2021

SEEN AND AGREED TO:

Thomas J. Matthews, representative for
Walgreens Specialty Pharmacy, LLC D/B/A AllianceRx Walgreens Prime #15443

STATE OF TEXAS
COUNTY/CITY OF Collin / Frisco, TO WIT:

Subscribed and sworn to before me, a notary public in and for the state of Texas at large, on this 26th day of January, 2021.

TARAH RECKER
My Notary ID # 131137161
Expires May 19, 2021

Notary Public

My commission expires: 5/19/2021

Registration No.: 131137161

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000519

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #10997, REGISTRATION NO. OSP 5198,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000519 as follows:

1. On January 11, 2000, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5198 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 500 Noblestown Rd., Ste. 200, Carnegie, PA 15106.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On January 28, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of January 16 through January 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kathleen K. Kosh
Authorized Agent of Respondent Pharmacy

Dated: 9/29/2010

Subscribed and sworn to before me in the County of Allegheny, State of Pennsylvania, this 29th day of September, 2010 by LaVerne B. Boell, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997.

My commission expires: April 26, 2013

LaVerne B. Boell
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
LaVerne B. Boell, Notary Public
South Fayette Twp., Allegheny County
My Commission Expires April 26, 2013
Member, Pennsylvania Association of Notaries

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 20th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

AC# 11063389

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/15/2022	PH 34014	130238

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2023**
WALGREENS SPECIALTY PHARMACY, LLC
AllianceRx Walgreens Pharmacy #1403-1
7003 PRESIDENTS DRIVE
SUITE 260
ORLANDO, FL - 32809

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11063389
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 06/15/2022 | LICENSE NO. PH 34014 | CONTROL NO. 130238
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2023
WALGREENS SPECIALTY PHARMACY, LLC
AllianceRx Walgreens Pharmacy #1403-1
QUALIFICATION(S): Community Pharmacy
REGISTRANT SIGNATURE

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 34014. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV355 - Community Pharmacy (New Business / Change of Owner)

File # 28579
Insp # 185481

NAME	PERMIT NUMBER	DATE OF INSPECTION
Walgreens Specialty Pharmacy, LLC		06/13/2022
DOING BUSINESS AS ALLIANCERX WALGREENS PHARMACY #1403-1		
STREET ADDRESS 7003 Presidents Drive Suite 260	**TELEPHONE #** 877-627-6337	**EXT**
CITY ORLANDO	**COUNTY** ORANGE	**STATE/ZIP** FL/32809

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8am-10pm
Monday Y	Monday Hours 8am-10pm
Tuesday Y	Tuesday Hours 8am-10pm
Wednesday Y	Wednesday Hours 8am-10pm
Thursday Y	Thursday Hours 8am-10pm
Friday Y	Friday Hours 8am-10pm
Saturday Y	Saturday Hours 8am-10pm
Sunday Y	Sunday Hours 8am-10pm

Registered Pharmacist / Intern / Tech

License # 50061	Licensee Name Nicola J Johnson
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

JOHNSON, NICOLA JAYNE	License # 50061

RX DPT MGR/COR/POR

JOHNSON, NICOLA JAYNE	License # 50061

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	N/A
Private Consultation Area available. [64B16-28.1035, F.A.C]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 185481

Walgreens Specialty Pharmacy, LLC

File # 28579

Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.]	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

Today's inspection meets the requirements for a new pharmacy permit.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

BLAKE, ELLEN

Date:6/13/2022

Representative:

Nicola Johnson

Date:6/13/2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 28579
Insp # 185839

NAME	PERMIT NUMBER	DATE OF INSPECTION
Walgreens Specialty Pharmacy, LLC	34014	07/11/2022
DOING BUSINESS AS ALLIANCERX WALGREENS PHARMACY #1403-1		
STREET ADDRESS 7003 Presidents Drive Suite 260	**TELEPHONE #** 877-627-6337	**EXT**
CITY ORLANDO	**COUNTY**	**STATE/ZIP** FL/32809

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9am-5pm
Monday Y	Monday Hours
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday Y	Saturday Hours closed
Sunday Y	Sunday Hours closed

Registered Pharmacist / Intern / Tech

License # 50061	Licensee Name Nicola J Johnson
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

JOHNSON, NICOLA JAYNE	License # 50061

RX DPT MGR/COR/POR

JOHNSON, NICOLA JAYNE	License # 50061

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.] *No medications on site*	N/A
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes

INV359 - Community Requirements

Insp # 185839

Walgreens Specialty Pharmacy, LLC

File # 28579

All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05] *scripts are not sent to this site they are scanned in at other locations*	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C] *Log is an electronic attestation. The attestation is then emailed to the PIC weekly as an excel spreadsheet. The log is digitally signed.*	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	N/A
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.] *in bathroom*	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.] *4:1 below policy limit*	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.] *online statement signed in Learning training management performance site*	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.] *Learning training management performance site*	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *via phone*	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14] *No drugs onsite to label*	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *Monthly CQI meetings, QM SOP 001*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *No CS*	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	N/A
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

INV359 - Community Requirements

Insp # 185839

Walgreens Specialty Pharmacy, LLC

File # 28579

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Pharmacy has been open about 1 month. No drugs on site. Call center only.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

GRUBB, SWANIEE

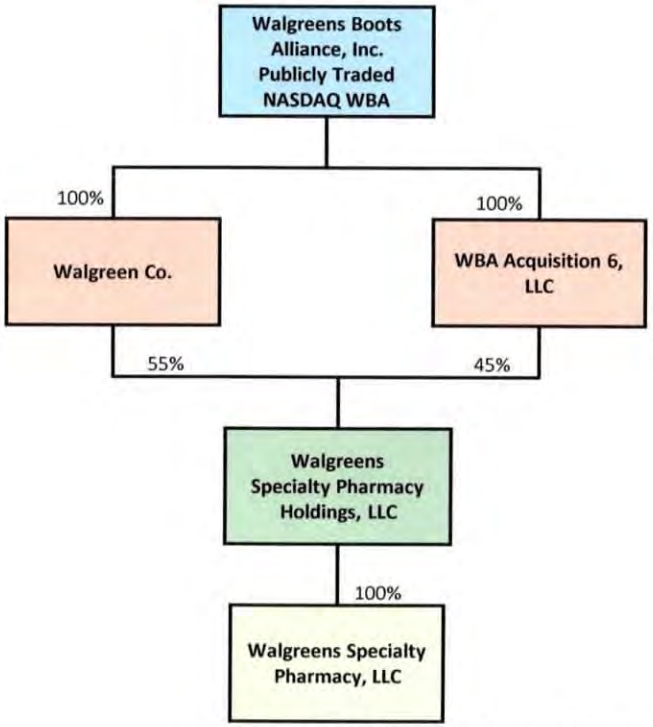
Date:7/11/2022

Representative:

Nicola Johnson

N Johnson

Date:7/11/2022



Officers for Walgreens Specialty Pharmacy, LLC:
Chief Executive Officer – Joel Wright
Chief Financial Officer – Alexander Katen
Chief Operating Officer – Tracey James
Secretary – Daniel Tardiff
Assistant Secretary – Susan Halliday
Assistant Secretary, Tax – John Saylor

Walgreens Specialty Pharmacy, LLC, d/b/a AllianceRx Walgreens Pharmacy #1403-1

Officer List

Owner (100%)
Walgreens Specialty Pharmacy, LLC
300 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-3700

Chief Executive Officer
Joel Wright
D.o.B: [redacted]
2354 Commerce Park Drive, Suite 100
Orlando, Florida 32819
Ph: 877-627-6337

Chief Financial Officer
Alexander Katen
D.o.B: [redacted]
2354 Commerce Park Drive, Suite 100
Orlando, Florida 32819
Ph: 877-627-6337

Chief Operating Officer
Tracey James
D.o.B: [redacted]
2354 Commerce Park Drive, Suite 100
Orlando, Florida 32819
Ph: 877-627-6337

Secretary
Daniel Tardiff
D.o.B: [redacted]
108 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-2500

Assistant Secretary
Susan Halliday
D.o.B: [redacted]
300 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-2500

Assistant Secretary, Tax
John Saylor
D.o.B: [redacted]
300 Wilmot Road
Deerfield, Illinois 60015
Ph: 847-315-2500

Top Four Stockholders of Walgreens Boots Alliance, Inc.

1. Stefano Pessina – 16.5%
2. The Vanguard Group – 8.05%
3. BlackRock, Inc. – 6.05%
4. SSgA Funds Management, Inc. – 5.77%

All stockholders holding more than 10% of shares in Walgreens Boots Alliance, Inc.

1. Stefano Pessina – 16.5%

There is no toll-free number for patients to call the Orlando (#1403-1) pharmacy directly since they do not dispense prescriptions. The patients would call the toll-free number on their RX label which would be one of the following:

800-541-4959 Frisco TX
888-282-6166 Canton MI
800-424-9002 Frisco TX
888-347-3416 Pittsburgh PA

LAST	First	State License	License#	Exp Date	Work Status
Alayoku	Wale	FL	PS49022	9/30/2023	Full Time
Arafat	Manal	FL	PS47387	9/30/2023	Full Time
Betanco	Linda	FL	PS51260	9/30/2023	Full Time
Brahmbhatt	Harikrishna	FL	PS56027	9/30/2023	Full Time
Cibulas	Matthew	FL	PS22799	9/30/2023	Full Time
Cupeto	Eleanor	FL	PS41480	9/30/2023	Full Time
Davison	Carina	FL	PS48547	9/30/2023	Full Time
Gill	Stephen	FL	PS51917	9/30/2023	Full Time
Heath	Kandice	FL	PS51247	9/30/2023	Full Time
Irvin	Desirea	FL	PS42943	9/30/2023	Full Time
Jasso	Paola	FL	PS35975	9/30/2023	Full Time
Johnson	Nicola	FL	PS50061	9/30/2023	Full Time
Marrero Nieves	Nichol	FL	PS49915	9/30/2023	Full Time
Massop	Nadia	FL	PS43149	9/30/2023	Full Time
Nashed	Nadine	FL	PS52845	9/30/2023	Full Time
Nickerson	Cromartie	FL	PS49456	9/30/2023	Full Time
Pham	Phuong	FL	PS46626	9/30/2023	Full Time
Saleh	Samir	FL	PS48330	9/30/2023	Full Time
Sampat	Ojas	FL	PS46068	9/30/2023	Full Time
Shannon	Kimberly	FL	P530747	9/30/2023	Full Time
Soliman	Mariam	FL	PS57010	9/30/2023	Full Time
Strenchock	Trevor	FL	PS54777	9/30/2023	Full Time
Sukie	Lisa	FL	PS60116	9/30/2023	Full Time
Thalla	Adam	FL	PS52469	9/30/2023	Full Time
Victoria	Natalie	FL	PS46446	9/30/2023	Full Time
Wright	Gia	FL	PS54767	9/30/2023	Full Time
Zayed	Yasmeen	FL	PS57333	9/30/2023	Full Time

LAST NAME	FIRST NAME	STATE	LICENSE #	EXP_L_DATE	Work Status
Abreu Valentin	Valerie	FL	RPT79549	12/31/2022	Full Time
Agosto Gonzalez	Kiana Angely	FL	RPT63972	12/31/2022	Full Time
Albert	Victoria	FL	RPT39548	12/31/2022	Full Time
Andrade	Jonathan Manuel	FL	RPT36870	12/31/2022	Full Time
Baez	Zaida	FL	RPT2784	12/31/2022	Full Time
Bailey	Ivanya	FL	RPT76981	12/31/2022	Full Time
Balkaran	Ashley	FL	RPT28632	12/31/2022	Full Time
Bazan-Gillis	Romy	FL	RPT48711	12/31/2022	Full Time
Benitez Morales	Ailin	FL	RPT43692	12/31/2022	Full Time
Borges	Maria	FL	RPT77936	12/31/2022	Full Time
Carnivale	Catherine Ann	FL	RPT46271	12/31/2022	Full Time
Casimir	Michel	FL	RPT63515	12/31/2022	Full Time
Castro Espinosa	Yahaira	FL	RPT84952	12/31/2022	Full Time
Charest	Donna L	FL	RPT38391	12/31/2022	Full Time
Cruz	Jose Antonio	FL	RPT37856	12/31/2022	Full Time
Cruz	Omayra	FL	RPT78057	12/31/2022	Full Time
Darsan	Anita	FL	RPT61086	12/31/2022	Full Time
Do	Khiem	FL	RPT34996	12/31/2022	Full Time
Dorsainvil	Darcy	FL	RPT80962	12/31/2022	Full Time
Edwards	Lanell	FL	RPT81587	12/31/2022	Full Time
Emelan	Miranda	FL	RPT87655	12/31/2022	Full Time
Fawzy Kamel Gamil	Virginia	FL	RPT75367	12/31/2022	Full Time
Ferguson	Brittany Lacreta	FL	RPT46527	12/31/2022	Full Time
Ferjuste	Yolande	FL	RPT45067	12/31/2022	Full Time
Furlow	Teneshia	FL	RPT88733	12/31/2022	Full Time
Garcia	Valentina	FL	RPT72743	12/31/2022	Full Time
Giraldo	Jainelis	FL	RPT74661	12/31/2022	Full Time
Gonzalez	Erica	FL	RPT11866	12/31/2022	Full Time
Gutierrez	Janira	FL	RPT14722	12/31/2022	Full Time
Hale	William Robinson	FL	RPT64519	12/31/2022	Full Time
Henderson	Keisha Monique	FL	RPT42421	12/31/2022	Full Time
Henry	Aesha	FL	RPT21799	12/31/2022	Full Time
Hernandez	Magaly Ibet	FL	RPT52947	12/31/2022	Full Time
Herrington	Rosa	FL	RPT79991	12/31/2022	Full Time
Hill	Alexandria	FL	RPT66850	12/31/2022	Full Time
Jaeger	Priscilla	FL	RPT3843	12/31/2022	Full Time
Jagarnauth	Dana	FL	RPT70124	12/31/2022	Full Time
Johnson	Justin	FL	RPT77743	12/31/2022	Full Time
Jones	Linda V	FL	RPT65492	12/31/2022	Full Time
Kearse	Courtnay A	FL	RPT9765	12/31/2022	Full Time
Kiddish	Rachel	FL	RPT66232	12/31/2022	Full Time
Laguerre	Kettia	FL	RPT75232	12/31/2022	Full Time
Laines	Rebecca	FL	RPT77271	12/31/2022	Full Time
Lopez	Dannash	FL	RPT82634	12/31/2022	Full Time
Macneva	Irina	FL	RPT76913	12/31/2022	Full Time
Maldonado	Marla	FL	RPT76524	12/31/2022	Full Time

Manning	Janelle	FL	RPT87272	12/31/2022 Full Time
Martinez	Glorivee	FL	RPT85836	12/31/2022 Full Time
Matthews	Nadra	FL	RPT81332	12/31/2022 Full Time
Melendez	Arlette	FL	RPT31888	12/31/2022 Full Time
Mendez	Annie	FL	RPT37435	12/31/2022 Full Time
Mendoza	Marilu	FL	RPT43791	12/31/2022 Full Time
Mesa	Jasiela	FL	RPT59806	12/31/2022 Full Time
Mobley	Jemila	FL	RPT74275	12/31/2022 Full Time
Montero	Jose Antonio	FL	RPT47069	12/31/2022 Full Time
Montes	William Rodrigo	FL	RPT50278	12/31/2022 Full Time
Moore	Pamela Elaine	FL	RPT15346	12/31/2022 Full Time
Morrell	James	FL	RPT94087	12/31/2022 Full Time
Murillo	Laura	FL	RPT87250	12/31/2022 Full Time
Myers	Dawnell	FL	RPT87948	12/31/2022 Full Time
Nguyen	Steve	FL	RPT80028	12/31/2022 Full Time
Nicolas	Marlee	FL	RPT70067	12/31/2022 Full Time
Nivar	Anny	FL	RPT46623	12/31/2022 Full Time
Orozco	Cassandra	FL	RPT86450	12/31/2022 Full Time
Palomares	Vicmarie	FL	RPT50281	12/31/2022 Full Time
Pierre-Francois	Mackenzy	FL	RPT8931	12/31/2022 Full Time
Pizarro	Pollyanna	FL	RPT47441	12/31/2022 Full Time
Pou	Alejandra	FL	RPT86060	12/31/2022 Full Time
Quintana	Janet	FL	RPT14670	12/31/2022 Full Time
Rendel	Kechena	FL	RPT80011	12/31/2022 Full Time
Reyes	Sandra	FL	RPT42802	12/31/2022 Full Time
Rigby	Victoria K	FL	RPT51422	12/31/2022 Full Time
Rivera	Yaritza	FL	RPT7S983	12/31/2022 Full Time
Rivera-Perez	Luis Manuel	FL	RPT66875	12/31/2022 Full Time
Rivero	Salomon	FL	RPT49074	12/31/2022 Full Time
Robinson	Cierra	FL	RPT86328	12/31/2022 Full Time
Rodriguez Santos	Hiram	FL	RPT87725	12/31/2022 Full Time
Rodriguez-Obenhausen	Vanessa	FL	RPT40663	12/31/2022 Full Time
Sanchez Hernandez	Naiomy Yari	FL	RPT40358	12/31/2022 Full Time
Santana Torres	Sierra	FL	RPT75989	12/31/2022 Full Time
Santiago	Christopher Junior	FL	RPT25387	12/31/2022 Full Time
Sarika	Dimitra	FL	RPT38732	12/31/2022 Full Time
Schultz	Vanessa	FL	RPT12858	12/31/2022 Full Time
Shack	William Madison	FL	RPT52254	12/31/2022 Full Time
Sharifzadeh	Emily	FL	RPT57064	12/31/2022 Full Time
Sharifzadeh-Foomani	Samira	FL	RPT81067	12/31/2022 Full Time
Shelton	Kenya	FL	RPT72368	12/31/2022 Full Time
Shuler	Keyondra Katerica	FL	RPT37917	12/31/2022 Full Time
Smith Williams	Sielean	FL	RPT49146	12/31/2022 Full Time
Stevens Vega	Gabriela	FL	RPT76685	12/31/2022 Full Time
Tate	Aynesha Altanece	FL	RPT57345	12/31/2022 Full Time
Thomas	Jayda	FL	RPT67158	12/31/2022 Full Time
Thompson	Stacian	FL	RPT83824	12/31/2022 Full Time

Thrailkill-Beasley	Morgan	FL	RPT68126	12/31/2022	Full Time
Tillman	Keane Danton	FL	RPT2776	12/31/2022	Full Time
Urena	Dormarieli	FL	RPT35163	12/31/2022	Full Time
Velazquez	Liz Erika	FL	RPT3842	12/31/2022	Full Time

12D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

4

Where is the facility located?
☐ Nevada
■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Option Care Home Care, Inc.

Physical Address: 9401 Chivers Ave.

City: Sun Valley State: CA Zip: 91352

Mailing Address (if different from physical address): 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: (818) 351-3000 Toll Free # (NAC 639.708, NRS 639.23286): (800) 800-4852

Fax: (818) 688-0634 Contact Email: oc-peandl@optioncare.com

Website: www.optioncarehealth.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Lucile Chun ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11581 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.500S. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Lucile Chun	NV Pharmacist Registration #: 11581
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ■ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): Option Care Enterprises, Inc.

Corporation/Organization Name: Option Care Home Care, Inc.

Mailing Address: 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: (312) 940-2500 Email: oc-peandl@optioncare.com

Contact Person Name: Jessica Veltum

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President/ CFO & Treasurer (title) for Option Care Home Care, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Shapiro

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/5/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, N/A hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Lucile Chun Pharmacist Registration #: 11581

Pharmacy Name: Option Care Home Care, Inc.

Initial each statement below to indicate you have read and agree with the following:

LC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History:	Yes:	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lucile Chun

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/9/21

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Shapiro

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received:	Amount: 500 check # 9105458

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Option Care

NV Pharmacy or Outsourcing facility license # (if applicable): Pending

Physical Address: 9401 Chivers Ave.

City: Sun Valley State: CA Zip: 91352

Mailing Address (if different from physical address): 3000 Lakeside Dr., Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: (800) 800-4852 Toll Free # (NAC 639.708, NRS 639.23286): (800) 800-4852

Fax: (818) 688-0634 Contact Email: oc-peandl@optioncare.com

Website: optioncare.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Lucile Chun

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11581

Name of Person with direct knowledge of compounding procedures: Lucile Chun

Email of Person with direct knowledge of compounding procedures: lucile.chun@optioncare.com

Telephone of Person with direct knowledge of compounding procedures: (800) 800-4852

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☑ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

1) antibiotics
2) hydration
3) total parenteral nutrition
4) chemotherapeutic agents

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

pharmacist visually inspect completed CSP for the presence of particles, foreign matter, evidence of incompatibilities, other defects, container/closure integrity and any apparent defects. Note: This is initially done by the compounding technician. The pharmacist does the final check.

8. How often do you perform glove fingertip and medial fill testing?

initially upon hire, then annually thereafter.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

employee ceases to compound. re-education and retesting of employee.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

initial - compete competencies in the electronic management system, i.e., option care clean room environment, review videos on clean room, complete critical points, review policies on clean rooms and microbial monitoring, aseptic technique, BUD, Garbing and gowning, Hand washing, Glove Fingertip testing / personnel media FILL, pharmacy equipment (Exacamix); Gloved Fingertip Thumb test and media fill test, low/medium or pN media fill (IF applicable). *see attached page

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Daily - in the am, prior to compounding, all pecs are disinfected with sterile 70% IPA. The anteroom sink and pass through window is cleaned with sterile germicidal, TB1000 in the morning.

at end of day, sterile germicidal, TB1000 is used to clean all pecs, horizontal surfaces, such as carts, door handle, floors, anteroom sink, pass through window followed by sterile 70% IPA (includes all pumps w/in the laminar flow hood).

* see attached page

12. Who performs the sterile compounding process at your facility?

Trained pharmacy technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

Designated person - pharmacy supervisor, pharmacy manager, and pharmacy technician supervisor

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

OCH has vetted their pack-out process for overnight deliveries based on package size and number of ice packs to ensure viability of medication. We also have a specific pack out process and policy.

OCH = Option Care Health

cont... #10

initial - media fill / Gloves fingertip thumb testing in BSC in NPR.

annual - complete sterile compounding practice series each quarter Gloves fingertip thumb testing, Low/medium media fill validations, PN media fill (if applicable) and media fill / fingertip thumb testing in BSC in NPR.

cont... #11

Twice monthly - sterile peridox (sterile spiritual property) is used in place of sterile germicidal agent during Daily cleaning.

monthly - the entire pec and see is cleaned (i.e. ceiling, floors, walls, racks, chairs, carts, pumps, doors, sink, pass through window) with sterile peridox after the appropriate contact time, followed by sterile 70% IPA.

This also applies to our negative pressure room. However, on the days Chemo is compounded, The BSC in the NPR is decontaminated at the end of the day with: sterile peridox application x 2, followed by sterile 70% isopropyl alcohol. The NPR itself is decontaminated with sterile peridox Followed by 70% isopropyl alcohol

3a.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

BIOLOGIC safety cabinet

2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☑ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☑ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☑ Yes	☐ No

7. If yes, list the name of the device:

equashield

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

at start of care, patient or careeiver is verbally instructed on the proper handling and disposal of hazardous drugs. our company also includes a flyer in the intro packet regarding the mail back system that is utilized for disposal. this is reinforced again when patient is discharged off service.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

review clean room videos which include receipt, spill control of HD and training modules regarding. Hand Hygiene, PPE, compounding, labeling, packaging, transport, dispensing, administration, deactivation/decontamination/cleaning/disinfecting, disposal, list of HDs, engineering controls, exposure prevention/reduction. employee education on safety data sheets and closed system, equashield used to compound. employee is respirator fit tested and media fill/glove fingertip thumb test performed in BSC in npr.

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)
1. List the specific high risk sterile products that your facility compounds:
2. What sterilization methods are utilized at your facility?
3. Does your facility utilize biological indicators? ☐ Yes ☐ No
4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LUCILE CHUN

Name of Person who Completed the Form

pharmacy manager

Title

Signature (copies or stamps not accepted)

10/19/22

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	OPTION CARE HOME CARE, INC.
Entity No.:	2367123
Registration Date:	11/15/2001
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	ILLINOIS
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 31, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 016951529

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

OFFICERS AND DIRECTORS
OPTION CARE HOME CARE, INC.

TITLE	NAME	CORPORATE ADDRESS
President/CFO and Treasurer	Michael Shapiro	3000 Lakeside Drive Suite 300N Bannockburn, IL 60015
Secretary	Collin Smyser	3000 Lakeside Drive Suite 300N Bannockburn, IL 60015

*Denotes Director

OPTION CARE
3000 LAKESIDE DR., STE 300N
BANNOCKBURN, IL 60015-5405

10002542/000013

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FO8695403	12-31-2024	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	CHAIN PHARMACY	11-09-2021

OPTION CARE
OPTION CARE HOME CARE, INC.
9401 CHIVERS AVE.
SUN VALLEY, CA 91352-2655

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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Form DEA-223 (9/2016)

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 57334 ISSUE DATE AUGUST 06, 2019

OPTION CARE

9401 CHIVERS AVE
SUN VALLEY CA 91352

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
LUCILE LAM CHUN

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

---

Renewal Certificate

Retail Pharmacy Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. PHY 57334
RECEIPT NO. 00180095

VALID UNTIL AUGUST 01, 2023

OPTION CARE
9401 CHIVERS AVE
SUN VALLEY CA 91352

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

3/20/22
3/20/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57334

NAME: OPTION CARE

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

9401 CHIVERS AVE
SUN VALLEY CA 91352
LOS ANGELES COUNTY

ISSUANCE DATE

AUGUST 6, 2019

EXPIRATION DATE

AUGUST 1, 2023

CURRENT DATE / TIME

JUNE 23, 2022
5:58:37 AM

LICENSE RELATIONSHIPS

NAME: OPTION CARE

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101427 **PRIMARY STATUS:** CLEAR

ADDRESS :
9401 CHIVERS AVE
CLEAN ROOM
SUN VALLEY CA 91352
LOS ANGELES COUNTY

NAME: CHUN, LUCILE LAM

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 46528 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 7/7/2021 Inspector: Julia Krumer

Firm: OPTION CARE Phone: (818) 351-3000

Address: 9401 CHIVERS AVE City: SUN VALLEY Zip: 91352

Ownership: CORPORATION

Permit #: LSC101427 PHY57334 Permit Exp: 8/1/2021 DEA#: FO8695403 DEA Exp: 12/31/2021

Date of Self Assessment Form: 5/30/2021 Other Permit #: N/A Date of DEA Inventory: 4/5/2021

Hours M-F: 8:30AM-5:30PM Hours Saturday 9AM-5PM Hours Sunday: 9AM-5PM

PIC LUCILE L CHUN RPH46528 Administrator

RPH Consultant

Staff RPH Name:	License #:
TAMAR KALAYJIAN-ASDO	RPH49620
MING W LUONG	RPH50342
QUYNH U DAO	RPH66956
RAMAN DADAYAN	RPH66572
AMY W LO	RPH61196
EVAN H KAM	RPH67408
VICKI W LAU	RPH69484
IBRAHIM NASHAAT I NASER	RPH72622
AZIZA J LONG	RPH70315
NORA B TAHMASSIAN	RPH56608
LE T NGUYEN	RPH64960
MICHELLE LORRAI C NOCED	RPH62630
SILVA UGURYAN	RPH57611
SARA S LEE	RPH59329
MELVIN D VU	RPH55466

Staff Name:	License #:
ALEJANDRO GUERRERO	TCH95441
ALVIN S AMBROSIO	TCH128671
ANTHONY S MILITELLO	TCH103169
CHRISTOPHER V DONG	TCH149656
HECTOR A MORALES	TCH33307
HUMBERTO G RAMIREZ	TCH36031
IMELDA C BALLEJOS	TCH130654
JEANETTE M BERRIOS	TCH158811
JORGE L CASTRO	TCH84052
JOSHUA J ANGEL DOMINGUE	TCH170904
MARIAM L HERNANDEZ	TCH176657
RUDY C GOVEA III	TCH29665
VICTOR REYES	TCH63767

Inspector Remarks:

Here today for LSC renewal inspection. RPH Kalayjian-Asdourian (pharmacy supervisor) available to assist.
ACHC accredited
Closed door Infusion pharmacy with infusion room on site. SCP are also delivered to patients to be infused at their place of residence.
Due to COVID-19, some of the pharmacy documents were reviewed prior to onsite inspection.
Inspection report was reviewed with RPH Kalayjian-Asdourian on 07/07/2021.

General Information:

Compounds about 150 SCP/day (low to medium risk). All patient specific, no pre-batching

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INSPECTION REPORT

Anti-neoplastic compounding 2-3/day (Cytarabine, 5FU)
Compounding self-assessments reviewed
Updated list of SCPs received (Ceftriaxone, Cefazolin, Ertapenem, TPN, hydration)
Pharmacy compounds TPN (about 10-15 per day)
No FDA or DEA inspections with applicable reports issued within the past 12 months.
BUD- 9 days refrigerated or less depending on a product.
WLS- Amerisource Bergen
Reverse Distributor-Stericycle
Waste-Stericycle

Previous BOP Inspection Report:
Reviewed 2020 inspection report. No corrections or written notices were issued.

Pharmacy Law Waivers:
Waiver from Patient – Centered Labeling Requirements (extension was approved on 10/16/2020 until 11/1/2023)

Sterile Compounding Area:
Certification completed by: CleanRooms Plus on 06/18/2021
Dynamic testing, Non-viable air sampling, HEPA filter leak testing, air changes, smoke study, and viable air and surface sampling were completed on 06/18/2021. One area in Buffer Zone had out of compliance growth in surface sampling (Aspergillus niger, 1 CFU), triple cleaning was performed and retested the surface in house (no growth was detected). Use Hardy Diagnostics TSA (L and T) plates, surface sample was incubated for 48 hr (30-35 C), then 5 days at 20-25 C.
Surface sampling is done also in house monthly.
Two areas in ante-room had acceptable growth in air samples.
Description of PECs: in non HD- 6 ISO 5 Horizontal Air Flow Hoods (Nuaire)
One pass-through between non-HD clean room and Ante-room
Description of PECs: in HD room- one ISO 5 Nuaire (BSC)
Description of SEC: ISO 7 Positive pressure clean room, ISO 7 negative pressure clean room and ISO 7 positive pressure Ante-room.
Sporicidal, cleaning, and disinfecting agents: Sterile TB1 3300 used daily and sIPA
Twice Monthly cleaning- Peridox RTU (3 min contact time observed)
Decontamination agent- Peridox RTU
Spill kit- available
Chemo bags, HD label-available

Compounding area was observed through the windows due to the special gowning requirements (scrubs and indoor pharmacy shoes).

Policies and Procedures:
Some changes were made in PnPs in the last 12 months.
Reviewed monthly by PIC (send by corporate, requires acknowledgment of policy updates).
Spot checked: Cleaning and Disinfecting

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INSPECTION REPORT

Protective clothing:
Low shedding gown, head, face and shoe covers, masks, sterile gloves, HD gown, HD sterile gloves, double shoe covers-available

Record keeping:
Compounding records/master formulas/labels: available
Sterile compounding equipment requiring calibration {total 9 Medical Repeater Pumps (8 in non-HD and 1 in HD room) and 2 Baxa 2400 in non-HD room}. Logs available on Simplifi
Pressure differential monitoring logs: available on Simplifi
Refrigerator/room temperature logs /room/incubator temperature logs: available on Simplifi

Employee training/competencies:
Didactic training, pharmaceutical calculations, gloved fingertip sampling, media fill testing, practical skills training in aseptic area practices, cleaning etc. - available
Reviewed records for media fill and GFT for TCH Hernandez (last completed in February 2021) and RPH Dao (last completed in February 2021).
Competency in HD -available

Quality Assurance:
End product sterility/potency testing: Potency and sterility is completed by Dynalbas, reviewed record for Cefazolin 1gm/50 ml NS dated 03/18/2021 (potency within range, sterile). Sterility is done quarterly as well (reviewed record from 05/10/2021 for Ondansetron 4 mg/50 ml NS (sterile).

ADRS:
Several adverse reactions were reported during drug administration. Adverse reactions were not related to recall medications.

Discussion:

1. Sterility for antibiotics
2. Cleaning and disinfecting training for pharmacists
3. Cleaning and disinfecting policy and procedure to reflect actual cleaning agents used in the pharmacy

Please provide all Inspection corrections to Inspector Krumer. Your license will be processed for renewal upon receipt of these items.

Julia Krumer, Inspector
(818) 706-1024 **Phone**
(818) 706-1027 **FAX**
Julia.Krumer@dca.ca.gov

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Tamar Kakayjian-Asbourian

Pharmacist (print) Tamar Kakayjian-Asbourian Pharm.D

Inspector (sign) _____

Inspector (print) _____

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Option Care Home Care, Inc.

Physical Address 9401 Chivers Ave.

City Sun Valley State CA Zip 91352

Mailing Address (if different from physical address) 3000 Lakeside Drive, Suite 300N

City Bannockburn State IL Zip 60015

Telephone (818) 351-3000 Website www.optioncarehealth.com

Licensing Company Email oc-peandl@optioncare.com

Section 2: Personal Information

First Lucile Middle Lam Last Chun

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Hampton Rd.

City La Canada State CA Zip 91011

Telephone [redacted] Email [redacted]@charter.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials LC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
John Marshall High School		9/83-6/86	
Address	**City**	**State**	**Zip**
3939 Tracy St.	Los Angeles	CA	90026
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
UC Irvine		9/86-6/88	
Address	**City**	**State**	**Zip**
204 Aldrich Hall	Irvine	CA	92697
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
USC		9/88-5/89	
Address	**City**	**State**	**Zip**
University Park Campust	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
USC School of Pharmacy		9/89-~~8/93~~ 5/93	
Address	**City**	**State**	**Zip**
1995 Zonal Ave.	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/04-present	[redacted] Hampton Rd.	La Canada	CA	91011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Option Care			07/2018 - present	
Business Address		**City**	**State**	**Zip**
9401 Chivers Ave.		Sun Valley	CA	91352
Phone	**Title**		**Number of Employed Hours**	
(818) 351-3000	Pharmacy Manager		6800+ hours	

Description of Duties

involved in day to day operations, including inventory, billing, process development, and coordination with sales, ensure compliance to policy and procedures

Business Name			From - To (MM/YY – MM/YY)	
Biologictx			5/14-6/18	
Business Address		**City**	**State**	**Zip**
1057 Gayley Ave.		Los Angeles	CA	90024
Phone	**Title**		**Number of Employed Hours**	
800-404-1963	Clinical Pharmacist		6500	

Description of Duties

assist with multi-center organ transplant program development, managed IG patients and assist with oral transplant patients

Business Name			From - To (MM/YY – MM/YY)	
BioScrip Infusion Services			2005-5/14	
Business Address		**City**	**State**	**Zip**
320 S. Flower St.		Burbank	CA	
Phone	**Title**		**Number of Employed Hours**	
818-430-5335	Clinical Pharmacist		18720 hours	

Description of Duties

manage referral specific team for acute therapy, develop transplant and IV/SC IG program, assist with authorization and appeal of denial of IVIG/SCIG

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials QV

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Lucile Chun, **certify that as the designated representative for** Option Care Home Care, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lucile Chun

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/9/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lucile Chun

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lucile Chun, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/9/2022

Date

Subscribed and Sworn to before me this 9 day of August, 2022.

Notary Public Signature

OFFICIAL SEAL
MICHELLE A MAZZENGA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/22/2026

(Seal)

Applicant's initials

Mazzenga, Michelle

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Friday, August 5, 2022 6:59 PM
To: Mazzenga, Michelle
Subject: RE: Option Care Home Care - Sun Valley, CA
Attachments: t_20220805_0001.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

CAUTION: PHISHING ALERT! This message originated from outside of OCH. DO NOT click on any links or attachments until you have confirmed this email is legitimate. Phishing indicators: 1. Bad spelling/grammar; 2. Unintelligible links; and 3. Email & display names do not match.

Hi Michelle,

Thank you for providing all the information. After reviewing the application this is what is missing.

- Designated Representative Application – page 9 does not have a signature or seal from a notary. Can you please provide? Need the original mail to the office.

Thank you,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov



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

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From: Mazzenga, Michelle <michelle.mazzenga@optioncare.com>
Sent: Thursday, June 16, 2022 12:12 PM
To: Olivia Mora <o.mora@pharmacy.nv.gov>
Subject: FW: Option Care Home Care - Sun Valley, CA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Option Care Home Care, Inc.

Physical Address 9401 Chivers Ave.

City Sun Valley State CA Zip 91352

Mailing Address (if different from physical address) 3000 Lakeside Drive, Suite 300N

City Bannockburn State IL Zip 60015

Telephone (818) 351-3000 Website www.optioncarehealth.com

Licensing Company Email oc-peandl@optioncare.com

Section 2: Personal Information

First Lucile Middle Lam Last Chun

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Hampton Rd

City La Canada Flintridge State Ca Zip 91011

Telephone [redacted] Email [redacted]@charter.net

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials LC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
John Marshall High			9/93 – 6/96	
Address		City	State	Zip
3939 Tracy St.		Los Angeles	CA	90027
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
UC Irvine			9/96 – 6/98	
Address		City	State	Zip
204 Aldrich Hall		Irvine	CA	92697
Diploma/Degree obtained, if any				
B				

School Name			From - To (MM/YY – MM/YY)	
USC			9/89 – 5/93	
Address		City	State	Zip
University Park Campus		Los Angeles	CA	90089
Diploma/Degree obtained, if any				
B				

School Name			From - To (MM/YY – MM/YY)	
USC School of Pharmacy			9/89 – 5/93	
Address		City	State	Zip
1985 Zonal Ave.		Los Angeles	CA	90089
Diploma/Degree obtained, if any				
Pharm.D.				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2004 – Pres	[redacted] Hamptonrey	La Canada	CA	91011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Option Care Health			From - To (MM/YY – MM/YY): 7/2018 – present
Business Address: 9401 Cilvers ave.	City: Sun Valley	State: Ca	Zip:
Phone: 818/351-3000	Title: Pharmacy Manager		Number of Employed Hours: 6,880 Hrs +
Description of Duties: Involves in day to day operations, including inventory, Billing, process Development, and coordination with sales, ensure compliance to policy - procedures.			
Business Name: BIOLOGICTX			From - To (MM/YY – MM/YY): 5/2014 – 6/2018
Business Address: 1057 Gayley ave.	City: Los angeles	State: Ca	Zip: 90024
Phone: 800/404-1963	Title: Clinical Pharmacist		Number of Employed Hours: ~ 6500 hrs
Description of Duties: Assist with multi-center organ transplant program Development, manages IG patients and assist with oral transplant refills.			
Business Name: Biosrip infusion services			From - To (MM/YY – MM/YY): 2005 – 5/2014
Business Address: 320 S. Flower St.	City: Burbank	State: Ca	Zip:
Phone: 818-930-5335	Title: Clinical pharmacist		Number of Employed Hours: ~ 19,720 Hrs
Description of Duties: manages referral specific team for acute therapy, Developes transplant and IV/SC immune globulin program from evaluating markets to assist with authorization; appeal of denial of IVIG/SCIG.			
Business Name: Home pharmacy of California			From - To (MM/YY – MM/YY): 2003 – 2005
Business Address: 1026 N Lake St	City: Burbank	State: Ca	Zip: 91502
Phone: 818-843-6550	Title: Clinical pharmacist		Number of Employed Hours: ~ 2500 Hrs
Description of Duties: managed acute therapies via lab monitoring, coordination with nurses, physicians and patients			
Business Name: pharmaplus resources			From - To (MM/YY – MM/YY): 1999 – 2002
Business Address: 15017 Calif St.	City: van nuys	State: Ca	Zip: 91411
Phone: 818 - 909 - 2100	Title: Clinical pharmacist		Number of Employed Hours: ~ 6200 Hrs
Description of Duties: managed acute therapies and processes new referrals along with verifying/ checking compounded medication/supplies prior to delivery.			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)
Home Pharmacy of California		1997–1999
Business Address	**City**	**State / Zip**
1026 N Lake St.	Burbank	CA 91502
Phone	**Title**	**Number of Employed Hours**
818/843-6550	Clinical Pharmacist	~2500 Hours
Description of Duties		
Managed acute therapies via lab monitoring, coordination with nurses, physicians and patients		

Business Name		From - To (MM/YY – MM/YY)
Good Samaritan Hospital		1994–1999
Business Address	**City**	**State / Zip**
1225 Wilshire BLVD	Los Angeles	CA 90017
Phone	**Title**	**Number of Employed Hours**
213/977-2121	Clinical Pharmacist	10,400 Hrs
Description of Duties		
Monitored aminoglycosides, antibiotic, Digoxin and TPN per pharmacy, Daily evaluation of pt's renal function, and drug dosage adjustment		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Lucile Chun, **certify that as the designated representative for**

Option Care Home Care, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lucile Chun

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/21

Date

Applicant's initials LC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lucile Chun

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lucile Chun, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/9/2022

Date

Subscribed and Sworn to before me this 9 day of August, 2022

Notary Public Signature

OFFICIAL SEAL
MICHELLE A MAZZENGA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/22/2026

(Seal)

Applicant's initials

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Lucile L. Chun

Date: 10/07/2021
Amount: $ 210.00
License #: 11581

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Lucile L. Chun

License #
11581
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 11581

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Lucile L. Chun

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Option Care Home Care, Inc.

Physical Address: 9401 Chivers Ave.

City: Sun Valley State: CA Zip: 91352

Mailing Address (if different from physical address): 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: (818) 351-3000 Website: www.optioncarehealth.com

Licensing Company Email: oc-peandl@optioncare.com

Section 2: Personal Information

First: Michael Middle: Last: Shapiro

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: [redacted] Email: oc-peandl@optioncare.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Chicago		08/98-05/00	
Address	City	State	Zip
5801 S Ellis Ave	Chicago	IL	60637
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Miami University		08/88-05/92	
Address	City	State	Zip
501 E High St.	Oxford	OH	45056
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
NICOLET HIGH SCHOOL		08/84-05/88	
Address	City	State	Zip
6701 JEAN NICOLET RD	GLENDALE	WI	53217
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/12 - PRESENT	[redacted] Dover Circle	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Option Care Health, Inc.			8/~~12~~15-Present
Business Address	**City**	**State**	**Zip**
3000 Lakeside Drive, Suite 300N	Bannockburn	IL	60015
Phone	**Title**		
(312) 940-2500	Chief Financial Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Catamaran Corporation			02/~~10~~12-07/15
Business Address	**City**	**State**	**Zip**
1600 McConnor Pkwy	Schaumburg	IL	60073
Phone	**Title**		
	Chief Financial Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/18/19	11/20/19	CA	Sun Valley	USA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2019 86008		California State Board of Pharmacy		
Reason/Charge				
Monetary Citation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Option Care Home Care. Inc.				

Provide explanation below:

Alleged pharmacy security violations found during a pharmacy inspection on 1/18/19.

Original Signature (electronic, copies or stamps not accepted)

4/26/22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Shapiro

Print Name (First, ~~Last~~)

Original Signature (electronic, copies or stamps not accepted)

4/26/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Michael Shapiro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/26/22

Date

Subscribed and Sworn to before me this 26 day of April, 2022.

Michelle L. Petersen

Notary Public Signature

"Official Seal"
MICHELLE L. PETERSEN
Notary Public, State of Illinois (Seal)
My Commission Expires 11/29/22

Applicant's initials

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

November 20, 2019

DATED MATERIAL ENCLOSED

OPTION CARE
ATTN: MICHAEL SHAPIRO, PRS
9401 CHIVERS AVE
SUN VALLEY, CA 91352-2655

RE: CI 2017 80436
OPTION CARE
PHY 53442

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- December 04, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- December 20, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

Unless contested, Citations are final 30 days from the date of service. Acceptance of a Citations is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 04, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than December 20, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any enclosed documents please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

Citation Number	Name, License No
CI 2017 80436	OPTION CARE, PHY 53442

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

CITATION ISSUED ON: November 20, 2019

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

COPY

Citation Number	Name, License No
CI 2017 80436	OPTION CARE, PHY 53442

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

CITATION ISSUED ON: November 20, 2019

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: OPTION CARE

License No: PHY 53442

Citation Number : CI 2017 80436

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) (___) _____ Residence: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: OPTION CARE PHY 53442 Respondent	Citation Case No : CI 2017 80436 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: OPTION CARE, PHY 53442
Citation and Fine CI 2017 80436

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On, November 20, 2019 I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
OPTION CARE ATTN: MICHAEL SHAPIRO, PRS 9401 CHIVERS AVE SUN VALLEY, CA 91352-2655	7019 0160 0000 9009 6974

I declare under penalty of perjury that the forgoing is true and correct.

Executed on November 20, 2019

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

November 20, 2019

DATED MATERIAL ENCLOSED

LUCILE LAM CHUN
[redacted] HAMPTON RD
LA CANADA, CA 91011

RE: CI 2019 86008
LUCILE LAM CHUN
RPH 46528

The attached Citation and Fine, Order of Abatement ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation and indicates, within the Order of Abatement, information and/or material to be submitted to the Board.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- December 20, 2019: Unless the Citation is contested, Proof of Abatement and payment of fine(s) must be received by the Board, or as directed in Order of Abatement at the bottom of your citation.
- December 04, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- December 20, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), timely payment of any fine(s) and the submission of Proof of Abatement shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations title 16 section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **December 20, 2019.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

PROOF OF ABATEMENT (CCR §1775.3)

- Refer to the "Order of Abatement" at the bottom of your Citation for the specific abatement requirements.
- Attach any necessary documentation that support your statements, i.e. policies and procedures, in-service training, receipts, pictures.

It is your responsibility to submit an accurate and complete list of specific measures taken to correct and to prevent a re-occurrence for each cited violation.

If you are unable to submit proof of the abated activity timely, you may submit correspondence the executive officer requesting an extension. This request must explain the reason for the delay, and must be received in the Board office no later than **December 20, 2019.**

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 04, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than December 20, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2019 86008	LUCILE LAM CHUN , RPH 46528

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	**Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security**	**$2,000.00**

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19 while Lucile Chun (RPH 46528) was the pharmacist-in-charge, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $2,000.00, or (2) payment in the amount of $1,000.00 and proof of completion of four (4) hours of "pharmacy law and operations" as

specified below. All remedial education shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

If you choose option (2), you shall submit in advance for pre-approval of four (4) hours of "pharmacy law and operations" within two (2) months of the date of this citation. Please address all requests to Susan Cappello via fax 916-574-8614 or email susan.cappello@dca.ca.gov. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely enroll in, initiate, and successfully complete four (4) hours of "pharmacy law and operations" within two (2) months, the fine(s) levied by this citation shall be reduced to $1,000.00 and completion of four (4) hours of "pharmacy law and operations" shall be considered satisfactory abatement of the citation.

If you fail to timely and successfully complete the four (4) hours of "pharmacy law and operations" within two (2) months, the stay shall be lifted, and the fine(s) in the amount of $2,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: November 20, 2019	TOTAL AMOUNT OF FINE(S): $2,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: December 20, 2019

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2019 86008	LUCILE LAM CHUN , RPH 46528

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	**Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security**	**$2,000.00**

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19 while Lucile Chun (RPH 46528) was the pharmacist-in-charge, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $2,000.00; or (2) payment in the amount of $1,000.00 and proof of completion of four (4) hours of "pharmacy law and operations" as

specified below. All remedial education shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

If you choose option (2), you shall submit in advance for pre-approval of four (4) hours of "pharmacy law and operations" within two (2) months of the date of this citation. Please address all requests to Susan Cappello via fax 916-574-8614 or email susan.cappello@dca.ca.gov. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely enroll in, initiate, and successfully complete four (4) hours of "pharmacy law and operations" within two (2) months, the fine(s) levied by this citation shall be reduced to $1,000.00 and completion of four (4) hours of "pharmacy law and operations" shall be considered satisfactory abatement of the citation.

If you fail to timely and successfully complete the four (4) hours of "pharmacy law and operations" within two (2) months, the stay shall be lifted, and the fine(s) in the amount of $2,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: November 20, 2019	TOTAL AMOUNT OF FINE(S): $2,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: December 20, 2019

California State Board of Pharmacy
PROOF OF ABATEMENT
Citation Number : CI 2019 86008

LUCILE LAM CHUN
[redacted] HAMPTON RD

RPH 46528
LA CANADA, CA 91011

The law requires that the violations identified be corrected within the time limit specified. Notify the Board of Pharmacy as soon as these conditions have been corrected, by completing this form, and returning it to the Board office indicated above. Compliance with the order by the date indicated may avoid additional violations.

Complete and Mail By: **December 20, 2019**

LIST THE SPECIFIC MEASURES TAKEN TO CORRECT AND TO PREVENT A RE-OCCURANCE FOR EACH CITED VIOLATION (Please provide copies of documentation as proof of compliance)

This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting the abatement date, contact the Board well within the 30-day limit allowed for appeal.

I certify under penalty of perjury of the laws of the State of California that all conditions listed in the Citation(s) dated have now been corrected.

Signature: _____ Dated: _____

Type or Print Name: _____

Mailing Address State Board of Pharmacy
Attn:Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012.

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: LUCILE LAM CHUN

License No: RPH 46528

Citation Number : CI 2019 86008

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) (___) _____ Residence: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: LUCILE LAM CHUN RPH 46528 Respondent	Citation Case No : CI 2019 86008 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: LUCILE LAM CHUN , RPH 46528
Citation and Fine CI 2019 86008

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On, November 20, 2019 I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Order of Abatement, Proof of Abatement, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
LUCILE LAM CHUN [redacted] HAMPTON RD LA CANADA, CA 91011	7019 0160 0000 9009 6967

I declare under penalty of perjury that the forgoing is true and correct.

Executed on November 20, 2019

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 1/18/2019 Inspector: Anna Yamada

Firm: OPTION CARE Phone: (818) 351-3000

Address: 9401 CHIVERS AVE City: SUN VALLEY Zip: 913522655

Ownership: CORPORATION

Permit #: PHY53442 LSC100798 Permit Exp: 3/1/2019 DEA#: BW9565841 DEA Exp: 12/31/2021

Date of Self Assessment Form: 7/31/2018 Other Permit #: N/A Date of DEA Inventory: 7/31/18

Hours M-F: 8:30am-5:30pm Hours Saturday on call Hours Sunday: on call

PIC LUCILE L CHUN RPH46528 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	MING W LUONG	RPH50342	BETSY MARTICORENA (INT	CLERK
			JANET MCLEOD (LABS)	CLERK
			KIMBERLY D REED	TCH22155
			MARIA GUTIERREZ (CLEAN	CLERK
			MARIA QUILATAN (INTAKE	CLERK
			MARIAM HERNANDEZ (WA	CLERK
			STEPHANIE SAUCEDO (REC	CLERK

Inspector Remarks:

Closed door infusion pharmacy filling an average of 130 RXs per day typically staffed with 9 RPHs/12TCHs/20-25 clerks.

Here today for complaint investigation. Routine inspection deferred for investigation. Routine inspection conducted by Supervising Inspector Anna Kalantar on 2/12/18 and LSC renewal inspection conducted on 1/7/19 by Inspector Emerald Foster.

When I arrived at the pharmacy at about 8:15am, TCH Reed, Ms. McLeod, and Ms. Gutierrez (cleaning person) were inside the pharmacy building, however, the opening RPH (RPH Luong) had not yet arrived for the day. Ms. Gutierrez usually arrived everyday at 6:30am and unlocked the main entrance, disarmed the alarm to the building, and entered the pharmacy common area using a key code on the second door and started her workday. Once the main entrance door was unlocked and alarm disarmed, the rest of the pharmacy staff had access into the building via key code access on the main and second entrance into the building. Once beyond the second door, staff had access to the common areas of the pharmacy including the intake area where pharmacy records and computer system were located. Pharmacy drug areas were locked and secured and could not be accessed until the pharmacist unlocked the doors. RPH Luong arrived at the pharmacy at about 8:25am.

PIC Chun arrived at the pharmacy at about 8:45am and I explained to her and RPH Luong the pharmacy security issues.

Discussed the following with PIC Chun:
1. Quarterly CII inventory and reconcilation: Also review acquisition records (ie wholesaler purchases) when reconciling inventory

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2. Maintaining original pharmacy records

INVESTIGATION:
BOP received complaint alleging pharmacy did not inform patient/caregiver of cost of services and dispensed drugs without proper nursing visits.

Official receipt #330727 issued for the items received.

In order to complete investigation, PIC Chun to fax or email Inspector Yamada (626-446-2291 or anna.yamada@dca.ca.gov) the following within 14 days:
1. PIC Chun's written statement addressing written notice issued during inspection

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) LUCILE CHUN

Inspector (sign) _____

Inspector (print) Anna Yamada

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

Statement of Lucile Chun, Pharmacy Manager at Option Care

Residence Address: [redacted]Hampton Rd, La Canada-Flintridge, CA 91011

Employment address: 9401 Chivers Ave, Sun Valley, CA 91352

- Technician, Kimberly Reed's start time have been changed to 8:30 am to match the pharmacist's schedule. Technicians are not be allowed to process while pharmacist is not present.
- Ancillary staff does not have access to area, place or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged. Under our home health license, other ancillary staff may have access to pharmacy records and their own computers while a pharmacist is not present. They are unable to process prescription of any kind.
- Option Care has a business associate agreement with a janitorial company that contracts Ms. Gutierrez which binds her contractual to confidentiality. (Attach contract and BAA policy?)
- Area in question is not consider a licensed area. All patient information turned over on desk for PHI purposes. When employees leave their desk for breaks, lunch, or home, they lock their computers and/or power them off. Access to this area is for employees only. Visitors are required to sign-in and are escorted by employee during their visit.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Option Care Home Care, Inc.

Physical Address: 9401 Chivers Ave.

City: Sun Valley State: CA Zip: 91352

Mailing Address (if different from physical address): 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: (818) 351-3000 Website: www.optioncarehealth.com

Licensing Company Email: oc-peandl@optioncare.com

Section 2: Personal Information

First: Collin Middle: Gregory Last: Smyser

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 3000 Lakeside Drive, Suite 300N

City: Bannockburn State: IL Zip: 60015

Telephone: [redacted] Email: oc-peandl@optioncare.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials: S

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Stanford Law School			From - To (MM/YY – MM/YY): 9/99 - 5/02
Address: 559 Nathan Abbott Way	City: Stanford	State: CA	Zip: 94305
Diploma/Degree obtained, if any: Juris Doctorate			
School Name: University of Southern California			From - To (MM/YY – MM/YY): 9/95 - 5/99
Address:	City: Los Angeles	State: CA	Zip: 90007
Diploma/Degree obtained, if any: Bachelor of Arts; Master of Arts			
School Name: Palm Valley School			From - To (MM/YY – MM/YY): 9/92 - 5/95
Address: 35525 Da Vall Drive	City: Rancho Mirage	State: CA	Zip: 92270
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - Present	[redacted] North Fremont Street	Chicago	IL	60614
6/21 - 12/21	[redacted] West Wrightwood Avenue #1W	Chicago	IL	60614
11/20 - 6/21	[redacted] Bucks Run Drive	Naples	FL	34120
5/18 - 11/20	[redacted] North Purdy Parkway	Appleton	WI	54913
12/13 - 5/18	[redacted] North Burling Street	Chicago	IL	60614
8/13 - 12/13	[redacted] North LaSalle Street	Chicago	IL	60654
5/12 - 8/13	[redacted] North Hermitage Avenue	Chicago	IL	60614
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials S

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Option Care Health, Inc.			4/22-Present
Business Address	**City**	**State**	**Zip**
3000 Lakeside Drive, Suite 300N	Bannockburn	IL	60015
Phone	**Title**		
(312) 940-2500	Senior VP, General Counsel & Corporate Secretary		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Elanco Animal Health Incorporated			10/21-4/22
Business Address	**City**	**State**	**Zip**
2500 Innovation Way	Greenfield	IN	46140
Phone	**Title**		
	Vice President, Deputy General Counsel		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Kimberly-Clark Corporation			3/18-10/21
Business Address	**City**	**State**	**Zip**
2100 County Road IL	Neenah	WI	54956
Phone	**Title**		
	Vice President, Deputy General Counsel		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Boots Alliance, Inc.			3/15-2/18
Business Address	**City**	**State**	**Zip**
108 Wilmot Road	Deerfield	IL	60015
Phone	**Title**		
	Vice President, Corporate Secretary		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Allscripts Healthcare Solutions, Inc.			8/13-3/15
Business Address	**City**	**State**	**Zip**
222 West Merchandise Mart Plaza	Chicago	IL	60654
Phone	**Title**		
	Vice President, Associate General Counsel		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Motorola Mobility LLC			7/10 - 8/13	
Business Address		City	State	Zip
600 U-S 45		Libertyville	IL	60048
Phone	Title			
	Lead Transactions Counsel			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials S

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials S

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/18/19	11/20/19	CA	Sun Valley	USA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2019 86008		California State Board of Pharmacy		
Reason/Charge				
Monetary Citation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Option Care Home Care. Inc.				

Provide explanation below:

Alleged pharmacy security violations found during a pharmacy inspection on 1/18/19.

Original Signature (electronic, copies or stamps not accepted)

4/28/2022
Date

Applicant's initials S

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Collin Smyser

Print Name (First, Last)

Collin Smyser

Original Signature (electronic, copies or stamps not accepted)

4/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Collin Smyser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Collin Smyser

Original Signature

4/28/2022

Date

Subscribed and Sworn to before me this 28 day of April, 2022.

Michelle L Peterson

Notary Public Signature

"Official Seal"
MICHELLE L. PETERSEN
Notary Public, State of Illinois
My Commission Expires 11/29/22

(Seal)

Applicant's initials CS

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

November 20, 2019

DATED MATERIAL ENCLOSED

OPTION CARE
ATTN: MICHAEL SHAPIRO, PRS
9401 CHIVERS AVE
SUN VALLEY, CA 91352-2655

RE: CI 2017 80436
OPTION CARE
PHY 53442

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- December 04, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- December 20, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

Unless contested, Citations are final 30 days from the date of service. Acceptance of a Citations is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 04, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than December 20, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any enclosed documents please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

Citation Number	Name, License No
CI 2017 80436	OPTION CARE, PHY 53442

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

CITATION ISSUED ON: November 20, 2019

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION

COPY

Citation Number	Name, License No
CI 2017 80436	OPTION CARE, PHY 53442

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

CITATION ISSUED ON: November 20, 2019

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: OPTION CARE

License No: PHY 53442

Citation Number : CI 2017 80436

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) (___) _____ Residence: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2017 80436
OPTION CARE PHY 53442 Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: OPTION CARE, PHY 53442
Citation and Fine CI 2017 80436

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On, November 20, 2019 I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
OPTION CARE ATTN: MICHAEL SHAPIRO, PRS 9401 CHIVERS AVE SUN VALLEY, CA 91352-2655	7019 0160 0000 9009 6974

I declare under penalty of perjury that the forgoing is true and correct.

Executed on November 20, 2019

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

November 20, 2019

DATED MATERIAL ENCLOSED

LUCILE LAM CHUN
[redacted] HAMPTON RD
LA CANADA, CA 91011

RE: CI 2019 86008
LUCILE LAM CHUN
RPH 46528

The attached Citation and Fine, Order of Abatement ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation and indicates, within the Order of Abatement, information and/or material to be submitted to the Board.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- December 20, 2019: Unless the Citation is contested, Proof of Abatement and payment of fine(s) must be received by the Board, or as directed in Order of Abatement at the bottom of your citation.
- December 04, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- December 20, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), timely payment of any fine(s) and the submission of Proof of Abatement shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure: (Business and Professions Code section 125.9; California Code of Regulations title 16 section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **December 20, 2019.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

PROOF OF ABATEMENT (CCR §1775.3)

- Refer to the "Order of Abatement" at the bottom of your Citation for the specific abatement requirements.
- Attach any necessary documentation that support your statements, i.e. policies and procedures, in-service training, receipts, pictures.

It is your responsibility to submit an accurate and complete list of specific measures taken to correct and to prevent a re-occurrence for each cited violation.

If you are unable to submit proof of the abated activity timely, you may submit correspondence the executive officer requesting an extension. This request must explain the reason for the delay, and must be received in the Board office no later than **December 20, 2019.**

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than December 04, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than December 20, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2019 86008	LUCILE LAM CHUN , RPH 46528

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd: (b) (d)	**Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security**	**$2,000.00**

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19 while Lucile Chun (RPH 46528) was the pharmacist-in-charge, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $2,000.00, or (2) payment in the amount of $1,000.00 and proof of completion of four (4) hours of "pharmacy law and operations" as

specified below. All remedial education shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

If you choose option (2), you shall submit in advance for pre-approval of four (4) hours of "pharmacy law and operations" within two (2) months of the date of this citation. Please address all requests to Susan Cappello via fax 916-574-8614 or email susan.cappello@dca.ca.gov. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely enroll in, initiate, and successfully complete four (4) hours of "pharmacy law and operations" within two (2) months, the fine(s) levied by this citation shall be reduced to $1,000.00 and completion of four (4) hours of "pharmacy law and operations" shall be considered satisfactory abatement of the citation.

If you fail to timely and successfully complete the four (4) hours of "pharmacy law and operations" within two (2) months, the stay shall be lifted, and the fine(s) in the amount of $2,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: November 20, 2019	TOTAL AMOUNT OF FINE(S): $2,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: December 20, 2019

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2019 86008	LUCILE LAM CHUN , RPH 46528

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4116 subd. (a)/CCR, Title 16, § 1714 subd. (b) (d)	**Security of Dangerous Drugs/Pharmacy Responsible for Pharmacy Security/Operational Standards and Security; Pharmacist responsible for pharmacy security**	**$2,000.00**

CONDUCT:

Pharmacy Security. Business and Professions Code 4116(a) states no person other than a pharmacist, an intern pharmacist, an authorized officer of the law, or a person authorized to prescribe shall be permitted in that area, place, or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged; California Code of Regulations 1714 (b) states each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured, and distributed; and California Code of Regulations 1714 (d) states each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices, and possession of a key to the pharmacy where dangerous drugs are stored shall be restricted to a pharmacist. Specifically, on 1/18/19 while Lucile Chun (RPH 46528) was the pharmacist-in-charge, an inspection of Option Care (PHY 53442) located at 9401 Chivers Ave., Sun Valley, CA 91352, revealed the pharmacy's contracted cleaning personnel (Maria Gutierrez) was in possession of the pharmacy building key and building alarm disarming code which she used to enter the pharmacy building where pharmacy records and pharmacy computers were located without a pharmacist present. Once Ms. Gutierrez unlocked the building door and disarmed the alarm, additional non-pharmacist staff members (TCH Kimberly Reed (TCH 22155) and Janet McLeod) entered the same pharmacy area without a pharmacist present. Possessing the pharmacy building key and entering the pharmacy area without the pharmacist present was a violation of Business and Professions Code 4116(a) and California Code of Regulations 1714 (b) and (d).

ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $2,000.00; or (2) payment in the amount of $1,000.00 and proof of completion of four (4) hours of "pharmacy law and operations" as

specified below. All remedial education shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

If you choose option (2), you shall submit in advance for pre-approval of four (4) hours of "pharmacy law and operations" within two (2) months of the date of this citation. Please address all requests to Susan Cappello via fax 916-574-8614 or email susan.cappello@dca.ca.gov. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely enroll in, initiate, and successfully complete four (4) hours of "pharmacy law and operations" within two (2) months, the fine(s) levied by this citation shall be reduced to $1,000.00 and completion of four (4) hours of "pharmacy law and operations" shall be considered satisfactory abatement of the citation.

If you fail to timely and successfully complete the four (4) hours of "pharmacy law and operations" within two (2) months, the stay shall be lifted, and the fine(s) in the amount of $2,000.00 shall be due and owing from you within thirty (30) days of any such failure.

CITATION ISSUED ON: November 20, 2019	TOTAL AMOUNT OF FINE(S): $2,000.00

PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: December 20, 2019

California State Board of Pharmacy
PROOF OF ABATEMENT

Citation Number : CI 2019 86008

LUCILE LAM CHUN
[redacted] HAMPTON RD

RPH 46528
LA CANADA, CA 91011

The law requires that the violations identified be corrected within the time limit specified. Notify the Board of Pharmacy as soon as these conditions have been corrected, by completing this form, and returning it to the Board office indicated above. Compliance with the order by the date indicated may avoid additional violations.

Complete and Mail By: **December 20, 2019**

LIST THE SPECIFIC MEASURES TAKEN TO CORRECT AND TO PREVENT A RE-OCCURANCE FOR EACH CITED VIOLATION (Please provide copies of documentation as proof of compliance)

This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting the abatement date, contact the Board well within the 30-day limit allowed for appeal.

I certify under penalty of perjury of the laws of the State of California that all conditions listed in the Citation(s) dated have now been corrected.

Signature: _____ Dated: _____

Type or Print Name: _____

Mailing Address State Board of Pharmacy
Attn:Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012.

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: LUCILE LAM CHUN

License No: RPH 46528

Citation Number : CI 2019 86008

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) (___) _____ Residence: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: LUCILE LAM CHUN RPH 46528 Respondent	Citation Case No : CI 2019 86008 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: LUCILE LAM CHUN , RPH 46528
Citation and Fine CI 2019 86008

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On, November 20, 2019 I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Order of Abatement, Proof of Abatement, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
LUCILE LAM CHUN [redacted]HAMPTON RD LA CANADA, CA 91011	7019 0160 0000 9009 6967

I declare under penalty of perjury that the forgoing is true and correct.

Executed on November 20, 2019

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 1/18/2019 Inspector: Anna Yamada

Firm: OPTION CARE Phone: (818) 351-3000

Address: 9401 CHIVERS AVE City: SUN VALLEY Zip: 913522655

Ownership: CORPORATION

Permit #: PHY53442 LSC100798 Permit Exp: 3/1/2019 DEA#: BW9565841 DEA Exp: 12/31/2021

Date of Self Assessment Form: 7/31/2018 Other Permit #: N/A Date of DEA Inventory: 7/31/18

Hours M-F: 8:30am-5:30pm Hours Saturday on call Hours Sunday: on call

PIC LUCILE L CHUN RPH46528 Administrator ___

RPH Consultant ___

Staff	RPH Name:	License #:	Staff Name:	License #:
	MING W LUONG	RPH50342	BETSY MARTICORENA (INT	CLERK
			JANET MCLEOD (LABS)	CLERK
			KIMBERLY D REED	TCH22155
			MARIA GUTIERREZ (CLEAN	CLERK
			MARIA QUILATAN (INTAKE	CLERK
			MARIAM HERNANDEZ (WA	CLERK
			STEPHANIE SAUCEDO (REC	CLERK

Inspector Remarks:

Closed door infusion pharmacy filling an average of 130 RXs per day typically staffed with 9 RPHs/12TCHs/20-25 clerks.

Here today for complaint investigation. Routine inspection deferred for investigation. Routine inspection conducted by Supervising Inspector Anna Kalantar on 2/12/18 and LSC renewal inspection conducted on 1/7/19 by Inspector Emerald Foster.

When I arrived at the pharmacy at about 8:15am, TCH Reed, Ms. McLeod, and Ms. Gutierrez (cleaning person) were inside the pharmacy building, however, the opening RPH (RPH Luong) had not yet arrived for the day. Ms. Gutierrez usually arrived everyday at 6:30am and unlocked the main entrance, disarmed the alarm to the building, and entered the pharmacy common area using a key code on the second door and started her workday. Once the main entrance door was unlocked and alarm disarmed, the rest of the pharmacy staff had access into the building via key code access on the main and second entrance into the building. Once beyond the second door, staff had access to the common areas of the pharmacy including the intake area where pharmacy records and computer system were located. Pharmacy drug areas were locked and secured and could not be accessed until the pharmacist unlocked the doors. RPH Luong arrived at the pharmacy at about 8:25am.

PIC Chun arrived at the pharmacy at about 8:45am and I explained to her and RPH Luong the pharmacy security issues.

Discussed the following with PIC Chun:
1. Quarterly CII inventory and reconcilation: Also review acquisition records (ie wholesaler purchases) when reconciling inventory

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

2. Maintaining original pharmacy records

INVESTIGATION:
BOP received complaint alleging pharmacy did not inform patient/caregiver of cost of services and dispensed drugs without proper nursing visits.

Official receipt #330727 issued for the items received.

In order to complete investigation, PIC Chun to fax or email Inspector Yamada (626-446-2291 or anna.yamada@dca.ca.gov) the following within 14 days:
1. PIC Chun's written statement addressing written notice issued during inspection

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) LUCILE CHUN

Inspector (sign) _____

Inspector (print) Anna Yamada

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

Statement of Lucile Chun, Pharmacy Manager at Option Care

Residence Address: [redacted] Hampton Rd, La Canada-Flintridge, CA 91011

Employment address: 9401 Chivers Ave, Sun Valley, CA 91352

- Technician, Kimberly Reed's start time have been changed to 8:30 am to match the pharmacist's schedule. Technicians are not be allowed to process while pharmacist is not present.
- Ancillary staff does not have access to area, place or premises described in the license issued by the board wherein controlled substances or dangerous drugs or dangerous devices are stored, possessed, prepared, manufactured, derived, compounded, dispensed, or repackaged. Under our home health license, other ancillary staff may have access to pharmacy records and their own computers while a pharmacist is not present. They are unable to process prescription of any kind.
- Option Care has a business associate agreement with a janitorial company that contracts Ms. Gutierrez which binds her contractual to confidentiality. (Attach contract and BAA policy?)
- Area in question is not consider a licensed area. All patient information turned over on desk for PHI purposes. When employees leave their desk for breaks, lunch, or home, they lock their computers and/or power them off. Access to this area is for employees only. Visitors are required to sign-in and are escorted by employee during their visit.

13

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: ManaMed Inc.

Physical Address: 5240 West Charleston Blvd.

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 888.508.0712 Website: www.manamed.com

Name of Designated Representative (DR): Gregory DeJarnett

Licensing Company Email: ttheriot@manamed.net DR Email: geometry410@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: DME Providers		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: JKH Health Co. - 4-5F, Bldg 12, Hengmingzhu Industrial Park
Address: Xiangxing Rd., City: Shajing, Baoan, Shenzhen State: China Zip: 518104

Name: Xiamen J-Brace Medical Equipment Co., LTD
Address: S2 Room 4F, No. 186 Yuehua Road, City: Huli District, Xiamen State: China Zip: 361006

Name: Xiamen Ortocare Medical Supplies Co.
Address: Office 218, New Times Bld, No.1 Huli Ave City: Xiamen, Fujian State: China Zip: 361006

Name: Grandway Healthcare Limited
Address: 1705 Kinox Centre No.9 Hung To Road K City: Hong Kong State: China Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any):
Corporation/Organization Name: ManaMed Inc.
Mailing Address: 5240 West Charleston Blvd
City: Las Vegas State: NV Zip: 89146
Telephone: 888.508.0712 Email: orders@manamed.com
Contact Person Name: Trevor Theriot

Section 6: Partnership

Partnership Name: ManaMed Inc.
Mailing Address: 5240 West Charleston Blvd.
City: Las Vegas State: NV Zip: 89146
Telephone: 888.508.0712 Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔ NO	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ManaMed

Facility Name

Trevor Theriot

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/12/2022

Date

Board Use Only	Date Received: 10-13-22	Amount: 1000.00CC

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Spectrum Risk Management 74 Discovery Irvine, CA 92618 www.spectrumrisk.com 0C77485	CONTACT NAME: Account Manager PHONE (A/C, No, Ext): 949-756-5730 FAX (A/C, No): 949-756-5740 E-MAIL ADDRESS: office@spectrumrisk.com
INSURED ManaMed, Inc. 5240 W. Charleston Blvd. Las Vegas NV 89146	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Atlantic Specialty Insurance Company — 27154 INSURER B : Employers Preferred Insurance Company — 10346 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 72422319 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			711-01-74-35-0001	3/10/2022	3/10/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $1,000,000 $ $1,000,000 $ $15,000 $ $1,000,000 $ $2,000,000 $ Excluded
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY			711-01-74-35-0001	3/10/2022	3/10/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $1,000,000 $ $ $
A	✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			711-01-74-35-0001	3/10/2022	3/10/2023	EACH OCCURRENCE AGGREGATE	$ $4,000,000 $ $4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG2887645-03	8/1/2022	8/1/2023	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $1,000,000 $ $1,000,000 $ $1,000,000
A	Product Liability / Claims Made Retroactive Date 12/22/2017			750-00-03-45-0001	3/10/2022	3/10/2023	Aggregate $5,000,00 /EachClaim $5,000,000 Deductible $25,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
1140 N Town Center Drive
Las Vegas NV 89144

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jim Waterhouse

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5240 W. Charleston Blvd. Las Vegas, NV 89146 | P 888-508-0712 | F 949-298-3238

Department of Pharmacy – Wholesaler application – Nevada

Section 9

List of Officers and Directors
Trevor Theriot – President and CEO
Joseph Horton – Vice President

List of all corporation shareholders and their percentage ownership
Trevor Theriot 40%
Maui Shade 40%
JSquared Medical LLC 20%

Certificate of good standing – Nevada Certificate Attached.

Designated Representative – Attached, Greg Murphy.

Personnel history record application - attached

Copy of DEA – does not apply

Employee List

W-2	Stephanie Adkins	Accounts Receivable	Accounting		Las Vegas Office
W-2	Mark Baclawski	Content Creator	Marketing		Denton Office
W-2	Chris Canlas	Warehouse Supervisor	Warehouse		Las Vegas Warehouse
W-2	Donna Creary	Customer Service	Customer Service		Las Vegas Office
W-2	Oscar Davis	Warehouse Supervisor	Warehouse		Las Vegas Warehouse
W-2	Greg Dejarnett	Customer Service Lead	Customer Service		Las Vegas Office
W-2	Marnix Estanilla	Accounts Payable Clerk	Accounting		Las Vegas Office
W-2	Marla Frazier	Office Manager | PM	HR		Denton Office
W-2	Stephanie Green	Office Assistant	Office		Denton Office
W-2	Sharell Henry	Customer Service	Customer Service		Las Vegas Office
W-2	Ryan Kennedy	Regional Vice President	Sales	Southwest	Home Office
W-2	Manny Lopez	Accounting	Accounting		Las Vegas Office
W-2	Erik Lorenz	Chief Information Officer	IT		Las Vegas Office
W-2	Michael Moore	Warehouse Clerk	Warehouse		Denton Office
W-2	Greg Murphy	Operations Manager	Operations		Las Vegas Office
W-2	Gabby Novotny	Regional Vice President	Sales	South Central	Home Office
W-2	Marco Origel	Warehouse Lead	Warehouse		Las Vegas Warehouse
W-2	Edgar Parrales	Warehouse Clerk	Warehouse		Las Vegas Warehouse

FDA Registration

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
MANAMED INC.
5240 W. Charleston Blvd
Las Vegas, NV 89146
Registration Number: 3011767724
FEI Number*: 3011767724
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2023

Verified 1/9/23 MS

Owner/Operator:
ManaMed Inc.[6]
5240 W. Charleston Blvd.
Las Vegas, NV US 89146
Owner/Operator Number: 10049811[7]

Official Correspondent:
Trevor Theriot
5240 W. Charleston Blvd.
Las Vegas, NV 89146
Phone: 001-949-6320355

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10049811&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 01/09/2023

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Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10049811&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Print Help (./help/index.html)

DRLM Home (mainMenu.htm) > View Your Registrations and Listings

View Your Device Listings

Owner/Operator: 10049811

Clear Sort and Filter

Show 10 per page Filter:

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number/FEI [Activities]	A
D474986	Active		ISR		BAND OR BELT, PELVIC SUPPORT	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D474985	Active		ILO		Pack, hot or cold, water circulating	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D474984	Active		IQI		ORTHOSIS, LIMB BRACE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D474983	Active		ILH		SPLINT, HAND, AND COMPONENTS	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D474980	Active		ITW		JOINT, ANKLE, EXTERNAL BRACE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D474977	Active		IPG		SHOE, CAST	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D474976	Active		IPR		CRUTCH	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number/FEI [Activities]	A
D474904	Active	K210284	IMI PFW		Ultrasonic diathermy for use in applying therapeutic deep heat Stationary ultrasonic diathermy device for use in applying therapeutic deep heat	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D448291	Active	K211253	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D448290	Active	K191151	GZJ IPF IRT NGX NUH NYN		Stimulator, nerve, transcutaneous, for pain relief Stimulator, muscle, powered PAD, HEATING, POWERED Stimulator, muscle, powered, for muscle conditioning STIMULATOR, NERVE, TRANSCUTANEOUS, OVER-THE-COUNTER Stimulator, electrical, transcutaneous, for arthritis	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D431754	Active	K181239	FLL		Thermometer, electronic, clinical	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D421362	Active	K142168	HGX		PUMP, BREAST, POWERED	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D421361	Active	K131743	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D421360	Active	K130571	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number/FEI [Activities]	A
D421359	Active	K141578	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D421358	Active	K161209	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D421357	Active	K151189	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Complaint File Establishment]	
D421356	Active	K200351	IRP		Massager, powered inflatable tube	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D421354	Active	K200353	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D344150	Active		IQK		Orthosis, cervical	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D344142	Active		ITS		JOINT, HIP, EXTERNAL BRACE	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D317050	Active		KYR		BAG, ICE	Registration Number: 3011767724/3011767724 [Specification Developer]	
D301935	Inactive	K130691	GZJ IPF LIH		Stimulator, nerve, transcutaneous, for pain relief Stimulator, muscle, powered Interferential current therapy		

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number/FEI [Activities]	A
D294728	Inactive		LXG		EQUIPMENT, LABORATORY, GENERAL PURPOSE, LABELED OR PROMOTED FOR A SPECIFIC MEDICAL USE		
D293364	Inactive	K121719	NGX NUH		Stimulator, muscle, powered, for muscle conditioning STIMULATOR, NERVE, TRANSCUTANEOUS, OVER-THE-COUNTER		
D293363	Inactive	K131921	NGX NUH		Stimulator, muscle, powered, for muscle conditioning STIMULATOR, NERVE, TRANSCUTANEOUS, OVER-THE-COUNTER		
D287160	Inactive	K113544	GZJ		Stimulator, nerve, transcutaneous, for pain relief		
D287157	Inactive		ION		EXERCISER, NON-MEASURING		
D287155	Inactive		ISA		Massager, therapeutic, electric		
D276901	Active		IQE		ORTHOSIS, LUMBAR	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D268404	Active		IOQ		JOINT, SHOULDER, EXTERNAL LIMB COMPONENT	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	
D265924	Active	K160318	JOW		SLEEVE, LIMB, COMPRESSIBLE	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number/FEI [Activities]	A
D246928	Active		ITQ		JOINT, KNEE, EXTERNAL BRACE	Registration Number: 3011767724/3011767724 [Specification Developer, Complaint File Establishment]	

Showing 1 to 33 of 33 entries

Previous 1 Next

Previous (drlm.htm?_flowExecutionKey=_cCB1C6018-707A-C195-62A4-754834574506_k68CC9674-0366-59A6-790F-FDD3DA0D6711&_eve

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Trevor Theriot
5240 w charleston blvd suite 150
Las Vegas, NV 89146, USA

Work Order #: W2022101201318
October 12, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 633511

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20222686354	10/12/2022 1:55:03 PM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	665608097575645470302 2	Success	$50.00
Total			$50.00

Credit Balance: $0.00

Trevor Theriot
5240 w charleston blvd suite 150
Las Vegas, NV 89146, USA

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MANAMED, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/29/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/12/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202210123080211
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Manamed Inc.

Physical Address 5240 W. Charleston Blvd

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-608-9601 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Gregory Middle _____ Last DeJarnett

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] S. Cimarron Rd

City Las Vegas State NV Zip 89145

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials GD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		11/2011 - 08/2013	
Address	**City**	**State**	**Zip**
1515 w. 190th Street	Las Angeles	CA	90248
Diploma/Degree obtained, if any			
Criminal Justice Admin			

School Name		From - To (MM/YY – MM/YY)	
Shades Valley High School		08/1987 - 06/1991	
Address	**City**	**State**	**Zip**
101 Hermosa Drive	Birmingham	AL	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2019	[redacted]S. Cimarron Rd.	Las Vegas	NV	89145
06/07 - 07/2019	[redacted]Eshelman Ave	Lomita	CA	90717

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Manamed Inc			09/2019-11/2022	
Business Address		City	State	Zip
5240 W. Charleston Blvd		Las Vegas	NV	89146
Phone	Title		Number of Employed Hours	
702 608 9601	Purchasing		6000	
Description of Duties				
Responsible for entering order details into internal databases. Researching potentio venfdors. Tracks and manages quality control ensuring defective units are inspected and proper actions taken to remedy any issues while ensuring FDA [illegible]				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/10/2022
Date

Applicant's initials GD

I, Gregory DeJarnett, **certify that as the designated representative for** Manamed Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gregory DeJarnett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/10/2022

Date

Applicant's initials GD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory DeJarnett
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/14/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Gregory DeJarnett, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/14/2022
Date

Subscribed and Sworn to before me this 14th day of November, 2022

Notary Public Signature

TERRANCE JONES
Notary Public, State of Nevada
Appointment No. 18-4436-1
My Appt. Expires Dec 16, 2022

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ManaMed MDEG License # (if applicable) _____

Physical Address 5240 W. Charleston Blvd.

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-508-0712 Website www.manamed.com

Licensing Company Email orders@manamed.com

Section 2: Personal Information

First Gregory Middle Scott Last Murphy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Ekalaka Rd

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Embry Riddle Aeronautical University World Wide Campus		09/99 - 06/04	
Address	**City**	**State**	**Zip**
1 Aerospace Dr	Daytona Beach	FL	32114
Diploma/Degree obtained, if any			
BS Managment of Technical Operations			

School Name		From - To (MM/YY – MM/YY)	
Kearns High School		09/78 - 05/81	
Address	**City**	**State**	**Zip**
5525 So. Cougar Ln	Kearns	UT	84118
Diploma/Degree obtained, if any			
High School Deploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2000 - 10/22	[redacted]Ekalaka Rd	Henderson	NV	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
ManaMed Inc.			06/20 - 10/22	
Business Address		**City**	**State**	**Zip**
5240 West Charleston Blvd		Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**	
702-686-8313	Operations Manager		4800	
Description of Duties				
hands-on management of the company's day-to-day operations. Maintains safe and healthy work environment. Ensures compliance with federal, state, local and company policies/regulations. Manages all capitol budgets in close coordination with senior staff.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Gregory Scott Murphy, **certify that as the MDEG Administrator for**

ManaMed Inc.,

that I (initial that you have read and meet the following requirements):

1. gm Have a high school diploma or its equivalent;
2. gm Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. gm Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. gm Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory Murphy
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/12/2022
Date

Board Use Only	Date Received: 10-13-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ManaMed

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5240 W. Charleston Blvd.

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8885080712 Website www.manamed.com

Licensing Company Email orders@manamed.com

Section 2: Personal Information

First Trevor Middle _____ Last Theriot

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Sirius Road

City Denton State TX Zip 76208

Telephone [redacted] Email ttheriot@manamed.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, 425.540)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

School Name		From - To (MM/YY – MM/YY)	
University of California Los Angeles (UCLA)		01/2005 - 01/2010	
Address	**City**	**State**	**Zip**
	Los Angeles	CA	
Diploma/Degree obtained, if any			
Two degrees, Political Science and History			

School Name		From - To (MM/YY – MM/YY)	
Newport Harbor High School		01-2001 01-2005	
Address	**City**	**State**	**Zip**
	Newport Beach	CA	92663
Diploma/Degree obtained, if any			
High School Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. Use a separate sheet of paper if additional space is needed.

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015-2016	[redacted] colton street	newport beach	ca	92663
2016 - 2018	[redacted] royal lab drive	las vegas	nv	89135
2018- 2020	[redacted] garden rain drive	las vegas	nv	89135
2020 - present	[redacted] clydesdale drive	flower ~~ound~~ Mound	tx	75028
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Provide the following for your most current employment. If you are employed by more than one business, provide the information for the business with which you have been associated for the greatest number of hours. If you have been associated with more than one business for the same number of hours, provide the information for the business with which you have been most recently associated. Provide the same information for your previous employment for the past 10 years.

Business Name		From - To (MM/YY – MM/YY)	
ManaMed		2015 - present	
Business Address	**City**	**State**	**Zip**
5240 w charleston blvd	las vegas	nv	89146
Phone	**Title**		
888-508-0712	President and CEO		
Description of Duties			
President and CEO duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/12/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Trevor Theriot

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/12/2022

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DENTON

I, Trevor Theriot, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/10/2022

Date

Subscribed and Sworn to before me this 10th day of NOVEMBER, 2022

Notary Public Signature

Anita Sanjivi
My Commission Expires
4/4/2026
Notary ID
133685154

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MANAMED, Inc

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5210 W. Charleston BLVD

City LAS VEGAS State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-508-0712 Website www.MANAMED.com

Licensing Company Email JHorton@manamed.com

Section 2: Personal Information

First Joseph Middle Gary Last Horton

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] W. Charleston BLVD

City LAS VEGAS State NV Zip 89146

Telephone [redacted] Email JHorton@manamed.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service Information	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: [illegible]	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # [redacted]. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/11/22
Date

Section 5: List your high school and college experience beginning with the most current. (Use a separate sheet of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Forest Hill High School		1990 - 1993	
Address: 2607 Raymond RD	City: Jackson	State: MS	Zip: 39212
Diploma/Degree obtained, if any: High School Degree			
School Name: Hinds Community College		From - To (MM/YY – MM/YY): 1993 - 1995	
Address: 501 E Main St	City: Raymond	State: MS	Zip: 39154
Diploma/Degree obtained, if any: N/A			
School Name: Delta State University		From - To (MM/YY – MM/YY): 1995 - 1998	
Address: 1003 W. Sunflower RD	City: Cleveland	State: MS	Zip: 38733
Diploma/Degree obtained, if any: B.S. Biology Minor Business Administration			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate sheet of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
JAN. 2011 - 2020	[redacted] Prospect St	Newport Beach	CA	92663
06-2020 - 06-2022	[redacted] Essex Crest AV. #210	LAS VEGAS	NV	8135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	DH	✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	DH	✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, member, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
MANA MED, INC.		04-2015 – Present
Business Address	**City**	**State / Zip**
5240 W. CHARLESTON BLVD	LAS VEGAS	NV 89146
Phone	**Title**	
888-508-0712	PARTNER / COFOUNDER	
Description of Duties		
Vice President of Sales		

Business Name		From - To (MM/YY – MM/YY)
DJO GLOBAL, INC		03-2007 – 04-2015
Business Address	**City**	**State / Zip**
1430 DECISION ST	VISTA	CA 92081
Phone	**Title**	
800-592-7329	REGIONAL VASCULAR	
Description of Duties		
MANAGED REPS AND DISTRIBUTORS THROUGHOUT THE WEST COAST		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Horton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11, 11, 22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange County

I, Joseph Horton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/11/22

Date

Subscribed and Sworn to before me this 11 day of Nov.

Notary Public Signature

Notary Certificate attached/affixed pursuant
☒ CA Civil Code § 1189
☐ CA Government Code § 8202

(Seal)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange)

On 11/11/2022 before me, Kristian A Anderson | Notary Public
(insert name and title of the officer)

personally appeared Joseph Horton,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ **(Seal)**

KRISTIAN A. ANDERSON
Notary Public - California
Orange County
Commission # 2363323
My Comm. Expires Jun 29, 2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Manamed Inc

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5240 W. Charleston Blvd

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email jlasso@manamed.com

Section 2: Personal Information

First John Middle Nigel Last lasso

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] W Charleston Blvd

City Las vegas State NV Zip 89146

Telephone [redacted] Email jlasso@manamed.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chaminade University		1984-1989	
Address	**City**	**State**	**Zip**
3140 Waialae Avenue	Honolulu	HI	96816
Diploma/Degree obtained, if any			
BBA Business management			

School Name		From - To (MM/YY – MM/YY)	
Baldwin High School Maui		1979-1983	
Address	**City**	**State**	**Zip**
1650 W Kaahumanu Avenue	Wailuku	HI	96793
Diploma/Degree obtained, if any			
Hig School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03—05-Present	[redacted] Falling Leaf Dr	Laguna Hills	CA	92653
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Manamed Inc			11/16- Present	
Business Address	**City**		**State**	**Zip**
5240 W Charleston Blvd	Las Vegas		NV	89146
Phone	**Title**			
888-592-7329	Shareholder/ Partner			
Description of Duties				
Sell products to customers				

Business Name			From - To (MM/YY – MM/YY)	
Teammakena				
Business Address	**City**		**State**	**Zip**
17461 Derian Ave	Irvine		CA	92614
Phone	**Title**			
800-996-4001	President			
Description of Duties				
Run a Durable medical equipment billing company				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY - MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Lasso

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/17/2022
Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of Orange

I, John Lasso, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/10/2022
Date

Subscribed and Sworn to before me this 11 day of NOV 2022

Notary Public Signature

ELLEN STUEBER
Notary Public · California
Orange County
Commission # 2356076
My Comm. Expires Apr 29, 2025

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT

(Seal)

I've included Mr. Mark Sedar on this email so you have his contact information for any application questions. My position with the Board is that of inspector, therefore I am not involved in the application processes, so please direct any application questions to Mr Sedar and his staff.

Respectfully,

Leo

https://bop.nv.gov/Services/newapps/Business/

NRS 639.233 License required.

1. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter.

2. For the purpose of this section, a person is "engaged in the business of furnishing" if the person:

(a) Solicits or accepts orders for drugs or devices whose sale in this State is restricted by this chapter or chapter 453 or 454 of NRS; or

(b) Receives, stores or ships such drugs or devices.

(Added to NRS by 1967, 1657; A 1971, 2041; 1973, 780; 1979, 1693; 1991, 1160; 1993, 1222; 2003, 2288)

Thanks,

Leo Basch, Pharm D
Inspector

Nevada State Board of Pharmacy
1140 N Town Center Drive
Las Vegas, NV, 89144

Office: 702.486.6420 ext 155
Cell: 702-501-4194
Fax: 702.486.7903
E-mail: LBasch@pharmacy.nv.gov
Web Page: www.bop.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Thursday, June 23, 2022 7:45 AM
To: Leo D. Basch <lbasch@pharmacy.nv.gov>
Subject: RE: ManaMed wholesale activity

Hi Leo, I do not see that an application has been submitted.

computer and any of your electronic devices where the message is stored. Further, sender owns and is involved in numerous entities, and as such given modern technology may reply from the email address of a company other than that with which you are doing business. Sender sending emails from the email for an entity other than that with which you are doing business shall not be deemed to bind such entity from whom the email is sent, nor shall it be seen as an indication that such entity is or desires to do business with recipient. Only a signed agreement shall bind any entity to do business with the recipient.

On Oct 12, 2022, at 3:19 PM, Trevor Theriot <ttheriot@manamed.net> wrote:

Hello Mr. Ken Scheuber,

Attached is the completed application. This will be sent overnight via UPS to the Reno office.

I also want in inform Nevada that we don't do any prescription drugs nor dispense directly to patients. We bring everything in finished goods and are a complaint file establishment with the FDA. No manufacturing or labeling takes place in our facilities.

Also, most of our devices are basic class one devices such as back braces and wrist braces.

Sincerely,

<image001.jpg>

Trevor Theriot | President + CEO

Address: 2612 Sirius Dr., Denton TX 76208
Web: www.ManaMed.com
Office: 940-287-3510
Cell/Text: 949-632-0355

This e-mail may contain or attach privileged, confidential or protected information intended only for the use of the intended recipient. If you are not the intended recipient, any review or use of it is strictly prohibited. If you have received this e-mail in error, you are required to notify the sender, then delete this email and any attachment from your computer and any of your electronic devices where the message is stored. Further, sender owns and is involved in numerous entities, and as such given modern technology may reply from the email address of a company other than that with which you are doing business. Sender sending emails from the email for an entity other than that with which you are doing business shall not be deemed to bind such entity from whom the email is sent, nor shall it be seen as an indication that such entity is or desires to do business with recipient. Only a signed agreement shall bind any entity to do business with the recipient.

From: Leo D. Basch <lbasch@pharmacy.nv.gov>
Sent: Tuesday, October 11, 2022 4:37 PM
To: Trevor Theriot <ttheriot@rubikglobal.com>; Trevor Theriot <ttheriot@manamed.net>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>
Subject: RE: ManaMed wholesale activity

You don't often get email from lbasch@pharmacy.nv.gov. Learn why this is important

Hello Mr. Theriot,

Mr. Ken Scheuber said he had just spoken to you regarding obtaining a wholesaler license for Manamed on Charleston Blvd in Las Vegas. Below is a link to business applications, which include the wholesaler application. I also included the language of NRS 639.233 (license required) which was provided to you in an email on or about March 9th, 2022.

Best regards,

Mark Sedar
COO
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

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

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

From: Trevor Theriot <ttheriot@manamed.net>
Sent: Thursday, October 20, 2022 12:10 PM
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>
Subject: Re: ManaMed - Nevada - Wholesale application

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

Hello Ken

I am confirming you received the manamed application digitally and overnight. Including the payment.

Sincerely,

Trevor Theriot | President + CEO

Address: 2612 Sirius Dr., Denton TX 76208
Web: www.ManaMed.com
Office: 940-287-3510
Cell/Text: 949-632-0355

This e-mail may contain or attach privileged, confidential or protected information intended only for the use of the intended recipient. If you are not the intended recipient, any review or use of it is strictly prohibited. If you have received this e-mail in error, you are required to notify the sender, then delete this email and any attachment from your

Mark I. Sedar

From: Trevor Theriot <ttheriot@manamed.net>
Sent: Tuesday, November 8, 2022 10:02 AM
To: Mark I. Sedar
Cc: Kenneth C. Scheuber
Subject: Temporary License Request - RE: ManaMed - Nevada - Wholesale application

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

Hello Mark and Kenneth,

I greatly appreciate you confirming my application. Unfortunately, the state has fined us $5,000, we are overnighting a business check now. Also, we received a cease and desist.

As our application is being processed, I would like to make a formal request for the best interest of the Nevada residents. Would it be possible to be granted a temporary license in the interim? The reason for this request is that the PlasmaFlow products is a potentially life saving device after surgery. It is ordered by physicians to help prevent a blood clot at the home setting. Many Nevada residents can not take a blood thinner after surgery due to pre-existing conditions; therefore, our device is one of the few options for that physician.

As a result, I am hoping ManaMed is granted a temporary Wholesale license as we work through finalizing the official license due to it being a life saving device.

Sincerely,

MANAMED™

Trevor Theriot | President + CEO

Address: 2612 Sirius Dr., Denton TX 76208
Web: www.ManaMed.com
Office: 940-287-3510
Cell/Text: 949-632-0355

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From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, October 24, 2022 9:30 AM
To: Trevor Theriot <ttheriot@manamed.net>
Cc: Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>
Subject: RE: ManaMed - Nevada - Wholesale application

Good morning Trevor,

I can confirm that the application was received on 10/13/2022. Please note that my staff will reach out if we require additional information.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

November 2, 2022

VIA CERTIFIED MAIL

ManaMed, Inc.
5420 W. Charleston Boulevard
Las Vegas, NV 89146

ManaMed, Inc.
c/o Resident Agents of Nevada, Inc.
711 S. Carson Street, Suite 4
Carson City, NV 89701

Re: CEASE and DESIST/CITATION: Case No. 22-388
Unlicensed Activity in Nevada

Dear Sir or Madam:

The Nevada State Board of Pharmacy ("Board") has determined, based upon an audit conducted by Board's staff, that ManaMed, Inc. ("ManaMed") has engaged in the business of wholesaling, and/or distributing prescription drugs/medical products or devices restricted by federal law for sale into this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310, NAC 639.593, and NAC 639.6944.

ManaMed is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical products/devices in this State unless and until a license is fully approved and issued. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

ManaMed must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

ManaMed has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy



3379

MANAMED INC
287 CABRILLO ST
COSTA MESA CA 92627-3148

1103

11-35/1210 CA
70987

DATE 11/8/2022

PAY TO THE ORDER OF State of Nevada, Office of the Treasurer $ 5,000.00

Five Thousand DOLLARS

Security Features Details on Back

Bank of America

ACH R/T 121000358

FOR ManaMed Inc.
Case No: 22-388 [redacted]

MP

case: 22-388

14

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Nephron Pharmaceuticals Corporation

Physical Address: 78 Spruce Street

City: Murray State: KY Zip: 42071

Mailing Address (if different from physical address): N/A

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

Telephone: 8004434313 Website: www.nephronpharm.com

Name of Designated Representative (DR): Randy McClure

Licensing Company Email: license@nephronpharm.com DR Email: rmcclure@nephronpharm.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Combination Products	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Retailers		■ Others: Third-Party Logistics

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or p… any interest, ever been charged, or convicted of a felony or gross misdemeanor (includin… a or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at … interest, ever been denied a license, permit or certificate of registration …		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at le… interest, ever been subject of an administrative action or proceeding relati…		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least … any interest, ever been found guilty, pled guilty or entered a plea of nolo contend… ederal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Current MDEC license MP01138

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Nephron SC, Inc. dba Nephron Pharmaceuticals Corporation
Address: 4500 12th Street Extension City: West Columbia State: SC Zip: 29172
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): Nephron, Inc.
Corporation/Organization Name: Nephron Pharmaceuticals Corporation
Mailing Address: 4500 12th Street Extension (Headquarters)
City: West Columbia State: SC Zip: 29172
Telephone: 8004434313 Email: license@nephronpharm.com
Contact Person Name: Lou Wood Kennedy

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Nephron Pharmaceuticals Corporation

Facility Name

Lou Wood Kennedy

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01.23.23

Date

Board Use Only	Date Received: 1.25.23	Amount: 1000.00 CC

Walgreens

1465 E WILLIAM ST
CARSON CITY, NV, 89701

Tel: 775-8412790
Fax: 775-8412796

Date: 02/03/2023
Time: 17:22:5 (CST)
Pages: 4

Attention: mark seder

Message: Ann Williams dob [redacted] ssn [redacted]

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nephron
pharmaceuticals corporation

February 2, 2023

Nevada Board of Pharmacy
Attention Mark Sedar, msedar@pharmacy.nv.gov
985 Damonte Ranch Parkway #206
Reno, NV 89521
(775) 850-1440

SENT VIA EMAIL

Good day Mr. Sedar:

I spoke with Maria Herrera in your office yesterday morning about a licensing need and she noted that it may be possible for our company to be issued a temporary wholesale distribution license, while our application is in review with your Board. She suggested emailing a justification to your attention for consideration of issuing a temporary license.

Nephron SC, Inc. dba Nephron Pharmaceuticals Corporation, is located in West Columbia, SC and is a manufacturer and distributor of drug products. We ship to all 50 states in the US via one of our three distribution centers.

Distribution Center Location	Nevada Wholesale License #	Date Issued	Expiration Date
West Columbia, SC	WHO2295	3/6/2017	10/31/2024
Phoenix, AZ	WHO1626	3/13/2013	10/31/2024
Murray, KY	Application in progress		

We are in the process of closing our Phoenix, AZ distribution center, which is licensed to distribute into Nevada. The targeted closure date is 2/13/2023. This closure necessitates us to begin distribution of our products from our Murray, KY distribution center into Nevada. Please note, our computer systems are unable to ship products from West Columbia, SC, which would need a major software upgrade and is likely to take few months. To accommodate this, we have applied for a wholesale distributor license for our Murray, KY facility. Maria confirmed that the application has been received by your office and is under review. She noted that this application, since it has past litigations listed on the application, will require a virtual appearance before the board, which will be meeting next in March 2023. We cannot delay the closure of the Phoenix, AZ, and as a result, Nephron will be precluded from shipping products into Nevada until the Murray, KY application is approved or a temporary license is issued for the facility.

The temporary license under consideration is the our Murray, KY distribution center. It is our primary distribution hub, and is currently licensed to perform wholesale distribution functions in 46 states and Washington D.C. Please see the attached list of current licensures held by the Murray, KY Distribution Center.

Nephron SC, Inc. would like to request a temporary wholesale distribution license for our Murray, KY facility to ship into the state of Nevada. The temporary license will only need be effective until the application is reviewed and approved by the Board. We hope that the facts that the application that is already under review in your office and that our Murray, KY distribution center has been vetted by other states as a wholesale distributor gives your office reasonable justification to issue a temporary license.

Thank you for your consideration.

Regards,

Kirk R. Foutz
Regulatory Affairs Manager

State	Facility	License Type	Business Operations Covered	License Number	Date Issued	Exp Date
Alabama	Murray, KY	Manufacturer - Distribution Only	WD	192953	12/31/2004	12/31/2023
Alaska	Murray, KY	Out-of-State Wholesale Drug Distributor	WD	157489	2/24/2020	6/30/2024
Arizona	Murray, KY	Wholesaler - Full Service	WD	W001019	10/18/2007	10/31/2023
Arkansas	Murray, KY	Wholesale Drug Distributor	WD	WD03437	10/5/2007	12/31/2023
Arkansas	Murray, KY	Durable Medical Equipment	WD	MG01410	2/11/2013	12/31/2023
California	Murray, KY	Wholesale Drug Distributor	WD	OSD 5402	11/9/2009	11/1/2023
Colorado	Murray, KY	Out-of-State Wholesaler/ Dis of Rx	WD	WHO.0007951	3/20/2013	10/31/2024
Delaware	Murray, KY	Pharmacy - Wholesale	WD	A4-0001709	7/21/2010	9/30/2024
District of Columbia	Murray, KY	Wholesale Drug Distributor	WD	DM0700955	2/28/2013	2/28/2023
Florida	Murray, KY	Non-Resident Rx Drug Manufacturer	WD	261452	2/5/2013	2/28/2023
Florida	Murray, KY	Complimentary Drug Distributor	WD	40598	2/14/2013	2/28/2023
Georgia	Murray, KY	Non-Resident Pharmacy - Wholesaler	WD	PHWH001917	12/3/2003	6/30/2023
Hawaii	Murray, KY	Wholesale Prescription Drug Distributor	N/A	N/A	N/A	N/A
Idaho	Murray, KY	Wholesale Distributor	WD	W2777	11/25/2003	12/31/2023
Illinois	Murray, KY	Wholesale Drug Distributor	WD	4.002553	7/2/2007	12/31/2023
Indiana	Murray, KY	Wholesale Drug Distributor	WD	48002044A	3/20/2012	9/30/2024
Iowa	Murray, KY	Wholesale Distributor	WD	6191	1/1/2004	12/31/2023
Kansas	Murray, KY	Distributor	WD	5-02983	8/5/2011	6/30/2023
Kentucky	Murray, KY	Wholesale Drug Distributor	WD	W00904	2/24/2000	9/30/2023
Louisiana	Murray, KY	Wholesale Drug Distributor	WD	3530	12/5/2002	12/31/2023
Maine	Murray, KY	Pharmaceutical Wholesaler	WD	WH70001718	9/8/2011	12/31/2023
Maryland	Murray, KY	Wholesale Drug Distributor	WD	D02234	10/28/2007	5/31/2023
Michigan	Murray, KY	Wholesale Drug Distributor	WD	5306002592	6/14/2007	6/12/2023
Minnesota	Murray, KY	Wholesale Drug Distributor	WD	361969	10/15/2007	5/31/2023
Mississippi	Murray, KY	Drug Facility - Wholesale Distributor	WD	16090/16.5a	7/5/2017	12/31/2023
Missouri	Murray, KY	Drug Distributor	WD	2001022635	10/31/2007	10/31/2023
Montana	Murray, KY	Wholesale Drug Distributor	WD	PHA-WDD-LIC-18697	7/16/2013	11/30/2023
Nebraska	Murray, KY	Wholesale Drug Distributor	WD	904	10/21/2011	7/1/2023
Nevada	Murray, KY					
New Hampshire	Murray, KY	Manufacturer/ Distributor/ Wholesaler/ Broker	WD	4693	4/27/2007	6/30/2024
New Jersey	Murray, KY	Wholesale Drug Distributor	WD	5003984	1/16/2013	1/31/2023
New Mexico	Murray, KY	Wholesale Drug Distributor	WD	WD00011606	4/18/2013	12/31/2023
New York	Murray, KY	Wholesale Drug Distributor	WD	28254	1/1/2013	12/31/2024
North Carolina	Murray, KY	Wholesale Drug Distributor	WD	895	12/29/2006	12/31/2023
North Dakota	Murray, KY	Wholesale Drug Distributor	WD	Whol1093	2/1/2012	6/30/2023
Ohio	Murray, KY	Wholesaler - Category 2	WD	11712450	6/12/2007	6/30/2023
Oklahoma	Murray, KY	Wholesale Distributor	WD	88-W-1879	9/28/2007	9/30/2023
Oregon	Murray, KY	Wholesale Drug Distributor	WD	W1-0003981	3/7/2013	9/30/2023
Pennsylvania	Murray, KY	Wholesale Drug Distributor	WD	3000009057	4/24/2013	6/30/2023
Rhode Island	Murray, KY	Drug Wholesaler - Out-of-State	WD	DIS01798	11/26/2007	9/30/2023
South Carolina	Murray, KY	Non-Resident Wholesaler Distributor/ Manufacturer Permit	WD	6715	10/10/2002	6/30/2023
South Dakota	Murray, KY	Wholesale or Other Drug Distributor	WD	600-1994	2/3/2012	12/31/2023
Tennessee	Murray, KY	Maufacturer/ Wholesaler/ Distributor	WD	2702	9/28/2007	9/30/2023
Texas	Murray, KY	Wholesale Drug Distributor	WD	56531	3/23/2005	8/29/2024
Utah	Murray, KY	Pharmacy - Class C	WD	9150815-	10/7/2014	9/30/2023
Vermont	Murray, KY	Wholesale Drug Distributor		39.0068084	9/22/2010	7/31/2023

State	Facility	License Type	Business Operations Covered	License Number	Date Issued	Exp Date
Virginia	Murray, KY	Wholesale Drug Distributor	WD	219001282	6/25/2010	2/28/2023
Washington	Murray, KY	Pharmaceutical Wholesaler	WD	PHWH.FX.00059255	10/9/2007	9/30/2023
West Virginia	Murray, KY	Wholesale Drug Distributor Permit	WD	WD0558084	3/20/2013	6/30/2024
Wisconsin	Murray, KY	Wholesale Drug Distributor of Prescription Drugs	WD	2097-45	10/22/2007	5/31/2024
Wyoming	Murray, KY	Manufacturer or Distributor of Prescription Drugs for Human Use	WD	1747	3/8/2013	6/30/2023

Company: Nephron Pharmaceuticals Corporation
State of Incorporation: Florida
Corporate Address: 4500 12th Street Extension
West Columbia, SC 29172

Corporate Officers

Name	Title	Residential Address	Business Address
Lou W. Kennedy DOB: [redacted]	CEO/President/Director/Chairperson of the Board	[redacted] Captains Watch Lexington, SC 29072 DLN: [redacted]	4500 12th Street Ext. West Columbia, SC 29172 (800)443-4313
William P. Kennedy DOB: [redacted]	Director	[redacted] Captains Watch Lexington, SC 29072 DLN: [redacted]	4500 12th Street Ext. West Columbia, SC 29172 (800)443-4313
Ashley K. Whitner DOB: [redacted]	Vice President/Director	[redacted] Prince Road Marshall, VA 20115 DLN: [redacted]	4500 12th Street Ext. West Columbia, SC 29172 (800)443-4313
Courtney K. McGowan DOB: [redacted]	Vice President/Director	[redacted] Foxwood Lane Bluemont, VA 20135 DLN: [redacted]	4500 12th Street Ext. West Columbia, SC 29172 (800)443-4313
Joseph G. Mergo, III DOB: [redacted]	CFO/Vice President/Secretary/Treasurer	[redacted] Pinehurst Court West Columbia, SC 29170 DLN: [redacted]	4500 12th Street Ext. West Columbia, SC 29172 (800)443-4313

NEPHRON PHARMACEUTICALS CORPORATION
f/k/a Nephron Pharmaceuticals of Florida, Inc.
A Florida Corporation

RECORD OF SHAREHOLDERS

Name of Shareholder	Certificate No.	Date of Issuance	No. of Shares Issued (this certificate)	Total Cumulative Shares Issued	Ownership Percentage
CLASS A VOTING COMMON STOCK					
Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT) Special Trustee: Christopher E. Erblich	3A [1]	9/10/2007	89	340	34%
	4A [1] [2]	9/10/2007	251		
Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP) Special Trustee: Christopher E. Erblich	5A [1]	9/10/2007	170	170	17%
William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002 Special Trustee: Christopher E. Erblich	6A [1]	9/10/2007	490	490	49%
TOTAL CLASS A VOTING:				1,000	100%
CLASS B NON-VOTING COMMON STOCK					
Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT) Special Trustee: Christopher E. Erblich	3B [1]	9/10/2007	92	3,060	34%
	4B [1] [2]	9/10/2007	2,968		
Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP) Special Trustee: Christopher E. Erblich	5B [1]	9/10/2007	1,530	1,530	17%
William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002 Special Trustee: Christopher E. Erblich	6B [1]	9/10/2007	4,410	4,410	49%
TOTAL CLASS B NON-VOTING:				9,000	100%

RECAPITULATION OF VOTING AND NON-VOTING OWNERSHIP						
Shareholder	**Voting**		**Non-Voting**		**Combined Voting & Non-Voting**	
	Shares	**% of Total Shares (10,000)**	**Shares**	**% of Total Shares (10,000)**	**Shares**	**% of Total Shares (10,000)**
Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (IDIT)	340	3.4%	3,060	30.6%	3,400	34%
Lou Wood Kennedy, Trustee of the Lou Wood Kennedy Trust U/A dated September 10, 2007 (QTIP)	170	1.7%	1,530	15.3%	1,700	17%
William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002	490	4.9%	4,410	44.1%	4,900	49%
TOTALS:	**1,000**	**10%**	**9,000**	**90%**	**10,000**	**100%**

1/ Sale, assignment, transfer, pledge, encumbrance or other disposition of the securities represented by this certificate is restricted by the provisions of a Buy-Sell Agreement of the issuer dated as of the 11th day of September, 2007, as it may be amended from time to time, a copy of which is on file with the records of the issuer. Any sale, assignment, transfer, pledge, encumbrance or other disposition of such securities which is not in full compliance with the terms of such Buy-Sell Agreement shall be void and ineffective.

2/ First priority security interest granted by Courtney Berry Kennedy McGowan and Ashley Elizabeth Kennedy, Co-Trustees of the Kennedy Family Irrevocable Trust U/A dated August 16, 2002 (the "Pledgor") to William P. Kennedy, Trustee of the William Kennedy Revocable Trust dated August 16, 2002 (the "Secured Party") pursuant to a Pledge Agreement dated as of the 10th day of September, 2007. Originals of certificates are maintained in the corporate record book as a Pledged Interest on behalf of the Secured Party.

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 02/24/2000

NUMBER: W00904

EXPIRATION DATE: 09/30/2023

Issued to:
NEPHRON PHARMACEUTICALS CORP

78-88 SPRUCE STREET
MURRAY, KY 42071

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

78 Spruce Street
Murray, KY 42071

license@nephronpharm.com

City of Murray, KY
500 Main ST
Murray, KY 42071
270-762-0300

CITY OF MURRAY BUSINESS LICENSE

License Number: LIC19294

Date of Issue: 5/31/2022

License Expiration: 5/31/2023

Business Name: NEPHRON PHARMACEUTICALS

Physical Address: 78 SPRUCE ST

MURRAY KY 42071--

Please note that this license is non-transferrable and shall not be duplicated.
This document is printed on security paper and will display VOID if copied.

FRIENDLIEST SMALL TOWN ★★★ IN AMERICA ★★★

Kentucky UNBRIDLED SPIRIT

City of Murray, KY
500 Main ST
Murray, KY 42071
270-762-0300

CITY OF MURRAY BUSINESS LICENSE

License Number: LIC19613

Date of Issue: 5/31/2022

License Expiration: 5/31/2023

Business Name: NEPHRON PHARMACEUTICALS

Physical Address: 88 SPRUCE ST

MURRAY KY 42071--

Please note that this license is non-transferrable and shall not be duplicated.
This document is printed on security paper and will display VOID if copied.

FRIENDLIEST SMALL TOWN IN AMERICA

Kentucky UNBRIDLED SPIRIT

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Authorization

Authentication number: 283998
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

NEPHRON PHARMACEUTICALS CORPORATION

, a corporation organized under the laws of the state of Florida, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on August 11, 2021.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11th day of January, 2023, in the 231st year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
283998/1163309

NABP ACCREDITED

DRUG DISTRIBUTOR

Nephron Pharmaceuticals Corporation

located at

78 Spruce Street, Murray, KY 42071

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/21/2021 - 12/20/2023
Period of Accreditation

NEPHPHA-02 MMCDONALD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1000009384 Hub International Carolinas 1330 Lady Street Columbia, SC 29201	CONTACT NAME: Marilyn McDonald PHONE (A/C, No, Ext): (803) 227-4772 FAX (A/C, No): E-MAIL ADDRESS: Marilyn.McDonald@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Nephron Pharmaceuticals Corp 4500 12th Street Extension West Columbia, SC 29172	INSURER A : Great Northern Insurance Company	20303
	INSURER B : Federal Insurance Company	20281
	INSURER C : New Hampshire Insurance Company	23841
	INSURER D : Navigators Insurance Company	42307
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			35777804	7/1/2022	7/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG See below	$ 2,000,000 $ 2,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			(22)7359-37-31	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			7979-41-04	7/1/2022	7/1/2023	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 014-19-5840	8/1/2022	8/1/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products Liability			3604-82-14	7/1/2022	7/1/2023	Products Liability	5,000,000
D	XS Products Liab.			GA22LEX0A4AIINV	7/1/2022	7/1/2023	XS Products Liab.	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

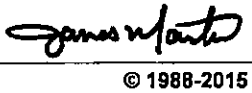
CERTIFICATE HOLDER

Coverage Confirmation

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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AGENCY CUSTOMER ID: NEPHPHA-02 MMCDONALD
LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 1000009384	NAMED INSURED
Hub International Carolinas		Nephron Pharmaceuticals Corp 4500 12th Street Extension West Columbia, SC 29172
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Wording
The Umbrella is follow form to above General Liability Premises & Auto Liability.

Products Liability is claims made; Retroactive Date is 5/5/93. The primary products liability policy underwritten by Chubb provides a $5,000,000 limit per
occurrence with a $5,000,000 aggregate limit. The excess products liability policy provides $10,000,000 per occurrence in excess of the primary policy.

Excess Products Liability
Carrier: Navigators Insurance Company
Policy # GA22LEX0A4AIINV
Effective 7/1/22 to 7/1/23
$10,000,000 Excess of $5,000,000 for total of $15M

Excess Products Liability
Carrier: Lloyds of London
Policy #B0180PN2203655
Effective 7/1/22 to 7/1/23
$10,000,000 Excess of $15,000,000 for total of $25M

Excess Products Liability coverage is follow form over Products Liability.

Professional (including Pharmacy) Primary Liability
Carrier: Illinois Union Insurance Company
Policy #MLPG71814816002
Effective 7/1/22 to 7/1/23
1,000,000/3,000,000

Additional Named Insureds
KENNEDY 34TH STREET L.P.
LOOSE SCREW CONSTRUCTION, LLC
WPK-PHOENIX, LLC
KENNEDY CAMPUS, LLC
NEPHRON SC, INC.
NEPHRON IC DISC, INC.
CLERMONT PHARMACEUTICALS, INC.
NEPHRON PHARMACEUTICALS CORPORATION
MICROVAPOR DEVICES, LLC
NEPHRON STERILE COMPOUNDING CENTER LLC
GAMECOCK PROPERTIES, LLC
PEAKEWOOD FARMS, INC.
NEPHRON PHARMACY LLC
L&B REALTY LLC
KENNEDY FAMILY OZ FUND, LLC
INJECTEZ, LLC.
NEPHRON NITRILE LLC

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nephron
pharmaceuticals corporation

Kentucky Distribution Center

Employee List

1. Chad Alexander
2. Kathy Britt
3. Todd Collie
4. Kenton Davis
5. Bradley Gardner
6. Jacob Gray
7. Jimmy Harrison
8. Terry Henson
9. Jimmy Jones
10. Randy McClure
11. Joyce McKnight
12. Lashawnte Nez
13. Derek Pace
14. Michelle Sullivan

nephron
pharmaceuticals corporation

Administrative Agent and Lender of Indebtedness

1. PNC Bank, N.A.

nephron
pharmaceuticals corporation

Kentucky Distribution Center

Independent Contractor List

1. Crown Lift Trucks
2. Scott Pest Control
3. Gibson's Total Care
4. Danny Dunn Electric
5. Thornton's Heat and Air

SureTec Insurance Company

2103 CityWest Boulevard, Suite 1300 Houston, TX 77042

CONTINUATION CERTIFICATE

Bond No. 3390615
Principal: Nephron Pharmaceuticals Corporation
Bond Amount: $ 100,000.00
Bond Description: Pharmaceutical Wholesale Distributor

Obligee: Nevada State Board of Pharmacy

You are hereby notified that the above Bond shall be continued in force for a period effective from:

June 1, 2022 until May 31, 2023

unless it is cancelled by the surety or otherwise terminated. All other terms and conditions remain unchanged.

The aggregate liability of the Surety shall not exceed the amount of this Continuation Certificate. The liability of the Surety shall not cumulate by reason of this Certificate, any Continuation Certificate, Change Rider, endorsement, modification, new bond, reinstatement, reissue, renewal, replacement, or substitution issued in the future.

Signed this 24th day of March , 2022 .

SureTec Insurance Company

By: _____
Angela Y. Buckner, Attorney in Fact

Nephron Pharmaceuticals Corporation

By: _____

POA #: 3390615

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Angela Y. Buckner

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Nephron Pharmaceuticals Corporation
Obligee: Nevada State Board of Pharmacy
Amount: $ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 27th day of October, A.D. 2020.

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas ss:
County of Harris

On this 27th day of October, A.D. 2020 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

TANYA SNEED
Notary Public, State of Texas
Comm. Expires 03-30-2023
Notary ID 128571231

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2023

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 24th day of March, 2022, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Nephron Pharmaceuticals Corporation

Pharmacy/Wholesaler License # (if applicable): N/A NEW

Physical Address: 78 Spruce Street

City: Murray State: KY Zip: 42071

Mailing Address (if different from physical address): N/A

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

Telephone: 2707530255 Website: www.nephronpharm.com

Licensing Company Email: license@nephronpharm.com

Section 2: Personal Information

First: Randy Middle: Glenn Last: McClure

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Broad Street

City: Murray State: KY Zip: 42071

Telephone: [redacted] Email: rmcclure@nephronpharm.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CALLOWAY COUNTY HIGH SCHOOL		08/1968 TO 05/1972	
Address	**City**	**State**	**Zip**
2108 COLLEGE FARM ROAD	MURRAY	KY	42071
Diploma/Degree obtained, if any			
GENERAL			
~~School Name~~		From - To (MM/YY – MM/YY)	
Address	City N/A	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	City	State	Zip
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	City	State	Zip
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY	
N/A		N/A	
Address	City	State	Zip
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/1999 to Present	[redacted]BROAD STREET	MURRAY	KY	42071
~~From - To (MM/YY – MM/YY)~~	~~Address~~	~~City~~	~~State~~ N/A	~~Zip~~
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A	N/A	N/A	N/A	N/A

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Nephron Pharmaceuticals Corporation			01/05 - Present
Business Address	**City**	**State**	**Zip**
78 Spruce Street	Murray	KY	42071
Phone	**Title**		**Number of Employed Hours**
2707530255	Facility Manager		40/week for 18 years
Description of Duties			
Managed the daily operation of the Murray, KY distribution center for Nephron Pharmaceuticals Corp. Filling between 85 and 90 percent of all orders shipped for Nephron. Review each order placed and filled on a daily basis. Etc.			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		**Number of Employed Hours**
N/A	N/A		N/A
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Randy Glenn McClure, **certify that as the designated representative for**

Nephron Pharmaceuticals Corporation located at 78 Spruce Street, Murray, KY 42071,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RM I am at least 21 years of age;
3. RM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Randy McClure
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-17-2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Randy McClure
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-17-2023
Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Calloway

I, Randy McClure, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-17-2023
Date

Subscribed and Sworn to before me this 17th day of Jan, 2023

Dana Tockstein
Notary Public Signature

DANA CAROL TOCKSTEIN
NOTARY PUBLIC
COMMISSION # KYNP53021
EXPIRES 06072026
CALLOWAY COUNTY, KENTUCKY

(Seal)

Randy McClure
[redacted] Broad Street
Murray, KY 42071

rmcclure@nephronpharm.com [redacted]

Manager Distribution & Receiving

Results-oriented Management Professional with twenty-seven years experience in distribution, receiving, warehousing, and manufacturing including supervisory and industrial equipment experience. Background and skills include:

- **Equipment Operator Trainer**
- **Computers & M S Office**
- **Operations Efficiency**
- **Cycle Counting Inventory Control**
- **Supervision**
- **Order Processing Systems**
- **FIFO Warehouse Management System**
- **Bar Code Processing**

Accomplishments & Skills

Manager

- Follow Standard Operating Procedures.
- Coordinate all shipments.
- Insure controlled environment stability.
- Oversee and participate in daily operation.

Supervision / Leadership

- Supervised 20 – 30 employees in warehousing, receiving, shipping, quality control & rework.
- Maintained FIFO warehousing procedures.
- Oversaw the location and removal of products for an 850,000 square foot warehouse.

Operations

- Increased the production output rate 30% by leveling the load on production lines.
- Instituted trailer-loading changes that increased the output by 25% and reduced labor by 20%.

Department Efficiency

- Decreased the number of employees needed to operate a 10,000 piece sorting operation by 40%.
- Consistently held efficiency rating of 95% or above.

Professional Experience

Nephron Pharmaceuticals Corporation, Murray, KY **Jan 2005 – Present**

- From January 2005 until the present. Managed the daily operation of the Murray KY distribution center for Nephron Pharmaceuticals Corp. filling between 85 and 90 percent of all orders shipped for Nephron.
- Review each order placed and filled on a daily basis.
- Oversee all outbound shipments, inbound shipments, return shipments and retain storage.
- Maintain all records relating to distribution, receiving.
- Organized pharmaceutical distribution warehouse.
- Setup separate pharmaceutical quarantine warehouse.
- Reduced workforce by 70%.
- Organized Retain Product storage and retrieval.
- Started virtual warehouse for Physician & Sales Representatives sample program.
- Reduced ground shipping cost by 25%.

RxElite Holdings, Murray, KY **May 2004 – Dec 2004**

- Organized pharmaceutical warehouse.
- Increased warehouse efficiency & shipping productivity.
- Reduced ground shipping cost by 25%.

Pella Corporation, Murray, KY **Oct 2002 – May 2004**

- Final assembly of fiberglass windows.
- Ran a fiberglass pultrusion machine.
- Mixed resins in a blast proof room.

Mattel, Inc. (Fisher-Price), Murray, KY **Mar 1980 – Oct 2002**

Warehouse Supervisor, Shipping/ Receiving (7 years experience)

- Responsible for the location control of over 500 products in an 850,000 square foot warehouse.
- Responsible for creating stacking patterns for each product.
- Responsible for stacking and warehousing of products.
- Oversaw the handling of a 10,000 piece per shift sorter operation.
- Created and printed bar codes as needed.
- Assigned orders for staging and loading for 71 doors.
- Created the floor plans for 2 warehouse layouts.
- Conducted accident investigations.

Inventory Control Supervisor (2 years experience)

- Responsible for inventory monitoring, accuracy, cycle counts, and audits.
- Process audits of shipments to ensure a high degree of accuracy to customers.
- Work closely with systems and suppliers to ensure scanner accuracy.
- Readily adapt to change as it occurs and logically prioritize those changes.
- Responsible for all inbound shipments.

Shipping Group Leader (3 years experience)

- Assigned orders for outbound trailers and priority of inbound trailers.
- Oversaw the completions of assignments within efficiency standards.

Industrial Equipment Trainer (5 years experience)

- Conducted classes on the safe operation of powered industrial equipment. Including electric and propane fork trucks, clamp trucks, side reaches, swing reaches and high reach order pickers.
- Instructed and evaluated each driver prior to completions of classes and presentation of license.

Industrial Equipment Operator (20 years experience)

- Clamp Truck
- Fork Truck
- Side Reach
- Swing Reach

Spotter Truck Driver (12 years experience)

- Operated an Ottawa Yard Tractor and a conventional Semi- Tractor.
- Spotted semi trailers in the correct doors for loading and unloading.
- Applied seals and spotted trailers on the yard in numbered spaces.
- Kept records for each spot and communicated with superiors via radio.

Finished Goods/ Order Filler (11 years experience)

- Operated powered industrial trucks for loading and unloading products and materials.
- Pulled orders for the pick and pack operation.

Resin Clerk
- Dispatch and relocate materials according to location specifications.
- Monitor unloading operations and conduct inventory audits.

Cycle Count Clerk
- Process location audits of warehouse inventories.
- Adjust inventories and maintain records keeping.

Warehouse Assistant
- Verified equipment operator counts for accuracy.
- Manually loaded / unloaded finished goods to / from trailers and railcars.
- Analyzed load and available trailer space / verify counts in a timely manner.

Professional Training

- Class A CDL for tractor-trailers.
- Front Line Leadership Training
- Topps Maxload Pro.
- IBM A/S 400.
- Microsoft Word.
- Microsoft Excel.
- Microsoft PowerPoint.
- Microsoft Access.
- Microsoft Outlook.
- Fork Lift.
- Clamp Truck.
- Kronos Timekeeper.
- Advanced Label Designer for Bar Codes

Education

Calloway County High School, Murray, KY
Graduated with Diploma

Murray Vocational School, Murray, KY
Graduated / Small Appliance Repair and Refrigeration

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Nephron Pharmaceuticals Corporation MDEG License # (if applicable) MP01138

Physical Address 78 Spruce Street

City Murray State Kentucky Zip 42071

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 2707530255 Website www.nephronpharm.com

Licensing Company Email license@nephronpharm.com

Section 2: Personal Information

First Randy Middle Glenn Last McClure

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Broad Street

City Murray State KY Zip 42071

Telephone [redacted] Email rmcclure@nephronpharm.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Calloway County High School		08/68 - 05/72	
Address	City	State	Zip
2108 College Farm Road	Murray	Kentucky	42071
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/99 - Present	[redacted]Broad Street	Murray	Kentucky	42071
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Nephron Pharmaceuticals Corporation			01/05 - Present	
Business Address		City	State	Zip
78 Spruce Street		Murray	Kentucky	42071
Phone	Title		Number of Employed Hours	
2707530255	Facility Manager		40 Hours/Week for 18 Years	
Description of Duties				
Managing the daily operation of the Murray, KY distribution center for Nephron Pharmaceuticals Corporation with between 85% and 90% of all drug product orders distributed for Nephron SC, Inc., an affiliate drug manufacturer. Reviewing each order submitted for fulfillment on a daily basis.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Randy McClure
Original Signature (electronic, copies or stamps not accepted)

2-2-2023
Date

I, Randy Glenn McClure **, certify that as the MDEG Administrator for**

Nephron Pharmaceuticals Corporation located at 78 Spruce Street, Murray, KY 42071 ,

that I (initial that you have read and meet the following requirements):

1. RM Have a high school diploma or its equivalent;
2. RM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Randy McClure
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-2-2023
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Nephron Pharmaceuticals Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A New License

Physical Address: 78 Spruce Street

City: Murray State: KY Zip: 42071

Mailing Address (if different from physical address): N/A

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

Telephone: 2707530255 Website: www.nephronpharm.com

Licensing Company Email: license@nephronpharm.com

Section 2: Personal Information

First: Ashley Middle: Kennedy Last: Whitner

Alias(es, nicknames, name changes, etc.): Ashley Kennedy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Prince Road

City: Marshall State: VA Zip: 20115

Telephone: [redacted] Email: akennedy@nephronpharm.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Prince Road	Marshall	VA	20115
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Trinity Prep		09/1983-06.1988	
Address	**City**	**State**	**Zip**
5700 Trinity Prep Lane	Orlando	FL	32792
Diploma/Degree obtained, if any			
high school diploma			

School Name		From - To (MM/YY – MM/YY)	
Rollins College		08/1989-06/1992	
Address	**City**	**State**	**Zip**
1000 Holt Ave	Winter Park	FL 32789	
Diploma/Degree obtained, if any			
BA International Business			

School Name		From - To (MM/YY – MM/YY)	
Hollins College		09/1988-06/1989	
Address	**City**	**State**	**Zip**
7916 Williamson Ava	Roanoke	VA	24020
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/19-present	[redacted] Prince Road	Marshall	VA	20115
06.2008-06/2019	[redacted] ot House Rd	Middleburg	VA	20117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Nephron Pharmaceuticals			From - To (MM/YY – MM/YY): 09/2005-present
Business Address: 4500 12th st Ext	City: West Columbia	State: SC	Zip: 29172
Phone: 800 443-4313	Title: V.P.		
Description of Duties: officer			

Business Name: AKH group			From - To (MM/YY – MM/YY): 09/
Business Address: 601 West 26th street	City: New York	State: NY	Zip: 10001
Phone: 917-864-4443	Title: co owner		
Description of Duties: Co Owner Marketing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/7/2022	On Going	SC	Lexington	Lexington

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2022-CP-32-034324	Lexington County Court of Common Pleas

Reason/Charge
Nephron filed a Summons and Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs APAM Services, Inc. d/b/a Streamline Technology, Charles Scott Johnson, Muthu Soundararajan, and Thomas James.

Nephron filed a Summons and Complaint on 10/7/2022 seeking injunctive relief, a declaratory judgment, and asserts claims of misappropriation of trade secrets, conversion and implied license. An Order granting Nephron's Motion for Temporary Restraining Order and Preliminary Injunction was granted on 10/10/2022 and setting a hearing on this matter for 10/18/2022. The Court has entered a Consent Preliminary Injunction against Streamline. The trade secrets have been placed in escrow pursuant to the same. Discovery is progressing.

Ashley Whitten
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/23/2018	5/11/2021	FL	Orlando	Orange
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
6:18-cv-01573-GAP-LRH	United States District Court For The Middle District of Florida, Orlando Division			
Reason/Charge				
Nephron filed a Verified Complaint.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Plaintiff	Lawsuit			
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jennifer Shelly Hulsey, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation.

On 9/23/2018, Nephron filed a Verified Complaint against Hulsey and USC, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the Florida Uniform Trade Secrets Act, as well as numerous common law claims. Nephron sought and obtained a Temporary Restraining Order on 9/26/2018, later expanded into a Consent Preliminary Injunction on 10/15/2018.

On 3/1/2019, Nephron filed the Second Amended Complaint, which added Adamis Pharmaceuticals Corporation as a defendant. The Consent Preliminary Injunction was amended to include Adamis Pharmaceuticals Corporation as well.

On 7/1/2019, Nephron filed the Third Amended Complaint, which became the operative pleading in this case.

On 5/11/2021, The Parties reached a settlement and agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without defendants admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 3:20-cv-02089-FLW-LHG and 3:20-cv-04356-MGL-PJG

Ashley White
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	NJ	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-02089-FLW-LHG	United States District Court For The District Of New Jersey

Reason/Charge
Nephron filed a Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation.

On 2/26/2020, Nephron filed a Complaint against U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration.

On 12/16/2020, Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-04356-MGL-PJG

Ashley Whitten
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-04356-MGL-PJG	United States District Court For The District Of South Carolina, Columbia Division

Reason/Charge
Nephron filed a Complaint in NJ. Claims transferred to SC Court.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jessica Ingrid Lane.

On 2/26/2020, Nephron filed a Complaint with the United States District Court For The District Of New Jersey against Jessica Ingrid Lane, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration with the United States District Court For The District Of New Jersey.

On 12/16/2020, NJ Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 12/23/2020, the United States District Court For The District Of South Carolina, Columbia Division Court entered an order confirming the transfer of Nephron's claim again Lane and provided instructions to the Parties.

On 4/27/2021, the SC Court directed the Clerk enter default as to Lane, due to her failure to file a responsive pleading within the extended deadline set by the SC Court.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.
Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-02089-FLW-LHG

Ashley Whitten
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-04385-MGL	United States District Court For The District Of South Carolina, Columbia Division

Reason/Charge
Boyd filed a Federal Claim.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

On 11/18/2020, Boyd filed federal claims against Nephron, alleging discrimination in violation of Title VII of the Civil Rights Act of 1964, 42 USC 2000e et seq.; 42 USC 1981; Americans with Disabilities Act, 42 USC 12101 et seq.; and South Carolina Payment of Wages Act, SC Code Ann. 41-10-10 et seq.

Nephron transferred the case to the United States District Court For The District of South Carolina, Columbia Division and filed a motion for summary judgment.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

In the interim, Nephron filed a timely Motion for Reconsideration, which was opposed. This motion is currently still pending before Judge Lewis in the District Court.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in the state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

Ashley Whitmire
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2020CP3203845	Lexington County Court of Common Pleas

Reason/Charge
Boyd filed a Federal Claim, where all claims were dismissed except one. Claim transferred to this state court.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

Ashley Whitten
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/27/2021	4/23/2021	TX	Austin	Travis
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
1:21-cv-00081-LY		United States District Court For The Western District of Texas, Austin Division		
Reason/Charge				
Nephron filed a Complaint.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC vs Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health.

On , Nephron filed a Complaint against Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health, alleging five claims of relief: false advertising, common law unfair competition, defamation, business disparagement, and tortious interference with prospective relations. The Complaint alleged the Defendants engaged in a marketing campaign for the sale of Leiters' Phenylephrine syringes, competing drug product with Nephron's Phenylephrine syringes. The alleged false statements claimed that Nephron no longer produces Phenylephrine syringes and is the subject of a "cease and desist" order. Nephron also filed a Temporary Restraining Order and requested a Preliminary Injunction to have the Court enjoin the Defendants from certain activities.

On 4/23/2021, the Parties agreed to a Permanent Injunction Order and Stipulated Dismissal, without the Defendants admitting fault. Resolved.

Ashley White

Original Signature (electronic, copies or stamps not accepted)

1/20/23

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/29/2021	2/1/2022	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:21-cv-01278-JMC	United States District Court For The District of South Carolina, Columbia Division

Reason/Charge
Nephron filed a Federal lawsuit.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc.

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc. vs John Douglas Parker d/b/a JD Plastics.

On 4/29/2021, Nephron filed a Federal lawsuit against John Douglas Parker d/b/a JD Plastics, alleging violations of the federal RICO Act and pendant state law claims for conspiracy and fraud related to a scheme to defraud Nephron from millions of dollars in profit related to plastic resin products through the operation of a fictitious brokerage side business designed to divert profits to themselves individually.

On 2/1/2022, The Parties agreed to the Voluntary Dismissal With Prejudice. Resolved.

Ashley Whitt
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/14/2022	1/9/2023	SC	Columbia	Richland
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
3:20-cv-02956-MGL	United States District Court For The District of South Carolina, Columbia Division			
Reason/Charge				
Nexus filed a complaint for patent infringement against Nephron.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Defendant	Lawsuit			
Name of Business/Industry/Entity				
Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmaceuticals Corporation, Nephron Pharmac				

Provide explanation below:

Nexus Pharmaceuticals, Inc. vs Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmacy, LLC, and Nephron Pharmaceuticals Corporation.

On October 14, 2021, Nephron SC, Inc. ("Nephron") filed Abbreviated New Drug Application (ANDA) 216313 (the "Nephron ANDA") under Section 505(j) of the Federal Food, Drug, and Cosmetic Act (the "Act") to obtain approval to engage in the commercial manufacture, use, or sale of a drug before the expiration of U.S. Patent 11,090,278 ("the '278 patent"). The Nephron ANDA and the '278 patent are both related to ephedrine sulfate. The '278 patent is owned by Nexus Pharmaceuticals, Inc. ("Nexus"). Nexus is also the holder of New Drug Application 213407 for EMPERPHED®, which is an ephedrine sulfate product.

On January 14, 2022, Nexus filed a complaint for patent infringement against Nephron in the United States District Court for the District of South Carolina, Columbia Division, alleging the filing of the Nephron ANDA was an act of infringement of the '278 patent.

On March 7, 2022, Nephron filed a Motion to Dismiss, asserting that the Nexus patent infringement complaint failed to state a claim upon which relief may be granted, including due to the lack of infringement of the '278 patent by the ephedrine sulfate product described in the Nephron ANDA. Nephron's Motion to Dismiss was denied.

The Court granted extensions for Nexus to answer Nephron's counterclaims and for Nephron to respond to discovery. The parties are working together on a joint stipulation of dismissal of the entire matter.

On 1/9/2023, both parties agreed to a Joint Stipulation of Dismissal without Prejudice. Resolved.

Ashley Whitten

Original Signature (electronic, copies or stamps not accepted)

1/20/23

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/21/2022	12/27/2022	MI	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:22-cv-10863-LVP-APP	United States District Court Eastern District Of Michigan, Southern Division

Reason/Charge
GVN Group Corporation d/b/a Sharpertek filed a Summons and Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Nitrile, LLC

Provide explanation below:

GVN Group Corporation d/b/a Sharpertek vs Nephron Nitrile, LLC.

On 4/21/22, GVN Group Corporation d/b/a Sharpertek ("Sharpertek") filed a Summons and Complaint against Nephron Nitrile, LLC ("Nitrile") alleging Nitrile contracted with Sharpertek to provide twenty-four (24) production lines for the planned nitrile glove manufacturing facility and Nitrile agreed to pay Sharpertek $94 million, $34 million of which was to be paid in royalties on future glove sales. Additionally, the Summons and Complaint alleges Nitrile stopped paying invoices to Sharpertek, due to a dispute, and Nitrile terminated the contract agreement with Sharpertek.

Nitrile was granted an extension to move, plead, or otherwise respond to the Complaint through 10/31/2022.

On 11/21/2022, the Parties agreed to a Voluntary Dismissal Without Prejudice.

On 12/27/2022, the Parties amended the dismissal and agreed to a Voluntary Dismissal With Prejudice. Resolved.

Ashley Whitner
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/10/2020	6/24/2020	CA	Sacramento	Sacramento
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2019 86642		California State Board of Pharmacy		
Reason/Charge				
Violation of Business and Professional Code 4129.2 (b) and Title 21 CFR 211.125 (c).				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A----------			N/A----------	
Name of Business/Industry/Entity				
Nephron SC, Inc.				

Provide explanation below:

Production and Process Controls - Nephron SC Inc (NSF 102) was not in compliance with Business and Professions Code section 4129.2 (b), which states, an outsourcing facility shall compound all sterile and non-sterile products in compliance with regulations issued by the Board and with federal current good manufacturing practices applicable to outsourcing facilities, in conjunction with Code of Federal Regulations, title 21, section 211.125 (c), which states, in pertinent part, procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Nephron SC Inc, located at 4500 12th Street Ext, West Columbia, SC 29172, was not compliant with Code of Federal Regulations 211.125(c). Specifically, on 12/2/2019, Nephron SC Inc performed a reworking of a packaged. product (Norepinephrine in 0.9% sodium chloride injection 8mg/250ml, lot# NB9043B) and two IV bags were packaged without the re-applying of the updated label. Subsequently, on 12/10/2019, a customer (Dignity Health St. Bernardine Medical Center) received two Norepinephrine 8mg/250ml IV bags from lot# NB9043B without labels. The rework process utilized by Nephron was incomplete as documentation of label reconciliation was missing from the record. This is a violation of pharmacy law.

Administrative Fine: $1,000.00

Resolved.

Ashley Whitner
Original Signature (electronic, copies or stamps not accepted)

1/20/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ashley Whitner

Print Name (First, Last)

Ashley Whitner

Original Signature (electronic, copies or stamps not accepted)

1/20/23

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Loudoun

I, Ashley Whitner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ashley Whitner

Original Signature

1/20/23

Date

Subscribed and Sworn to before me this 20 day of January.

Ruth A. Costello

Notary Public Signature

RUTH A. COSTELLO
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES JULY 31, 2024
COMMISSION # 7704259

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Nephron Pharmaceuticals Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A New License----------

Physical Address: 78 Spruce Street

City: Murray State: KY Zip: 42071

Mailing Address (if different from physical address): N/A----------

City: N/A---------- State: N/A---------- Zip: N/A----------

Telephone: 2707530255 Website: www.nephronpharm.com

Licensing Company Email: license@nephronpharm.com

Section 2: Personal Information

First: William Middle: Peake Last: Kennedy

Alias(es, nicknames, name changes, etc.): Bill

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]Captains Watch

City: Lexington State: SC Zip: 29072

Telephone: [redacted] Email: bkennedy@nephronpharm.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Carolina, College of Pharmacy		1962 - 1966	
Address	**City**	**State**	**Zip**
715 Sumter Street	Columbia	SC	29208
Diploma/Degree obtained, if any			
Pharmacy, BS			

School Name		From - To (MM/YY – MM/YY)	
Roebuck High School		1956 - 1961	
Address	**City**	**State**	**Zip**
Demolished in 1992	Roebuck	SC	29376
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/15 - Current	[redacted]Captains Watch	Lexington	SC	29072
01/10 - 01/15	[redacted]West Ivanhoe Boulevard	Orlando	FL	32804
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Nephron Pharmaceuticals Corporation			2014 - Present	
Business Address		**City**	**State**	**Zip**
4500 12th Street Extension		West Columbia	SC	29172
Phone	**Title**			
8004434313	Director			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
Nephron Pharmaceuticals Corporation			1991 - 2014	
Business Address		**City**	**State**	**Zip**
4121 SW 34th Street		Orlando	FL	32811
Phone	**Title**			
4072461389	Owner			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		**City**	**State**	**Zip**
N/A		N/A	N/A	N/A
Phone	**Title**			
N/A	N/A			
Description of Duties				
N/A				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/23/2018	5/11/2021	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-01573-GAP-LRH	United States District Court For The Middle District of Florida, Orlando Division

Reason/Charge
Nephron filed a Verified Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jennifer Shelly Hulsey, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation.

On 9/23/2018, Nephron filed a Verified Complaint against Hulsey and USC, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the Florida Uniform Trade Secrets Act, as well as numerous common law claims. Nephron sought and obtained a Temporary Restraining Order on 9/26/2018, later expanded into a Consent Preliminary Injunction on 10/15/2018.

On 3/1/2019, Nephron filed the Second Amended Complaint, which added Adamis Pharmaceuticals Corporation as a defendant. The Consent Preliminary Injunction was amended to include Adamis Pharmaceuticals Corporation as well.

On 7/1/2019, Nephron filed the Third Amended Complaint, which became the operative pleading in this case.

On 5/11/2021, The Parties reached a settlement and agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without defendants admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 3:20-cv-02089-FLW-LHG and 3:20-cv-04356-MGL-PJG

Colleen P Kenney

Original Signature (electronic, copies or stamps not accepted)

1/24/23

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	NJ	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-02089-FLW-LHG	United States District Court For The District Of New Jersey

Reason/Charge
Nephron filed a Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation.

On 2/26/2020, Nephron filed a Complaint against U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration.

On 12/16/2020, Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-04356-MGL-PJG

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

9/9/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-04356-MGL-PJG	United States District Court For The District Of South Carolina, Columbia Division

Reason/Charge
Nephron filed a Complaint in NJ. Claims transferred to SC Court.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jessica Ingrid Lane.

On 2/26/2020, Nephron filed a Complaint with the United States District Court For The District Of New Jersey against Jessica Ingrid Lane, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration with the United States District Court For The District Of New Jersey.

On 12/16/2020, NJ Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 12/23/2020, the United States District Court For The District Of South Carolina, Columbia Division Court entered an order confirming the transfer of Nephron's claim again Lane and provided instructions to the Parties.

On 4/27/2021, the SC Court directed the Clerk enter default as to Lane, due to her failure to file a responsive pleading within the extended deadline set by the SC Court.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.
Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-02089-FLW-LHG

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

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This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:20-cv-04385-MGL		United States District Court For The District Of South Carolina, Columbia Division		
Reason/Charge				
Boyd filed a Federal Claim.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation				

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

On 11/18/2020, Boyd filed federal claims against Nephron, alleging discrimination in violation of Title VII of the Civil Rights Act of 1964, 42 USC 2000e et seq.; 42 USC 1981; Americans with Disabilities Act, 42 USC 12101 et seq.; and South Carolina Payment of Wages Act, SC Code Ann. 41-10-10 et seq.

Nephron transferred the case to the United States District Court For The District of South Carolina, Columbia Division and filed a motion for summary judgment.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

In the interim, Nephron filed a timely Motion for Reconsideration, which was opposed. This motion is currently still pending before Judge Lewis in the District Court.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in the state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2020CP3203845		Lexington County Court of Common Pleas		
Reason/Charge				
Boyd filed a Federal Claim, where all claims were dismissed except one. Claim transferred to this state court.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation				

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

William P Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/27/2021	4/23/2021	TX	Austin	Travis
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
1:21-cv-00081-LY	United States District Court For The Western District of Texas, Austin Division			
Reason/Charge				
Nephron filed a Complaint.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Plaintiff	Lawsuit			
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC vs Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health.

On , Nephron filed a Complaint against Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health, alleging five claims of relief: false advertising, common law unfair competition, defamation, business disparagement, and tortious interference with prospective relations. The Complaint alleged the Defendants engaged in a marketing campaign for the sale of Leiters' Phenylephrine syringes, competing drug product with Nephron's Phenylephrine syringes. The alleged false statements claimed that Nephron no longer produces Phenylephrine syringes and is the subject of a "cease and desist" order. Nephron also filed a Temporary Restraining Order and requested a Preliminary Injunction to have the Court enjoin the Defendants from certain activities.

On 4/23/2021, the Parties agreed to a Permanent Injunction Order and Stipulated Dismissal, without the Defendants admitting fault. Resolved.

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/29/2021	2/1/2022	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:21-cv-01278-JMC		United States District Court For The District of South Carolina, Columbia Division		
Reason/Charge				
Nephron filed a Federal lawsuit.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Plaintiff		Lawsuit		
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc.				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc. vs John Douglas Parker d/b/a JD Plastics.

On 4/29/2021, Nephron filed a Federal lawsuit against John Douglas Parker d/b/a JD Plastics, alleging violations of the federal RICO Act and pendant state law claims for conspiracy and fraud related to a scheme to defraud Nephron from millions of dollars in profit related to plastic resin products through the operation of a fictitious brokerage side business designed to divert profits to themselves individually.

On 2/1/2022, The Parties agreed to the Voluntary Dismissal With Prejudice. Resolved.

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/14/2022	1/9/2023	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-02956-MGL	United States District Court For The District of South Carolina, Columbia Division

Reason/Charge
Nexus filed a complaint for patent infringement against Nephron.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmaceuticals Corporation, Nephron Pharmac

Provide explanation below:

Nexus Pharmaceuticals, Inc. vs Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmacy, LLC, and Nephron Pharmaceuticals Corporation.

On October 14, 2021, Nephron SC, Inc. ("Nephron") filed Abbreviated New Drug Application (ANDA) 216313 (the "Nephron ANDA") under Section 505(j) of the Federal Food, Drug, and Cosmetic Act (the "Act") to obtain approval to engage in the commercial manufacture, use, or sale of a drug before the expiration of U.S. Patent 11,090,278 ("the '278 patent"). The Nephron ANDA and the '278 patent are both related to ephedrine sulfate. The '278 patent is owned by Nexus Pharmaceuticals, Inc. ("Nexus"). Nexus is also the holder of New Drug Application 213407 for EMPERPHED®, which is an ephedrine sulfate product.

On January 14, 2022, Nexus filed a complaint for patent infringement against Nephron in the United States District Court for the District of South Carolina, Columbia Division, alleging the filing of the Nephron ANDA was an act of infringement of the '278 patent.

On March 7, 2022, Nephron filed a Motion to Dismiss, asserting that the Nexus patent infringement complaint failed to state a claim upon which relief may be granted, including due to the lack of infringement of the '278 patent by the ephedrine sulfate product described in the Nephron ANDA. Nephron's Motion to Dismiss was denied.

The Court granted extensions for Nexus to answer Nephron's counterclaims and for Nephron to respond to discovery. The parties are working together on a joint stipulation of dismissal of the entire matter.

On 1/9/2023, both parties agreed to a Joint Stipulation of Dismissal without Prejudice. Resolved.

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

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This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/21/2022	12/27/2022	MI	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:22-cv-10863-LVP-APP		United States District Court Eastern District Of Michigan, Southern Division		
Reason/Charge				
GVN Group Corporation d/b/a Sharpertek filed a Summons and Complaint.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Nephron Nitrile, LLC				

Provide explanation below:

GVN Group Corporation d/b/a Sharpertek vs Nephron Nitrile, LLC.

On 4/21/22, GVN Group Corporation d/b/a Sharpertek ("Sharpertek") filed a Summons and Complaint against Nephron Nitrile, LLC ("Nitrile") alleging Nitrile contracted with Sharpertek to provide twenty-four (24) production lines for the planned nitrile glove manufacturing facility and Nitrile agreed to pay Sharpertek $94 million, $34 million of which was to be paid in royalties on future glove sales. Additionally, the Summons and Complaint alleges Nitrile stopped paying invoices to Sharpertek, due to a dispute, and Nitrile terminated the contract agreement with Sharpertek.

Nitrile was granted an extension to move, plead, or otherwise respond to the Complaint through 10/31/2022.

On 11/21/2022, the Parties agreed to a Voluntary Dismissal Without Prejudice.

On 12/27/2022, the Parties amended the dismissal and agreed to a Voluntary Dismissal With Prejudice. Resolved.

William P Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/7/2022	On Going	SC	Lexington	Lexington
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2022-CP-32-034324		Lexington County Court of Common Pleas		
Reason/Charge				
Nephron filed a Summons and Complaint.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Plaintiff		Lawsuit		
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs APAM Services, Inc. d/b/a Streamline Technology, Charles Scott Johnson, Muthu Soundararajan, and Thomas James.

Nephron filed a Summons and Complaint on 10/7/2022 seeking injunctive relief, a declaratory judgment, and asserts claims of misappropriation of trade secrets, conversion and implied license. An Order granting Nephron's Motion for Temporary Restraining Order and Preliminary Injunction was granted on 10/10/2022 and setting a hearing on this matter for 10/18/2022. The Court has entered a Consent Preliminary Injunction against Streamline. The trade secrets have been placed in escrow pursuant to the same. Discovery is progressing.

William P. Kennedy
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

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This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/10/2020	6/24/2020	CA	Sacramento	Sacramento
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2019 86642		California State Board of Pharmacy		
Reason/Charge				
Violation of Business and Professional Code 4129.2 (b) and Title 21 CFR 211.125 (c).				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A----------		N/A----------		
Name of Business/Industry/Entity				
Nephron SC, Inc.				

Provide explanation below:

Production and Process Controls - Nephron SC Inc (NSF 102) was not in compliance with Business and Professions Code section 4129.2 (b), which states, an outsourcing facility shall compound all sterile and non-sterile products in compliance with regulations issued by the Board and with federal current good manufacturing practices applicable to outsourcing facilities, in conjunction with Code of Federal Regulations, title 21, section 211.125 (c), which states, in pertinent part, procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Nephron SC Inc, located at 4500 12th Street Ext, West Columbia, SC 29172, was not compliant with Code of Federal Regulations 211.125(c). Specifically, on 12/2/2019, Nephron SC Inc performed a reworking of a packaged. product (Norepinephrine in 0.9% sodium chloride injection 8mg/250ml, lot# NB9043B) and two IV bags were packaged without the re-applying of the updated label. Subsequently, on 12/10/2019, a customer (Dignity Health St. Bernardine Medical Center) received two Norepinephrine 8mg/250ml IV bags from lot# NB9043B without labels. The rework process utilized by Nephron was incomplete as documentation of label reconciliation was missing from the record. This is a violation of pharmacy law.

Administrative Fine: $1,000.00

Resolved.

William P Kennedy

Original Signature (electronic, copies or stamps not accepted)

1/24/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Kennedy

Print Name (First, Last)

William P. Kennedy

Original Signature (electronic, copies or stamps not accepted)

1/24/23

Date

Please have this section completed in the presence of a Notary Public

KIRK R FOUTZ COMMISSION EXPIRES NOTARY PUBLIC JUNE 10, 2031 SOUTH CAROLINA

State of SOUTH CAROLINA, ss. County of LEXINGTON

I, WILLIAM KENNEDY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

William P. Kennedy

Original Signature

1/24/23

Date

Subscribed and Sworn to before me this 24th day of JANUARY 2023

Notary Public Signature

JUNE 10, 2031 SOUTH CAROLINA

(Seal)


KIRK R ROUTZ
NOTARY
PUBLIC
SOUTH CAROLINA



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Nephron Pharmaceuticals Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 78 Spruce Street

City: Murray State: KY Zip: 42071

Mailing Address (if different from physical address): N/A

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

Telephone: 2707530255 Website: www.nephronpharm.com

Licensing Company Email: license@nephronpharm.com

Section 2: Personal Information

First: Lou Middle: Wood Last: Kennedy

Alias(es, nicknames, name changes, etc.): Lou Ellen Wood

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Captains Watch

City: Lexington State: SC Zip: 29072

Telephone: [redacted] Email: lkennedy@nephronpharm.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
University of South Carolina, College of Information and Communications			
Address	**City**	**State**	**Zip**
800 Sumter Street	Columbia	SC	29208
Diploma/Degree obtained, if any			
Advertising and Public Relations, BA			

School Name	From - To (MM/YY – MM/YY)		
Lexington High School	1977-1980		
Address	**City**	**State**	**Zip**
2463 Augusta Hwy	Lexington	SC	29072
Diploma/Degree obtained, if any			
HS Diploma Complete			

School Name	From - To (MM/YY – MM/YY)		
N/A	N/A		
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name	From - To (MM/YY – MM/YY)		
N/A	N/A		
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name	From - To (MM/YY – MM/YY		
N/A	N/A		
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015 - Present	[redacted] Captains Watch	Lexington	SC	29072
2010 - 2015	[redacted] West Ivanhoe Boulevard	Orlando	FL	32804
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Nephron Pharmaceuticals Corporation			2014 - Present
Business Address	**City**	**State**	**Zip**
4500 12th Street Extension	West Columbia	SC	29172
Phone	**Title**		
8004434313	CEO/President/Director/Chairperson of the Board		

Description of Duties

Oversee company vision and direction, responsible for recruiting and training the National Sales Force, Managing the International Sales efforts, Oversee large contract negotiations for both vendors and customers, etc.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

N/A

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		

Description of Duties

N/A

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**		
N/A	N/A		
Description of Duties			
N/A			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

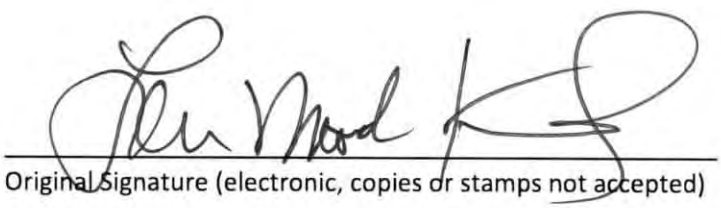
This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/7/2022	On Going	SC	Lexington	Lexington
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2022-CP-32-034324		Lexington County Court of Common Pleas		
Reason/Charge				
Nephron filed a Summons and Complaint.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Plaintiff		Lawsuit		
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs APAM Services, Inc. d/b/a Streamline Technology, Charles Scott Johnson, Muthu Soundararajan, and Thomas James.

Nephron filed a Summons and Complaint on 10/7/2022 seeking injunctive relief, a declaratory judgment, and asserts claims of misappropriation of trade secrets, conversion and implied license. An Order granting Nephron's Motion for Temporary Restraining Order and Preliminary Injunction was granted on 10/10/2022 and setting a hearing on this matter for 10/18/2022. The Court has entered a Consent Preliminary Injunction against Streamline. The trade secrets have been placed in escrow pursuant to the same. Discovery is progressing.



Original Signature (electronic, copies or stamps not accepted)

01-23-23

Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/23/2018	5/11/2021	FL	Orlando	Orange
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
6:18-cv-01573-GAP-LRH	United States District Court For The Middle District of Florida, Orlando Division			
Reason/Charge				
Nephron filed a Verified Complaint.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Plaintiff	Lawsuit			
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jennifer Shelly Hulsey, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation.

On 9/23/2018, Nephron filed a Verified Complaint against Hulsey and USC, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the Florida Uniform Trade Secrets Act, as well as numerous common law claims. Nephron sought and obtained a Temporary Restraining Order on 9/26/2018, later expanded into a Consent Preliminary Injunction on 10/15/2018.

On 3/1/2019, Nephron filed the Second Amended Complaint, which added Adamis Pharmaceuticals Corporation as a defendant. The Consent Preliminary Injunction was amended to include Adamis Pharmaceuticals Corporation as well.

On 7/1/2019, Nephron filed the Third Amended Complaint, which became the operative pleading in this case.

On 5/11/2021, The Parties reached a settlement and agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without defendants admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 3:20-cv-02089-FLW-LHG and 3:20-cv-04356-MGL-PJG

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	NJ	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:20-cv-02089-FLW-LHG		United States District Court For The District Of New Jersey		
Reason/Charge				
Nephron filed a Complaint.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation.

On 2/26/2020, Nephron filed a Complaint against U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration.

On 12/16/2020, Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-04356-MGL-PJG

Original Signature (electronic, copies or stamps not ~~accepted~~)

01-23-23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:20-cv-04356-MGL-PJG		United States District Court For The District Of South Carolina, Columbia Division		
Reason/Charge				
Nephron filed a Complaint in NJ. Claims transferred to SC Court.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Plaintiff		Lawsuit		
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jessica Ingrid Lane.

On 2/26/2020, Nephron filed a Complaint with the United States District Court For The District Of New Jersey against Jessica Ingrid Lane, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration with the United States District Court For The District Of New Jersey.

On 12/16/2020, NJ Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 12/23/2020, the United States District Court For The District Of South Carolina, Columbia Division Court entered an order confirming the transfer of Nephron's claim again Lane and provided instructions to the Parties.

On 4/27/2021, the SC Court directed the Clerk enter default as to Lane, due to her failure to file a responsive pleading within the extended deadline set by the SC Court.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.
Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-02089-FLW-LHG

Original Signature (electronic, copies or stamps not accepted)

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Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
3:20-cv-04385-MGL	United States District Court For The District Of South Carolina, Columbia Division			
Reason/Charge				
Boyd filed a Federal Claim.				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Defendant	Lawsuit			
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation				

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

On 11/18/2020, Boyd filed federal claims against Nephron, alleging discrimination in violation of Title VII of the Civil Rights Act of 1964, 42 USC 2000e et seq.; 42 USC 1981; Americans with Disabilities Act, 42 USC 12101 et seq.; and South Carolina Payment of Wages Act, SC Code Ann. 41-10-10 et seq.

Nephron transferred the case to the United States District Court For The District of South Carolina, Columbia Division and filed a motion for summary judgment.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

In the interim, Nephron filed a timely Motion for Reconsideration, which was opposed. This motion is currently still pending before Judge Lewis in the District Court.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in the state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2020CP3203845		Lexington County Court of Common Pleas		
Reason/Charge				
Boyd filed a Federal Claim, where all claims were dismissed except one. Claim transferred to this state court.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation				

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/27/2021	4/23/2021	TX	Austin	Travis
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
1:21-cv-00081-LY		United States District Court For The Western District of Texas, Austin Division		
Reason/Charge				
Nephron filed a Complaint.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC				

Provide explanation below:

Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC vs Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health.

On , Nephron filed a Complaint against Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health, alleging five claims of relief: false advertising, common law unfair competition, defamation, business disparagement, and tortious interference with prospective relations. The Complaint alleged the Defendants engaged in a marketing campaign for the sale of Leiters' Phenylephrine syringes, competing drug product with Nephron's Phenylephrine syringes. The alleged false statements claimed that Nephron no longer produces Phenylephrine syringes and is the subject of a "cease and desist" order. Nephron also filed a Temporary Restraining Order and requested a Preliminary Injunction to have the Court enjoin the Defendants from certain activities.

On 4/23/2021, the Parties agreed to a Permanent Injunction Order and Stipulated Dismissal, without the Defendants admitting fault. Resolved.

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/29/2021	2/1/2022	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:21-cv-01278-JMC		United States District Court For The District of South Carolina, Columbia Division		
Reason/Charge				
Nephron filed a Federal lawsuit.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc.				

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc. vs John Douglas Parker d/b/a JD Plastics.

On 4/29/2021, Nephron filed a Federal lawsuit against John Douglas Parker d/b/a JD Plastics, alleging violations of the federal RICO Act and pendant state law claims for conspiracy and fraud related to a scheme to defraud Nephron from millions of dollars in profit related to plastic resin products through the operation of a fictitious brokerage side business designed to divert profits to themselves individually.

On 2/1/2022, The Parties agreed to the Voluntary Dismissal With Prejudice. Resolved.

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/21/2022	12/27/2022	MI	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:22-cv-10863-LVP-APP		United States District Court Eastern District Of Michigan, Southern Division		
Reason/Charge				
GVN Group Corporation d/b/a Sharpertek filed a Summons and Complaint.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Nephron Nitrile, LLC				

Provide explanation below:

GVN Group Corporation d/b/a Sharpertek vs Nephron Nitrile, LLC.

On 4/21/22, GVN Group Corporation d/b/a Sharpertek ("Sharpertek") filed a Summons and Complaint against Nephron Nitrile, LLC ("Nitrile") alleging Nitrile contracted with Sharpertek to provide twenty-four (24) production lines for the planned nitrile glove manufacturing facility and Nitrile agreed to pay Sharpertek $94 million, $34 million of which was to be paid in royalties on future glove sales. Additionally, the Summons and Complaint alleges Nitrile stopped paying invoices to Sharpertek, due to a dispute, and Nitrile terminated the contract agreement with Sharpertek.

Nitrile was granted an extension to move, plead, or otherwise respond to the Complaint through 10/31/2022.

On 11/21/2022, the Parties agreed to a Voluntary Dismissal Without Prejudice.

On 12/27/2022, the Parties amended the dismissal and agreed to a Voluntary Dismissal With Prejudice. Resolved.

Original Signature (electronic, copies or stamps not ~~accepted~~)

01-23-23
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/14/2022	1/9/2023	SC	Columbia	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:20-cv-02956-MGL		United States District Court For The District of South Carolina, Columbia Division		
Reason/Charge				
Nexus filed a complaint for patent infringement against Nephron.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmaceuticals Corporation, Nephron Pharmac				

Provide explanation below:

Nexus Pharmaceuticals, Inc. vs Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmacy, LLC, and Nephron Pharmaceuticals Corporation.

On October 14, 2021, Nephron SC, Inc. ("Nephron") filed Abbreviated New Drug Application (ANDA) 216313 (the "Nephron ANDA") under Section 505(j) of the Federal Food, Drug, and Cosmetic Act (the "Act") to obtain approval to engage in the commercial manufacture, use, or sale of a drug before the expiration of U.S. Patent 11,090,278 ("the '278 patent"). The Nephron ANDA and the '278 patent are both related to ephedrine sulfate. The '278 patent is owned by Nexus Pharmaceuticals, Inc. ("Nexus"). Nexus is also the holder of New Drug Application 213407 for EMPERPHED®, which is an ephedrine sulfate product.

On January 14, 2022, Nexus filed a complaint for patent infringement against Nephron in the United States District Court for the District of South Carolina, Columbia Division, alleging the filing of the Nephron ANDA was an act of infringement of the '278 patent.

On March 7, 2022, Nephron filed a Motion to Dismiss, asserting that the Nexus patent infringement complaint failed to state a claim upon which relief may be granted, including due to the lack of infringement of the '278 patent by the ephedrine sulfate product described in the Nephron ANDA. Nephron's Motion to Dismiss was denied.

The Court granted extensions for Nexus to answer Nephron's counterclaims and for Nephron to respond to discovery. The parties are working together on a joint stipulation of dismissal of the entire matter.

On 1/9/2023, both parties agreed to a Joint Stipulation of Dismissal without Prejudice. Resolved.

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

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This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/10/2020	6/24/2020	CA	Sacramento	Sacramento
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2019 86642		California State Board of Pharmacy		
Reason/Charge				
Violation of Business and Professional Code 4129.2 (b) and Title 21 CFR 211.125 (c).				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A----------		N/A----------		
Name of Business/Industry/Entity				
Nephron SC, Inc.				

Provide explanation below:

Production and Process Controls - Nephron SC Inc (NSF 102) was not in compliance with Business and Professions Code section 4129.2 (b), which states, an outsourcing facility shall compound all sterile and non-sterile products in compliance with regulations issued by the Board and with federal current good manufacturing practices applicable to outsourcing facilities, in conjunction with Code of Federal Regulations, title 21, section 211.125 (c), which states, in pertinent part, procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Nephron SC Inc, located at 4500 12th Street Ext, West Columbia, SC 29172, was not compliant with Code of Federal Regulations 211.125(c). Specifically, on 12/2/2019, Nephron SC Inc performed a reworking of a packaged. product (Norepinephrine in 0.9% sodium chloride injection 8mg/250ml, lot# NB9043B) and two IV bags were packaged without the re-applying of the updated label. Subsequently, on 12/10/2019, a customer (Dignity Health St. Bernardine Medical Center) received two Norepinephrine 8mg/250ml IV bags from lot# NB9043B without labels. The rework process utilized by Nephron was incomplete as documentation of label reconciliation was missing from the record. This is a violation of pharmacy law.

Administrative Fine: $1,000.00

Resolved.

Original Signature (electronic, copies or stamps not accepted)

01-23-23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lou Kennedy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01-23-23

Date

Please have this section completed in the presence of a Notary Public.

State of SOUTH CAROLINA, ss. County of LEXINGTON

I, LOU WOOD KENNEDY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01-23-23

Date

Subscribed and Sworn to before me this 23rd day of JANUARY 2023.

KIRK R FOUTZ NOTARY PUBLIC SOUTH CAROLINA COMMISSION EXPIRES MAR 10, 2031

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Nephron Pharmaceuticals Corporation

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 78 Spruce Street

City: Murray State: KY Zip: 42071

Mailing Address (if different from physical address): N/A

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

Telephone: 2707530255 Website: www.nephronpharm.com

Licensing Company Email: license@nephronpharm.com

Section 2: Personal Information

First: Courtney Middle: Kennedy Last: McGowan

Alias(es, nicknames, name changes, etc.): Courtney Kennedy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Foxwood Lane

City: Bluemont State: VA Zip: 20135

Telephone: [redacted] Email: ckennedy@nephronpharm.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Trinity Preparatory		08/87 - 06/91	
Address: 5700 Trinity Prep Lane	City: Winter Park	State: FL.	Zip: 32792
Diploma/Degree obtained, if any: Graduate High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Pepperdine University		08/91 - 06/93	
Address: 24255 E. Pacific Coast Hwy	City: Malibu	State: CA	Zip: 90263
Diploma/Degree obtained, if any:			

School Name		From - To (MM/YY – MM/YY)	
Southern Methodist University		08/93 - 05/95	
Address: 6425 Boaz Lane	City: Dallas	State: TX	Zip: 75205
Diploma/Degree obtained, if any: BA Sociology			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/12 - Current	[redacted] Foxwood Lane	Bluemont	VA	20135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Nephron Pharmaceuticals			From - To (MM/YY – MM/YY): 01/2001 - Current
Business Address: 4500 12th St Ext	City: West Columbia	State: SC	Zip: 29172
Phone: 803.569.2800	Title: VP		
Description of Duties: VP			

Business Name: Two Charmed LLC			From - To (MM/YY – MM/YY): 01/2015 - Current
Business Address: 34463 Foxwood Ln	City: Bluemont	State: VA	Zip: 20135
Phone: 540.454.7065	Title: Owner		
Description of Duties: Owner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/23/2018	5/11/2021	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-01573-GAP-LRH	United States District Court For The Middle District of Florida, Orlando Division

Reason/Charge
Nephron filed a Verified Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jennifer Shelly Hulsey, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation.

On 9/23/2018, Nephron filed a Verified Complaint against Hulsey and USC, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the Florida Uniform Trade Secrets Act, as well as numerous common law claims. Nephron sought and obtained a Temporary Restraining Order on 9/26/2018, later expanded into a Consent Preliminary Injunction on 10/15/2018.

On 3/1/2019, Nephron filed the Second Amended Complaint, which added Adamis Pharmaceuticals Corporation as a defendant. The Consent Preliminary Injunction was amended to include Adamis Pharmaceuticals Corporation as well.

On 7/1/2019, Nephron filed the Third Amended Complaint, which became the operative pleading in this case.

On 5/11/2021, The Parties reached a settlement and agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without defendants admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 3:20-cv-02089-FLW-LHG and 3:20-cv-04356-MGL-PJG

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

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This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	NJ	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-02089-FLW-LHG	United States District Court For The District Of New Jersey

Reason/Charge
Nephron filed a Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation.

On 2/26/2020, Nephron filed a Complaint against U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration.

On 12/16/2020, Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.

Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-04356-MGL-PJG

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This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/26/2020	5/6/2021	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-04356-MGL-PJG	United States District Court For The District Of South Carolina, Columbia Division

Reason/Charge
Nephron filed a Complaint in NJ. Claims transferred to SC Court.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs Jessica Ingrid Lane.

On 2/26/2020, Nephron filed a Complaint with the United States District Court For The District Of New Jersey against Jessica Ingrid Lane, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act and the New Jersey Trade Secrets Act, as well as numerous common law claims relating to the Defendant's hiring a former Nephron employee, Jessica Ingrid Lane. Additionally, the Complaint included a breach of contract claim against Jessica Ingrid Lane.

On 7/16/2020, Jessica Ingrid Lane filed a Motion to Dismiss and Compel Arbitration with the United States District Court For The District Of New Jersey.

On 12/16/2020, NJ Court denied Lane's motion and ordered Nephron's claims against Lane to be severed with the NJ Court and transferred to the United States District Court For The District Of South Carolina.

On 12/23/2020, the United States District Court For The District Of South Carolina, Columbia Division Court entered an order confirming the transfer of Nephron's claim again Lane and provided instructions to the Parties.

On 4/27/2021, the SC Court directed the Clerk enter default as to Lane, due to her failure to file a responsive pleading within the extended deadline set by the SC Court.

On 5/6/2021, the Parties agreed to enter a Consent Permanent Injunction and Stipulated Final Judgment, without the Defendant admitting fault. Resolved collectively with companion cases in favor of Nephron for $7.9M.
Companion Cases: 6:18-cv-01573-GAP-LRH and 3:20-cv-02089-FLW-LHG

Original Signature (electronic, copies or stamps not accepted)

1.20.2023
Date

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This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-04385-MGL	United States District Court For The District Of South Carolina, Columbia Division

Reason/Charge
Boyd filed a Federal Claim.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

On 11/18/2020, Boyd filed federal claims against Nephron, alleging discrimination in violation of Title VII of the Civil Rights Act of 1964, 42 USC 2000e et seq.; 42 USC 1981; Americans with Disabilities Act, 42 USC 12101 et seq.; and South Carolina Payment of Wages Act, SC Code Ann. 41-10-10 et seq.

Nephron transferred the case to the United States District Court For The District of South Carolina, Columbia Division and filed a motion for summary judgment.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

In the interim, Nephron filed a timely Motion for Reconsideration, which was opposed. This motion is currently still pending before Judge Lewis in the District Court.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in the state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

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This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/18/2020	On Going	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2020CP3203845	Lexington County Court of Common Pleas

Reason/Charge
Boyd filed a Federal Claim, where all claims were dismissed except one. Claim transferred to this state court.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation

Provide explanation below:

Shontera Boyd vs Nephron Pharmaceuticals Corporation.

In the United States District Court For The District of South Carolina, Columbia Division, Judge Mary Lewis dismissed case# 3:20-cv-04385-MGL pursuant to dispositive motion all claims, except for a cause of action brought pursuant to the SC Payment of Wages Act to which she remanded to state court, case# 2020CP3203845.

Should remand move forward for case# 2020CP3203845, both parties intend to file a dispositive summary judgment cross-motions in state court on the remanded claim brought pursuant to the SC Payment of Wages Act, as they previously did in federal court.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/27/2021	4/23/2021	TX	Austin	Travis

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
1:21-cv-00081-LY	United States District Court For The Western District of Texas, Austin Division

Reason/Charge
Nephron filed a Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center, LLC vs Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health.

On , Nephron filed a Complaint against Prodigy Health Supplier Corporation and Denver Solutions, LLC d/b/a Leiters Health, alleging five claims of relief: false advertising, common law unfair competition, defamation, business disparagement, and tortious interference with prospective relations. The Complaint alleged the Defendants engaged in a marketing campaign for the sale of Leiters' Phenylephrine syringes, competing drug product with Nephron's Phenylephrine syringes. The alleged false statements claimed that Nephron no longer produces Phenylephrine syringes and is the subject of a "cease and desist" order. Nephron also filed a Temporary Restraining Order and requested a Preliminary Injunction to have the Court enjoin the Defendants from certain activities.

On 4/23/2021, the Parties agreed to a Permanent Injunction Order and Stipulated Dismissal, without the Defendants admitting fault. Resolved.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/29/2021	2/1/2022	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:21-cv-01278-JMC	United States District Court For The District of South Carolina, Columbia Division

Reason/Charge
Nephron filed a Federal lawsuit.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc.

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and A&C Business Services, Inc. vs John Douglas Parker d/b/a JD Plastics.

On 4/29/2021, Nephron filed a Federal lawsuit against John Douglas Parker d/b/a JD Plastics, alleging violations of the federal RICO Act and pendant state law claims for conspiracy and fraud related to a scheme to defraud Nephron from millions of dollars in profit related to plastic resin products through the operation of a fictitious brokerage side business designed to divert profits to themselves individually.

On 2/1/2022, The Parties agreed to the Voluntary Dismissal With Prejudice. Resolved.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/14/2022	1/9/2023	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:20-cv-02956-MGL	United States District Court For The District of South Carolina, Columbia Division

Reason/Charge
Nexus filed a complaint for patent infringement against Nephron.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmaceuticals Corporation, Nephron Pharmac

Provide explanation below:

Nexus Pharmaceuticals, Inc. vs Nephron Sterile Compounding Center, LLC, Nephron SC, Inc., Nephron Pharmacy, LLC, and Nephron Pharmaceuticals Corporation.

On October 14, 2021, Nephron SC, Inc. ("Nephron") filed Abbreviated New Drug Application (ANDA) 216313 (the "Nephron ANDA") under Section 505(j) of the Federal Food, Drug, and Cosmetic Act (the "Act") to obtain approval to engage in the commercial manufacture, use, or sale of a drug before the expiration of U.S. Patent 11,090,278 ("the '278 patent"). The Nephron ANDA and the '278 patent are both related to ephedrine sulfate. The '278 patent is owned by Nexus Pharmaceuticals, Inc. ("Nexus"). Nexus is also the holder of New Drug Application 213407 for EMPERPHED®, which is an ephedrine sulfate product.

On January 14, 2022, Nexus filed a complaint for patent infringement against Nephron in the United States District Court for the District of South Carolina, Columbia Division, alleging the filing of the Nephron ANDA was an act of infringement of the '278 patent.

On March 7, 2022, Nephron filed a Motion to Dismiss, asserting that the Nexus patent infringement complaint failed to state a claim upon which relief may be granted, including due to the lack of infringement of the '278 patent by the ephedrine sulfate product described in the Nephron ANDA. Nephron's Motion to Dismiss was denied.

The Court granted extensions for Nexus to answer Nephron's counterclaims and for Nephron to respond to discovery. The parties are working together on a joint stipulation of dismissal of the entire matter.

On 1/9/2023, both parties agreed to a Joint Stipulation of Dismissal without Prejudice. Resolved.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/21/2022	12/27/2022	MI	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:22-cv-10863-LVP-APP	United States District Court Eastern District Of Michigan, Southern Division

Reason/Charge
GVN Group Corporation d/b/a Sharpertek filed a Summons and Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Nephron Nitrile, LLC

Provide explanation below:

GVN Group Corporation d/b/a Sharpertek vs Nephron Nitrile, LLC.

On 4/21/22, GVN Group Corporation d/b/a Sharpertek ("Sharpertek") filed a Summons and Complaint against Nephron Nitrile, LLC ("Nitrile") alleging Nitrile contracted with Sharpertek to provide twenty-four (24) production lines for the planned nitrile glove manufacturing facility and Nitrile agreed to pay Sharpertek $94 million, $34 million of which was to be paid in royalties on future glove sales. Additionally, the Summons and Complaint alleges Nitrile stopped paying invoices to Sharpertek, due to a dispute, and Nitrile terminated the contract agreement with Sharpertek.

Nitrile was granted an extension to move, plead, or otherwise respond to the Complaint through 10/31/2022.

On 11/21/2022, the Parties agreed to a Voluntary Dismissal Without Prejudice.

On 12/27/2022, the Parties amended the dismissal and agreed to a Voluntary Dismissal With Prejudice. Resolved.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/7/2022	On Going	SC	Lexington	Lexington

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2022-CP-32-034324	Lexington County Court of Common Pleas

Reason/Charge
Nephron filed a Summons and Complaint.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC

Provide explanation below:

Nephron Pharmaceuticals Corporation, Nephron SC, Inc., and Nephron Sterile Compounding Center, LLC vs APAM Services, Inc. d/b/a Streamline Technology, Charles Scott Johnson, Muthu Soundararajan, and Thomas James.

Nephron filed a Summons and Complaint on 10/7/2022 seeking injunctive relief, a declaratory judgment, and asserts claims of misappropriation of trade secrets, conversion and implied license. An Order granting Nephron's Motion for Temporary Restraining Order and Preliminary Injunction was granted on 10/10/2022 and setting a hearing on this matter for 10/18/2022. The Court has entered a Consent Preliminary Injunction against Streamline. The trade secrets have been placed in escrow pursuant to the same. Discovery is progressing.

Original Signature (electronic, copies or stamps not accepted)

1.20.2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/10/2020	6/24/2020	CA	Sacramento	Sacramento

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CI 2019 86642	California State Board of Pharmacy

Reason/Charge
Violation of Business and Professional Code 4129.2 (b) and Title 21 CFR 211.125 (c).

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A----------	N/A----------

Name of Business/Industry/Entity
Nephron SC, Inc.

Provide explanation below:

Production and Process Controls - Nephron SC Inc (NSF 102) was not in compliance with Business and Professions Code section 4129.2 (b), which states, an outsourcing facility shall compound all sterile and non-sterile products in compliance with regulations issued by the Board and with federal current good manufacturing practices applicable to outsourcing facilities, in conjunction with Code of Federal Regulations, title 21, section 211.125 (c), which states, in pertinent part, procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Nephron SC Inc, located at 4500 12th Street Ext, West Columbia, SC 29172, was not compliant with Code of Federal Regulations 211.125(c). Specifically, on 12/2/2019, Nephron SC Inc performed a reworking of a packaged. product (Norepinephrine in 0.9% sodium chloride injection 8mg/250ml, lot# NB9043B) and two IV bags were packaged without the re-applying of the updated label. Subsequently, on 12/10/2019, a customer (Dignity Health St. Bernardine Medical Center) received two Norepinephrine 8mg/250ml IV bags from lot# NB9043B without labels. The rework process utilized by Nephron was incomplete as documentation of label reconciliation was missing from the record. This is a violation of pharmacy law.

Administrative Fine: $1,000.00

Resolved.

Original Signature (electronic, copies or stamps not accepted)

1.20.23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Courtney McGowan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1.20.23

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Loudoun

I, Ronda Kay Sherwood, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1.20.23

Date

Subscribed and Sworn to before me this 20th day of January 2023

Rondaccaysherwood

Notary Public Signature

RONDA KAY SHERWOOD
NOTARY PUBLIC
REG. # 253173
MY COMMISSION EXPIRES
04/30/2025
(Seal)
COMMONWEALTH OF VIRGINIA

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

NEXUS PHARMACEUTICALS, INC., Plaintiff, vs. NEPHRON SC, INC., Defendant.	Case No. 3:22-CV-00137-MGL

JOINT STIPULATION OF DISMISSAL WITHOUT PREJUDICE

Pursuant to Rule 41(a)(1)(A)(ii), Fed. R. Civ. P., Plaintiff Nexus Pharmaceuticals, Inc. and Defendant Nephron SC, Inc., hereby stipulate to the voluntary dismissal without prejudice of all claims that have been asserted by each party in this action. Each party shall bear its own costs and attorneys' fees.

WE SO STIPULATE:

/s/ Tasneem A. Dharamsi

Tasneem A. Dharamsi Fed ID No. 13649
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Attorneys for Defendant
Nephron SC, Inc.

January 9, 2023

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

GVN GROUP CORP. D/B/A SHARPERTEK,

Plaintiff,

vs.

NEPHRON NITRILE, LLC,

Defendant.
_____/

Case No. 2:22-cv-10863-LVP-APP

Hon. Linda V. Parker

Mag. Anthony P. Patti

STIPULATED ORDER TO AMEND ORDER OF DISMISSAL

Plaintiff GVN Group Corp. d/b/a Sharpertek ("Sharpertek") and Defendant Nephron Nitrile, LLC hereby stipulate and agree to the following:

1. Plaintiff filed a notice of voluntary dismissal without prejudice on November 21, 2022;

2. The Court issued an order dismissing the case on November 21, 2022;

3. The parties have since reached a final resolution and settlement of their respective claims, and both parties want to amend the order of dismissal so that Plaintiff's dismissal is with prejudice, with both sides bearing their own costs and attorneys' fees.

Based on the stipulation of the undersigned parties and the Court being otherwise fully advised in the premises, **IT IS HEREBY ORDERED** that the

Court's November 21, 2022 Order of Dismissal is amended, and Plaintiff's dismissal of its claims is with prejudice and without costs.

IT IS SO ORDERED.

s/ Linda V. Parker
LINDA V. PARKER
U.S. DISTRICT JUDGE

Dated: December 27, 2022

SO STIPULATED:

HONIGMAN LLP
Attorneys for Plaintiff

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ELECTRONICALLY FILED - 2022 Nov 22 9:37 AM - LEXINGTON - COMMON PLEAS - CASE#2022CP3203434

STATE OF SOUTH CAROLINA COUNTY OF LEXINGTON	IN THE COURT OF COMMON PLEAS
NEPHRON PHARMACEUTICALS CORPORATION, NEPHRON S.C., INC. & NEPHRON STERILE COMPOUNDING CENTER, LLC Plaintiffs, vs. APAM SERVICES, INC. d/b/a STREAMLINE TECHNOLOGY, CHARLES SCOTT JOHNSON, MUTHU SOUNDARARAJAN, AND THOMAS JAMES Defendants.	Case No. 2022-CP-32-03434 **CONSENT ORDER FOR PRELIMINARY INJUNCTION**

This matter is before the Court on the Consent Motion for Preliminary Injunction submitted by Plaintiffs Nephron Pharmaceuticals Corporation, Nephron S.C., Inc. and Nephron Sterile Compounding Center, LLC (collectively "Nephron" or "Plaintiffs") and Defendants APAM Services, Inc. d/b/a Streamline Technology, Charles Scott Johnson, Muthu Soundararajan, and Thomas James[1] (collectively "Streamline" or "Defendants") (and, together, collectively referred to as "Parties"). Based upon the consent of the Parties, and consulting with Rule 65 of the South Carolina Rules of Civil Procedure and other pertinent legal authority, this Court **GRANTS** the Motion as follows:

(A) Streamline shall continue performance of maintenance, existing work orders, and other support of the currently installed production version of software, delineated in the attached

[1] Charles Scott Johnson, Muthu Soundararajan, and Thomas James expressly reserve the right to challenge Plaintiffs' claims against them in their individual capacities.

ELECTRONICALLY FILED - 2022 Nov 22 9:37 AM - LEXINGTON - COMMON PLEAS - CASE#2022CP3203434

Exhibit A, which currently resides on Nephron's systems and which shall include, without limitation, deployment of software currently in development under any existing work order, or otherwise already commissioned for development under any existing work order;

(B) Nephron shall pay all invoices from Streamline for the work done pursuant to Section (A) within twenty-one (21) days upon receipt of the invoice;

(C) Streamline shall not maliciously alter, modify, destroy, tamper with, or otherwise interfere in any manner with:

(1) Any Source Code for applications deployed on any Nephron system, including but not limited to Nephron's staging or development environments, for current production versions of software as delineated in **Exhibit A**.

(2) Any deployed or active Object Code, including any Object Code related to Nephron's current manufacturing and business operations, to include, without limitation, Nephron's production, sales, manufacturing, clinical lab, compounding, or shipping business operations.

(D) Because this Order is designed to preserve the status quo between the Parties, because Nephron agrees to continue to pay maintenance and support to Streamline during the pendency of this Order, because the Source Code remains in escrow unless and until a Release Event occurs, and because this Order is the result of a partial consent order negotiated by the parties in every aspect except the amount of bond to be posted as security for the injunction, the Court holds that bond shall be set in the amount of One Million Four-Hundred Thousand and 00/100 ($1,400,000.00);

(E) Streamline will electronically deposit the Source Code for the applications delineated in **Exhibit A** through a Secure File Transfer Protocol no later than twenty-one (21) days

ELECTRONICALLY FILED - 2022 Nov 22 9:37 AM - LEXINGTON - COMMON PLEAS - CASE#2022CP3203434

after the date of this Order, to the independent third-party vendor, Codekeeper BV, having a principal place of business at World Trade Center – The Hague, Prinses Margirietplantsoen 33, 2595 AM, The Hague, Netherlands, (hereinafter "Codekeeper"), to act as an escrow agent who will hold the Source Code in an escrow account until the conclusion of the instant litigation, a triggering Release Event, or further Order of this Court, pursuant to the following terms:

(1) Prior to the transfer of the Source Code to Codekeeper, the Parties will work in a timely manner and in good faith to execute an escrow agreement with Codekeeper, to the extent necessary, containing the terms and conditions herein and with all costs of the escrow to be paid for by Nephron, which does not waive and reserves all rights to recoup the same in this litigation;

(2) The Source Code shall include the human readable code, in a format that will allow Nephron to deploy the Source Code on a similar development environment as Streamline so as to allow Nephron to continue conducting its business operations and to perform maintenance thereon;

(3)(a) Release Event Definition. While the Source Code remains in escrow, Nephron may be provided access to the Source Code by Codekeeper only if certain events occur, for the purpose of maintaining ongoing business continuity and operations without disruption ("Release Event"). A Release Event will occur in the event Streamline does any one of the following:

(i) violates any portion of Sections (A) or (C) of this Order as determined following the process set forth in Section (E)(3)(b) below;

ELECTRONICALLY FILED - 2022 Nov 22 9:37 AM - LEXINGTON - COMMON PLEAS - CASE#2022CP3203434

(ii) intentionally renders software deployed in Nephron's production environment inoperable by either an omission or commission, with the exception of planned downtime related to maintenance, bug fixes, and deployment of revised software;

(iii) becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law that is not dismissed, vacated, or stayed within thirty (30) days of filing; or

(iv) becomes insolvent.

(3)(b) Release Event Process. In the event of a Release Event, Nephron shall provide written Notice of the occurrence of a Release Event to counsel for Streamline via electronic mail. Streamline shall thereafter have forty-eight (48) hours from the written Notice either to (a) cure the issue(s) claimed to constitute a Release Event, or (b) seek Court intervention to postpone Nephron's access to the Source Code through the Release Event with the filing of a motion to prevent release of the Source Code serving to prevent any release until the Court resolves the motion and orders a release. In the event that Streamline fails to cure the issues or otherwise fails to seek Court intervention within 48 hours of Notice, Codekeeper shall be authorized to release the Source Code to Nephron.

(4) Streamline will deposit updates, if any are made, to the Source Code that include any modifications, improvements, enhancements, additions, updates, upgrades, conversions, corrections, and bug fixes deployed on Nephron's systems related to Streamline's maintenance, existing work orders, and other ongoing support of software operations at Nephron (collectively referred to as "Updates") within at least fourteen (14) business days after the Updates arte pushed to production, provided, however, that the

ELECTRONICALLY FILED - 2022 Nov 22 9:37 AM - LEXINGTON - COMMON PLEAS - CASE#2022CP3203434

Source Code previously escrowed shall remain on deposit with Codekeeper as escrow agent;

(F) If the Source Code is released to Nephron under this Order, all obligations of Streamline under any portions of (A) and (C) shall immediately cease, Streamline shall be under no financial obligations to Nephron for work orders that are not completed, and Nephron shall only be required to pay invoices for maintenance or support rendered prior to the date of the Release Event and shall only be required to pay the balance of any invoice for work rendered on completed development after it has been promoted to production.

(G) Nephron may, at its cost, request inspection and verification that the deposited Source Code involves each of the applications listed in **Exhibit A**, by Codekeeper or other unrelated third-party agreed upon by the parties;

(H) The Parties reserve the right to request a hearing to modify (including, without limitation, as to what constitutes a potential Release Event in the event of unforeseen circumstances), dissolve, or enforce this Order.

AND IT IS SO ORDERED.

[JUDICIAL E-SIGNATURE PAGE TO FOLLOW]

ELECTRONICALLY FILED - 2022 Nov 22 9:37 AM - LEXINGTON - COMMON PLEAS - CASE#2022CP3203434

Lexington Common Pleas

Case Caption: Nephron Pharmaceuticals Corporation , plaintiff, et al VS Apam Services, Inc. , defendant, et al

Case Number: 2022CP3203434

Type: Order/Temporary Injunction

It Is So Ordered

s/ Walton J. McLeod

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

Nephron Pharmaceuticals Corp., Nephron S.C., Inc., and A&C Business Services, Inc., Plaintiffs, vs. John Douglas Parker d/b/a JD Plastics, Michael Robert Parker, Kelly Denise Parker, William Clifton Turner, Emily Joelle Eustis, Thomas Paul Filipiak, and Nermin Cehajic, Defendants.	Civil Action No. 3:21-cv-01278-JMC **STIPULATION OF VOLUNTARY DISMISSAL WITH PREJUDICE**

IT IS HEREBY STIPULATED and agreed by Plaintiffs Nephron Pharmaceuticals Corp., Nephron S.C., Inc., and A&C Business Services, Inc. ("Plaintiffs") and Defendant John Douglas Parker d/b/a JD Plastics ("Parker"), by and through their undersigned counsel, that the above-captioned matter, including all claims against all parties,[1] is voluntarily dismissed with prejudice pursuant to Fed. R. Civ. P. 41(a), with each party to bear its own attorneys' fees and costs.

Stipulated and agreed this 1st day of February, 2022.

s/Nikole Setzler Mergo
Nikole Setzler Mergo (Fed. ID No. 7410)
James Andrew Byars (Fed. ID No. 11480)
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Charleston, SC 29413
PHONE: (843) 972-9400

Attorneys for John Douglas Parker d/b/a JD Plastics

[1] Pursuant to Fed. R. Civ. P. 41(a)(1)(A), this Stipulation dismisses this action in its entirety, but is signed by only Plaintiffs and Parker because Parker is the only defendant who appeared in this action prior to the parties' resolution of this matter in full.

ELECTRONICALLY FILED - 2022 Jun 30 11:09 AM - LEXINGTON - COMMON PLEAS - CASE#2020CP3203845

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

SHONTERA BOYD, Plaintiff,	§	
vs.	§	CIVIL ACTION NO. 3:20-4385-MGL
NEPHRON PHARMACEUTICALS CORPORATION, Defendant.	§	

ORDER ADOPTING THE REPORT AND RECOMMENDATION AND GRANTING DEFENDANT'S MOTION FOR SUMMARY JUDGMENT AS TO PLAINTIFF'S FEDERAL CLAIMS

Plaintiff Shontera Boyd (Boyd) filed this lawsuit in the Lexington County Court of Common Pleas against her former employer, Defendant Nephron Pharmaceuticals Corporation (Nephron). Boyd alleges claims under Title VII of the Civil Rights Act of 1964 (Title VII), 42 U.S.C. §§ 2000e et seq.; 42 U.S.C. § 1981; the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101 et seq.; and the South Carolina Payment of Wages Act (SCPWA), S.C. Code Ann. §§ 41-10-10 et seq.

Nephron subsequently removed the case to this Court and filed a motion for summary judgment. The Court has federal question jurisdiction over Boyd's federal Title VII, Section 1981, and ADA claims in accordance with 28 U.S.C. § 1331, and supplemental jurisdiction over her SCPWA state claim under 28 U.S.C. § 1367.

The matter is before the Court for consideration of the Magistrate Judge's Report and Recommendation (Report) suggesting Boyd's motion for partial summary judgment be denied and

ELECTRONICALLY FILED - 2022 Jun 30 11:09 AM - LEXINGTON - COMMON PLEAS - CASE#2020CP3203845

Nephron's motion for summary judgment be granted.. The Magistrate Judge submits the Report in accordance with 28 U.S.C. § 636 and Local Civil Rule 73.02 for the District of South Carolina.

The Magistrate Judge makes only a recommendation to this Court. The recommendation has no presumptive weight. The responsibility to make a final determination remains with the Court. *Mathews v. Weber*, 423 U.S. 261, 270 (1976). The Court is charged with making a de novo determination of those portions of the Report to which specific objection is made, and the Court may accept, reject, or modify, in whole or in part, the recommendation of the Magistrate Judge or recommit the matter with instructions. 28 U.S.C. § 636(b)(1).

The Magistrate Judge filed the Report on May 19, 2022, and Boyd filed her objections on June 9, 2022.

Boyd lodges seven objections to the Magistrate Judge's Report. First, she complains that the Magistrate Judge erred in disregarding issues of fact underlying the reason Nephron gave for firing Boyd.

The Magistrate Judge recounts Boyd's termination, and the facts leading up to it as follows:

> [On October 16, 2019,] [w]hile waiting in the main office suite, Boyd could overhear a meeting between several managers, including Megan Hunter [(Hunter) [the Senior Manager of Quality]. Boyd overheard Hunter say, "I just sent [Boyd's] ass down to [A]ccraply!" Another manager told Hunter that Boyd was right outside of the room, to which Hunter replied, "Okay." Boyd entered the room and confronted Hunter, who remained seated. Boyd yelled at Hunter and used profanity, repeatedly asking Hunter "what was her problem with me" and "where's the professionalism?" Boyd hit a file cabinet in frustration, causing the cabinet to shake back and forth. At one point a manager stepped in between Hunter and Boyd, though Hunter remained seated. During the incident [Kathleen Griffin, (Griffin) Nephron's Vice President of Human Resources] walked into the room and observed Boyd's behavior. Griffin testified that she felt nervous about the level of Boyd's anger, profanity, and emotion and believed

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> that Boyd was a threat to her and other employees. One of the managers called security and Boyd was escorted to Griffin's office. Griffin immediately suspended Boyd.
>
> Griffin recommended to CEO Lou Kennedy and Executive Director of Human Resources Karen Wilson that Boyd be terminated. Griffin based her recommendation on her own observation of Boyd's behavior toward Hunter. The following day, October 17, [2019,] Nephron terminated Boyd's employment based on the use of "profane and inappropriate language" and "disorderly conduct in a threatening and intimidating manner."

Report at 4-5.

According to Boyd, however, several witnesses's "description of [her] conduct pales in comparison to the severity described by Griffin; yet they witnessed more of the incident than Griffin [d]id." Boyd's Objections at 5.

But, these witnesses cast a shadow over her claim as to the degree of her misbehavior. For instance, one witness, Emily Duncan states that she "didn't think [Boyd] should have taken things to the level they got to[.]" Emily Duncan's Statement.

Another witness, Erica Callum, said that Boyd's "screaming continued to happen along with banging on the filing cabinet[.]" Erica Callum's Statement. Further, Daralyn Sossamon stated that Boyd "began screaming that there was no respect and kept yelling at [Hunter.]" Daralyn Sossamon's Statement.

In addition, according to Kisha Wright, Boyd "proceeded to yell and curse lots of profane words to [Hunter]. [Hunter] never said anything out of the way back to [Boyd]. [Griffin] . . . called security and I stepped out of the office. . . . The door was shut behind me, and I could still hear [Boyd] screaming and beating on the file cabinet in the office. [Boyd] was uncontrollable [and] was escorted out of the office and building at that time." Kisha Wright's Statement.

And, even Boyd admits that she "raised her voice and may have slammed her hand into file cabinet[.]" Boyd's Objections at 2.

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That said, as the Magistrate Judge explained, even if there is contrary evidences as to the severity of Boyd's misbehavior, which there arguably is not, "Boyd fails to point to any evidence that the decision-makers, namely Griffin, did not actually believe the reasons they gave for terminating Boyd, or that the decision[,] was actually motivated by race." Report at 10. Accordingly, the Court will overrule Boyd's first objection.

In Boyd's second objection, she contends the Magistrate Judge erred in disregarding evidence of differential discipline between she and Hunter to show racial bias. Boyd is a black woman and Hunter is a white woman, who Boyd states is similarly situated to her.

A "variety of factors are considered when determining whether a comparator is similarly situated[.]" *Spencer v. Virginia State University*, 919 F.3d 199, 207 (4th Cir. 2019) (citation omitted) (internal quotation marks omitted). Although "there is no bright-line rule for what makes two jobs 'similar' under Title VII, courts consider whether the employees (i) held the same job description, (ii) were subject to the same standards, (iii) were subordinate to the same supervisor, and (iv) had comparable experience, education, and other qualifications—provided the employer considered these latter factors in making the personnel decision." *Id.* (citation omitted) (internal quotation marks omitted).

A cursory review of the law above shows Boyd and Hunter are not similarly situated. For instance, from the Court's review of the record, it concludes they did not have the same job description nor did they have the same supervisor. Therefore, the Court will also overrule this objection.

Boyd's third, fourth and fifth objection essentially make the same argument: that the Magistrate Judge substituted her judgment for matters that ought to be instead decided by a jury.

ELECTRONICALLY FILED - 2022 Jun 30 11:09 AM - LEXINGTON - COMMON PLEAS - CASE#2020CP3203845

In her third objection, she insists the Magistrate Judge mistakenly assumed the credibility of Griffin. In light of the other contested evidence, Griffin's credibility, according to Boyd, is a question for a jury to decide. Boyd's fourth objection is that the Magistrate Judge erred because, by improperly assuming Griffin's credibility, she wrongfully decided questions of motive and intent, which are also jury questions. And, her fifth objection is that, by assuming Griffin's credibility, she eliminated Boyd's ability to prove her case by circumstantial evidence.

"Once an employer has provided a non-discriminatory explanation for its decision, the plaintiff cannot seek to expose that rationale as pretextual by focusing on minor discrepancies that do not cast doubt on the explanation's validity, or by raising points that are wholly irrelevant to it." *Hux v. City of Newport News, Va.*, 451 F.3d 311, 315 (4th Cir. 2006). "The former would not create a 'genuine' dispute, [and] the latter would fail to be 'material[.]'" *Id.*

As the Magistrate Judge stated, "Boyd fails to forecast evidence that Griffin did not actually believe that Boyd's behavior was profane, threatening, and intimidating, or that her decision was motivated by race." Report at 13. And, although Boyd takes issue with this statement in her objections, she still proffers no evidence of discrimination or retaliation. As such, she is unable to prove either of these claims. To put it another way, given the evidence in this case, the Court is unable to say a reasonable jury would be able to find any discrimination or retaliation in Nephron's decision to terminate Boyd's employment. Thus, the Court will overrule these objections, as well.

Boyd's sixth and seventh objection are also related. In her sixth objection, she states the Magistrate Judge erred by accepting Nephron's characterization of her SCPWA claim as a notice-only claim and overlooked its failure to give proper notice resulted in a failure to pay all wages due to Boyd. And, in her seventh objection, she contends the Magistrate Judge erred in failing

ELECTRONICALLY FILED - 2022 Jun 30 11:09 AM - LEXINGTON - COMMON PLEAS - CASE#2020CP3203845

to consider whether to recommend declining to exercise supplemental jurisdiction over Boyd's SCPWA claim.

The Court may decline to exercise supplemental jurisdiction over a plaintiff's state law claims if it "has dismissed all claims over which it has original jurisdiction." 28 U.S.C. § 1367. And, the Court has "wide discretion" to do so. *Yashenko v. Harrah's NC Casino Co.*, 446 F.3d 541, 553 n.4 (4th Cir. 2006).

When determining whether to decline to exercise supplemental jurisdiction, the Court considers "convenience and fairness to the parties, the existence of any underlying issues of federal policy, comity, and considerations of judicial economy." *Shanaghan v. Cahill*, 58 F.3d 106, 110 (4th Cir. 1995).

Here, the Court is unable to fathom how its declining to exercise its supplemental jurisdiction over the remaining SCPWA state law claim would inconvenience or unfairly prejudice either of the parties. Nor does it appear there are any underlying issues of federal policy or comity involved in Boyd's SCPWA claim. Additionally, the principles of judicial economy and efficiency suggest this state claim, which was originally filed in state court, should be decided there.

Therefore, the Court will decline to exercise supplemental jurisdiction over Boyd's SCPWA state claim and remand it to the Lexington County Court of Common Pleas for adjudication there.

After a thorough review of the Report and the record in this case pursuant to the standard set forth above, the Court overrules objection numbers one through five, adopts the Report to the extent it does not contradict this Order, and incorporates it herein. Accordingly, it is the judgment of this Court Boyd's motion for partial summary judgment is **DENIED** and Nephron's motion for summary judgment is **GRANTED** as to Boyd's federal claims, which are **DISMISSED WITH PREJUDICE**.

ELECTRONICALLY FILED - 2022 Jun 30 11:09 AM - LEXINGTON - COMMON PLEAS - CASE#2020CP3203845

Further, Boyd's SCPWA state law claim is **REMANDED** to the Lexington County Court of Common Pleas for adjudication there.

IT IS SO ORDERED.

Signed this 27th day of June, 2022, in Columbia, South Carolina.

/s/ Mary Geiger Lewis
MARY GEIGER LEWIS
UNITED STATES DISTRICT JUDGE

A TRUE COPY
ATTEST: ROBIN L. BLUME, CLERK
BY:
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

Nephron Pharmaceuticals Corporation, Nephron S.C., Inc., and Nephron Sterile Compounding Center LLC, Plaintiffs, vs. Jessica Ingrid Lane, Defendant.	C/A No. 3:20-4356-MGL-PJG

CONSENT PERMANENT INJUNCTION AND STIPULATED FINAL JUDGMENT

This matter comes before the Court on the Joint Motion for Entry of a Consent Permanent Injunction and Stipulated Final Judgment by Plaintiffs Nephron Pharmaceuticals Corp., Nephron S.C., Inc., and Nephron Sterile Compounding Ctr. LLC (together, "Nephron"), and *pro se* Defendant Jessica Ingrid Lane ("Lane") (collectively, the "Parties"). The Court, being duly advised, makes the following findings and **GRANTS** the Parties' request for entry of this Consent Permanent Injunction and Stipulated Final Judgment with the relief set forth below:

1. On February 26, 2020, Nephron filed a Complaint in the U.S. District Court for the District of New Jersey, captioned *Nephron Pharmaceuticals Corp., Nephron S.C., Inc., and Nephron Sterile Compounding Center, LLC v. Jessica Ingrid Lane, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation*, Case No. 3:20-cv-02089-FLW-LHG (the "New Jersey Lawsuit"). Nephron filed the New Jersey Lawsuit against Lane's current employers, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy ("USC") and Adamis Pharmaceuticals Corporation ("Adamis"), alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act, 18 U.S.C. § 1836 *et seq.*, and the New Jersey Trade Secrets Act, N.J.S.A. § 56:15-1 *et seq.*, as well other state common law claims related to

USC and Adamis' hiring of Lane (*See* New Jersey Lawsuit, Dkt. 1.) Nephron also filed a breach of contract claim against Lane individually in the New Jersey Lawsuit related to her alleged breach of her Employee Confidentiality and Non-Disclosure Agreement with Nephron. (*See id.*)

2. On July 16, 2020, Lane filed a Motion to Dismiss and Compel Arbitration (Dkt. 28). On December 16, 2020, the Court denied Lane's motion, but, upon consent of Nephron and Lane, ordered that Nephron's claim against Lane be severed and transferred to the U.S. District Court for the District of South Carolina (Dkt. 35).

3. By order dated December 23, 2020, this Court entered an order confirming the transfer of Nephron's claim against Lane and provided certain instructions to the Parties including, without limitation, with respect to future filings in this lawsuit (Dkt. 42).

4. On April 27, 2021, the Court directed the Clerk enter default as to Lane due to her failure to file a responsive pleading within the extended deadline set by the Court (Dkt. 57).

5. The Parties have reached a settlement of this matter in which, among other things, they have agreed to entry of this Consent Permanent Injunction and Stipulated Final Judgment (hereinafter, the "Consent Permanent Injunction").

6. Without admitting liability, Lane wishes to resolve this matter and therefore consents to entry of judgment in this case through entry of this Consent Permanent Injunction.

7. The Parties waive the entry of findings of fact and conclusions of law under Rules 52 and 65 of the Federal Rules of Civil Procedure.

8. The Court has subject matter and personal jurisdiction over Lane with respect to the implementation and enforcement of this Consent Permanent Injunction.

9. This Consent Permanent Injunction shall permanently remain in full force and effect following the dismissal of this matter unless and until such time as may be subsequently ordered by the Court.

10. The Consent Permanent Injunction shall constitute a final judgment in this matter, for which the Court shall retain jurisdiction for the purpose of implementing and enforcing the terms set forth herein.

11. Based upon the foregoing, and in light of the Parties' consent to the terms hereof, the Court finds that good cause exists for entry of the Consent Permanent Injunction set forth herein.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that, effective immediately upon entry of this Order, Lane and persons and/or entities in active concert or participation with Lane, are hereby permanently enjoined, restrained, and prohibited, directly or indirectly, from the following conduct:

(a) Lane shall not retain, access, disclose, use, or communicate, in any manner whatsoever, directly or indirectly, Nephron's trade secrets or confidential business information that is in her possession, custody, or control, including, but not limited to, the Protected IP[1], in any form, whether hard copy or electronic, including, without limitation, any such information that is or was stored on Lane's personal iCloud account.

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[1] The term "Protected IP" as set forth within this Consent Permanent Injunction shall be defined the same way as defined in the Temporary Restraining Order and Consent Preliminary Injunction entered in a related case pending in the U.S. District Court for the Middle District of Florida, Orlando Division, styled *Nephron Pharmaceuticals Corporation, Nephron S.C., Inc., and Nephron Sterile Compounding Center, LLC v. Jennifer Shelly Hulsey, U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corp.*, Case No. 6:18-cv-01573-GAP-LRH (the "Florida Lawsuit"). (*See* the Florida Lawsuit Dkt. Nos. 13, 29.) Specifically, "Protected IP" shall "include[], among other things, 'current and prospective customer lists and related databases, pricing data, purchasing histories, consumer data, market intelligence and strategies,

(b) Lane shall immediately destroy all Nephron trade secrets or confidential business information that is in her possession, custody, or control, including, but not limited to, the Protected IP, in any form, whether hard copy or electronic, including, without limitation, any such information that is or was stored on Lane's personal iCloud account.

(c) Lane shall not, directly or indirectly, violate or breach the terms of her "Employee Confidentiality and Non-Disclosure Agreement" with Nephron.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the Court shall retain jurisdiction over this action for purposes of implementing and enforcing the final judgment comprised by this Consent Permanent Injunction and any additional orders necessary and appropriate to the public interest.

s/Mary Geiger Lewis
MARY GEIGER LEWIS
UNITED STATES DISTRICT JUDGE

Columbia, South Carolina
May 6, 2021

product formulations and development information, proprietary manufacturing processes, and overall industry and product expertise.'" (*See id.*) In addition, "[w]ith respect to Nephron Customers, the Protected IP includes 'their identity, their location, contact information for the customer's pharmaceutical purchasing decision-makers, extensive order history and customer purchasing habits and preferences.'" (*See id.*)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Nephron Pharmaceuticals Corporation, Nephron S.C., Inc., and Nephron Sterile Compounding Center LLC, Plaintiffs, vs. U.S. Compounding, Inc., d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation, Defendants.	Case No. 3:20-cv-02089-FLW-LHG

CONSENT PERMANENT INJUNCTION AND STIPULATED FINAL JUDGMENT

This matter comes before the Court on the Joint Application for Entry of a Consent Permanent Injunction and Stipulated Final Judgment by Plaintiffs Nephron Pharmaceuticals Corp., Nephron S.C. Inc., and Nephron Sterile Compounding Ctr. LLC (together, "Nephron"), and Defendants U.S. Compounding, Inc. ("USC"), and Adamis Pharmaceuticals Corp. ("Adamis") (together, "Defendants") (collectively, the "Parties"). The Court, being duly advised, makes the following findings and **GRANTS** the Parties' request for entry of this Consent Permanent Injunction and Stipulated Final Judgment with the relief set forth below:

1. On February 26, 2020, Nephron filed a Complaint against Defendants, alleging claims of misappropriation of trade secrets in violation of the federal

Defend Trade Secrets Act, 18 U.S.C. § 1836 *et seq.*, and the New Jersey Trade Secrets Act, N.J.S.A. § 56:15-1 *et seq.*, as well as other state common law claims related to Defendants' hiring of a former Nephron employee, Jessica Ingrid Lane ("Lane"). (*See* Dkt. 1.) Nephron's Complaint also included a breach of contract claim against Lane individually related to her alleged breach of her confidentiality agreement with Nephron (*id.*).

2. On July 16, 2020, Lane filed a Motion to Dismiss and Compel Arbitration (Dkt. 28). On December 16, 2020, the Court denied Lane's motion, but, upon the consent of Nephron and Lane, ordered that Nephron's claim against Lane be severed and transferred to the U.S. District Court for the District of South Carolina (Dkt. 35).

3. The Parties have reached a settlement of this matter in which, among other things, they have agreed to entry of this Consent Permanent Injunction and Stipulated Final Judgment (hereinafter, the "Consent Permanent Injunction").

4. Without admitting liability, Defendants wish to resolve this matter and therefore consent to entry of judgment in the above-captioned case and entry of this Consent Permanent Injunction.

5. The Parties waive the entry of findings of fact and conclusions of law under Rules 52 and 65 of the Federal Rules of Civil Procedure.

6. The Court has subject matter and personal jurisdiction over the Defendants with respect to the implementation and enforcement of this Consent Permanent Injunction.

7. This Consent Permanent Injunction shall permanently remain in full force and effect following the dismissal of this matter unless and until such time as may be subsequently ordered by the Court.

8. The Consent Permanent Injunction shall constitute a final judgment in this matter, for which the Court shall retain jurisdiction for the purpose of implementing and enforcing the terms set forth herein.

9. Based upon the foregoing, and in light of the Parties' consent to the terms hereof, the Court finds that good cause exists for entry of the Consent Permanent Injunction set forth herein.

IT IS THEREFORE on this 6th **day of** May**, 2021,**

ORDERED, ADJUDGED, AND DECREED that, effective immediately upon entry of this Order, Defendants and their respective officers, agents, servants, employees, attorneys, and persons in active concert or participation with Defendants (including, without limitation, Jessica Ingrid Lane) are hereby permanently enjoined, restrained, and prohibited, directly or indirectly, from the following conduct:

(a) Defendants shall not retain, access, disclose, use, or communicate, in any manner whatsoever, directly or indirectly, Nephron's trade secrets or confidential business information that is in their possession, custody, or control, including, but not limited to, the Protected IP[1], in any form, whether hard copy or electronic. Additionally, Defendants shall not retain, access, disclose, use, or communicate, in any manner whatsoever, directly or indirectly, Nephron's trade secrets or confidential business information, including without limitation, the Protected IP, that is or was stored on Jessica Lane's personal iCloud account or the personal device of any other former Nephron employee. To the extent Defendants use their own internal proprietary information (which is wholly unrelated, directly or

[1] The term "Protected IP" as set forth within this Consent Permanent Injunction shall be defined the same way as defined in the Temporary Restraining Order and Consent Preliminary Injunction entered in a related case among the Parties in the U.S. District Court for the Middle District of Florida, Orlando Division, styled *Nephron Pharmaceuticals Corporation, Nephron S.C., Inc., and Nephron Sterile Compounding Center, LLC v. Jennifer Shelly Hulsey and U.S. Compounding, Inc. d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corp.*, Case No. 6:18-cv-01573-GAP-LRH (the "Florida Lawsuit"). (*See* the Florida Lawsuit Dkt. Nos. 13, 29.) Specifically, "Protected IP" shall "include[], among other things, 'current and prospective customer lists and related databases, pricing data, purchasing histories, consumer data, market intelligence and strategies, product formulations and development information, proprietary manufacturing processes, and overall industry and product expertise.'" (*See id.*) In addition, "[w]ith respect to Nephron Customers, the Protected IP includes 'their identity, their location, contact information for the customer's pharmaceutical purchasing decision-makers, extensive order history and customer purchasing habits and preferences.'" (*See id.*)

indirectly to Nephron's trade secrets or confidential business information including, without limitation, the Protected IP), open-source or publicly available measures, or information that was provided to Defendants by third parties or was obtained without the use of Nephron's trade secrets or confidential business information, including, but not limited to, the Protected IP (even if such generally available measures or information include the names of persons or entities that are current or former customers of Nephron or other information about such persons or entities that may also be included in the Protected IP), to obtain competitive information or contact customers that may have or currently are doing business with Nephron or otherwise compete against Nephron, such communications or competitive activities—provided no Protected IP was utilized—will not be deemed a violation of this order. This injunction does not require that U.S. Compounding, Inc. cease doing business with any of its current customers that may have been included or identified in any of Nephron's trade secrets or confidential business information, including, but not limited to, the Protected IP, and such continued business shall not be deemed a violation of this injunction. This injunction also does not prevent U.S. Compounding, Inc. from selling any particular product.

(b) Defendants shall immediately destroy any and all Nephron trade secrets or confidential business information (including, without limitation, the Protected IP and Nephron trade secrets or confidential business information stored on Jessica Lane's iCloud account) existing in their possession, custody, or control, whether hard copy or electronic. This provision, however, does not require that USC or Adamis destroy any information necessary to satisfy any obligations under the Sarbanes-Oxley Act or other federal and state securities and corporate laws that mandate accurate book and record keeping. Nor does it require attorneys for USC or Adamis to delete any information required to be maintained in their files or by document retention policies. With respect to any such Nephron information stored on an electronic device or account owned by Defendants, but in the exclusive possession of the Parties' third party forensic examiner, Defendants shall take all steps necessary to ensure the examiner's complete deletion of all such information from those devices and/or accounts before they are released or returned to Defendants.

(c) Defendants shall not interfere with Lane's "Employee Confidentiality and Non-Disclosure Agreement" with Nephron.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the Court shall retain jurisdiction over this action for purposes of implementing and

enforcing the final judgment comprised by this Consent Permanent Injunction and any additional orders necessary and appropriate to the public interest. This matter shall otherwise be dismissed with prejudice pursuant to the terms of the final judgment set forth herein.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that this action be and hereby is dismissed with prejudice, with each party agreeing to pay its own attorneys' fees and costs.

/s/ Freda L. Wolfson

FREDA L. WOLFSON
U.S. CHIEF DISTRICT JUDGE

The Parties consent to the form and entry of this Consent Permanent Injunction and Stipulated Final Judgment.

Plaintiffs Nephron Pharmaceuticals Corp., Nephron S.C., Inc., and Nephron Sterile Compounding Center, LLC

By their attorneys,

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Defendants U.S. Compounding, Inc. d/b/a U.S. Compounding and Adamis Pharmaceuticals Corp.

By their attorneys,

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

Nephron Pharmaceuticals Corporation, Nephron S.C., Inc., and Nephron Sterile Compounding Center LLC, Plaintiffs, vs. Jennifer Shelly Hulsey, U.S. Compounding, Inc., d/b/a U.S. Compounding Pharmacy, and Adamis Pharmaceuticals Corporation, Defendants.	Case No. 6:18-cv-01573-GAP-LRH

CONSENT PERMANENT INJUNCTION AND STIPULATED FINAL JUDGMENT

This matter comes before the Court on the Joint Motion for Entry of a Consent Permanent Injunction and Stipulated Final Judgment by Plaintiffs Nephron Pharmaceuticals Corp., Nephron S.C. Inc., and Nephron Sterile Compounding Ctr. LLC (together, "Nephron"), and Defendants Jennifer Shelly Hulsey ("Hulsey"), U.S. Compounding, Inc. ("USC"), and Adamis Pharmaceuticals Corp. ("Adamis") (together, "Defendants") (collectively, the "Parties").

The Court, being duly advised, makes the following findings and **GRANTS** the Parties' request for entry of this Consent Permanent Injunction and Stipulated Final Judgment with the relief set forth below:

1. On September 23, 2018, Nephron filed a Verified Complaint against Hulsey and USC, alleging misappropriation of trade secrets in violation of the federal Defend Trade Secrets Act, 18 U.S.C. § 1836 *et seq.*, and the Florida Uniform Trade Secrets Act, Fla. Stat. § 688.001 *et seq.*, as well as various common law claims. (*See* Dkt. 1.) Nephron also sought and obtained a Temporary Restraining Order entered September 26, 2018 (the "TRO," *see* Dkt. 13), which TRO was expanded into a broader Consent Preliminary Injunction (the "CPI") and entered by the Court pursuant to agreement of the parties on October 15, 2018 (*see* Dkt. 29).[1]

2. On March 1, 2019, with Defendants' consent, Nephron filed its Second Amended Complaint, which (among other things) named Adamis as an additional named defendant in this matter (*see* Dkt. 52), and the Court issued a related order amending the Consent Preliminary Injunction to add Adamis as an expressly-named defendant subject to the obligations set forth therein (*see* Dkt. 49).

3. On July 1, 2019, Nephron filed a Third Amended Complaint (*see* Dkt. 74), which became the operative pleading in this matter and, among other things, renewed Nephron's request for permanent injunctive relief against all Defendants.

[1] The term "Protected IP" as set forth within this Consent Permanent Injunction shall be defined the same way as defined in the TRO and CPI. (*See* Dkts. 13, 29.) Specifically, "Protected IP" shall "include[], among other things, 'current and prospective customer lists and related databases, pricing data, purchasing histories, consumer data, market intelligence and strategies, product formulations and development information, proprietary manufacturing processes, and overall industry and product expertise.'" (*See id.*) In addition, "[w]ith respect to Nephron Customers, the Protected IP includes 'their identity, their location, contact information for the customer's pharmaceutical purchasing decision-makers, extensive order history and customer purchasing habits and preferences.'" (*See id.*)

4. The Parties have reached a settlement of this matter in which, among other things, they have agreed to entry of this Consent Permanent Injunction and Stipulated Final Judgment (hereinafter, the "Consent Permanent Injunction").

5. Without admitting liability, Defendants wish to resolve this matter and therefore consent to entry of judgment in the above-captioned case and entry of this Consent Permanent Injunction.

6. The Parties waive the entry of findings of fact and conclusions of law under Rules 52 and 65 of the Federal Rules of Civil Procedure.

7. The Court has subject matter and personal jurisdiction over the Defendants with respect to the implementation and enforcement of this Consent Permanent Injunction.

8. This Consent Permanent Injunction shall permanently remain in full force and effect following the dismissal of this matter unless and until such time as may be subsequently ordered by the Court.

9. The Consent Permanent Injunction shall constitute a final judgment in this matter, for which the Court shall retain jurisdiction for the purpose of implementing and enforcing the terms set forth herein.

10. Based upon the foregoing, and in light of the Parties' consent to the terms hereof, the Court finds that good cause exists for entry of the Consent Permanent Injunction set forth herein.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that, effective immediately upon entry of this Order, Defendants and their respective

officers, agents, servants, employees, attorneys, and persons in active concert or participation with Defendants (including, without limitation, Jennifer Shelly Hulsey and Jessica Ingrid Lane) are hereby permanently enjoined, restrained, and prohibited, directly or indirectly, from the following conduct:

(a) Defendants shall not retain, access, disclose, use, or communicate, in any manner whatsoever, directly or indirectly, Nephron's trade secrets or confidential business information that is in their possession, custody, or control, including, but not limited to, the Protected IP, in any form, whether hard copy or electronic. Additionally, Defendants shall not retain, access, disclose, use, or communicate, in any manner whatsoever, directly or indirectly, Nephron's trade secrets or confidential business information, including without limitation, the Protected IP, that is or was stored on Jessica Lane's personal iCloud account or the personal device of any other former Nephron employee. To the extent Defendants use their own internal proprietary information (which is wholly unrelated, directly or indirectly to Nephron's trade secrets or confidential business information including, without limitation, the Protected IP), open-source or publicly available measures, or information that was provided to Defendants by third parties or was obtained without the use of Nephron's trade secrets or confidential business information, including, but not limited to, the Protected IP (even if such generally available measures or information include the names of persons or entities that are current or former customers of

Nephron or other information about such persons or entities that may also be included in the Protected IP), to obtain competitive information or contact customers that may have or currently are doing business with Nephron or otherwise compete against Nephron, such communications or competitive activities—provided no Protected IP was utilized—will not be deemed a violation of this order. This injunction does not require that U.S. Compounding, Inc. cease doing business with any of its current customers that may have been included or identified in any of Nephron's trade secrets or confidential business information, including, but not limited to, the Protected IP, and such continued business shall not be deemed a violation of this injunction. This injunction also does not prevent U.S. Compounding, Inc. from selling any particular product.

(b) Defendants shall immediately destroy any and all Nephron trade secrets or confidential business information (including, without limitation, the Protected IP and Nephron trade secrets or confidential business information stored on Jessica Lane's iCloud account) existing in their possession, custody, or control, whether hard copy or electronic. This provision, however, does not require that U.S. Compounding, Inc. or Adamis Pharmaceuticals Corporation destroy any information necessary to satisfy any obligations under the Sarbanes-Oxley Act or other federal and state securities and corporate laws that mandate accurate book and record keeping. Nor does it require attorneys for U.S.

Compounding or Adamis to delete any information required to be maintained in their files or by document retention policies. With respect to any such Nephron information stored on an electronic device or account owned by Defendants, but in the exclusive possession of the Parties' third party forensic examiner, Defendants shall take all steps necessary to ensure the examiner's complete deletion of all such information from those devices and/or accounts before they are released or returned to Defendants.

(c) Hulsey shall not, directly or indirectly, violate or breach the terms of her "Employee Confidentiality and Non-Disclosure Agreement" with Nephron, and Defendants shall not interfere with the same.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that the Court shall retain jurisdiction over this action for a period of five (5) years for purposes of implementing and enforcing the final judgment comprised by this Consent Permanent Injunction and any additional orders necessary and appropriate to the public interest; and

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that all pending or outstanding motions related to the previously entered Consent Preliminary

Injunction, including the pending resolution of the imposition of a daily coercive fine and other sanctions, are now moot. This matter shall otherwise be dismissed with prejudice pursuant to the terms of the final judgment set forth herein.

DONE and **ORDERED** in Chambers, Orlando, Florida, on May 11, 2021.

GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies to: counsel of record

2021 APR 23 PM 2:38
CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY _____ DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

NEPHRON PHARMACEUTICALS CORPORATION AND NEPHRON STERILE COMPOUNDING CENTER LLC,

Plaintiffs,

vs.

PRODIGY HEALTH SUPPLIER CORPORATION, AND DENVER SOLUTIONS LLC D/B/A LEITERS HEALTH,

Defendants.

Civil Action No. 1:21-cv-00081-LY

AGREED PERMANENT INJUNCTION ORDER AND STIPULATED DISMISSAL

Before the Court is the Joint Motion for Entry of Agreed Permanent Injunction and Stipulated Dismissal filed by Plaintiffs Nephron Pharmaceuticals Corporation and Nephron Sterile Compounding Center LLC (collectively "Nephron"). (Dkt. 31). In accordance with the agreement and stipulation between Plaintiffs and Defendants Prodigy Health Supplier Corporation ("Prodigy") and Denver Solutions LLC d/b/a Leiters Health ("Leiters") (collectively, the "Defendants"), the Court enters this Agreed Permanent Injunction Order as follows.

I. BACKGROUND

Nephron alleges that it compounds and sells 503B pharmaceutical products and specifically for purposes of this case, phenylephrine syringes (the "Product"). (Compl., Dkt. 1, at 6). According to Nephron's Complaint, Leiters and/or Prodigy have engaged in a marketing campaign for the sale of Leiters' competing phenylephrine syringes using false statements that Nephron no longer produces phenylephrine and that Nephron is the subject of a "cease and desist" order. (*Id.* at 6–8). Premised on these alleged false statements to third parties, Nephron alleges five claims for relief:

false advertising under 15 U.S.C. § 1125(a)(1)(B); common law unfair competition; defamation; business disparagement; and tortious interference with prospective relations. (*Id.* at 8–15). On the same day it filed its complaint, Nephron filed the Application for Temporary Restraining Order and Request for Preliminary Injunction (the "Application"), in which it asked the Court to enjoin Defendants from:

> making any verbal or written statement, expressly or by implication, to any third party in connection with any advertising, promotion, offering for sale, or sale of goods or services or in any other commercial manner that: (1) Nephron has ceased selling, compounding and/or producing phenylephrine syringes; and (2) Nephron is/was subject to a cease and desist letter, enforcement action, or other corrective conduct taken by the FDA, or other applicable enforcement agency, with respect to phenylephrine syringes.

(Dkt. 3, at 16–17).

Defendants expressly deny the material allegations in the Complaint and the Application, including any and all of Nephron's allegations of false statements. Following initial settlement discussions, on January 29, 2021, the parties agreed to and the Court entered an Agreed Temporary Restraining Order against Defendants ("Temporary Restraining Order"). (Dkt. 18).

II. STIPULATIONS

1. The Parties consent to the terms of this Agreed Permanent Injunction Order in a good-faith effort to avoid litigation costs, fees, and expenses and to be efficient with the Court's time.
2. The substantive and procedural prerequisites to entry of this Agreed Permanent Injunction Order, as well as its enforceability under and and/or compliance with the Federal Rules of Civil Procedure, are waived by the Parties.
3. This Agreed Permanent Injunction Order does not constitute a waiver of any defenses, counterclaims, or claims to any relief by statute, equity, or at common

law, and is not an admission of liability by any party; it cannot be used by any party as an admission by any other party or for any other related purpose.

Based upon the above stipulations, and for the reasons stated herein, the Court enters the following Agreed Permanent Injunction Order:

III. CONCLUSION

IT IS ORDERED that Defendants Prodigy Health Supplier Corporation and Denver Solutions LLC d/b/a Leiters Health (and each of their respective officers, directors, employees, and agents) shall not make any verbal or written statement, expressly or by implication, to any third party in connection with any advertising, promotion, offering for sale, or sale of goods or services or in any other commercial manner that:

a. Nephron has ceased selling, compounding and/or producing phenylephrine syringes; and/or

b. Nephron is/was subject to a cease and desist letter or enforcement action or other corrective conduct taken by the FDA, or other applicable enforcement agency, with respect to phenylephrine syringes.

This Court retains jurisdiction of this matter for purposes of construction, modification, and enforcement of this Agreed Permanent Injunction Order. IT IS FURTHER ORDERED that Nephron's claims against Defendants shall be dismissed with prejudice. Each party shall bear its own attorneys' fees and costs.

SIGNED on April 23, 2021

HONORABLE LEE YEAKEL
UNITED STATES DISTRICT COURT JUDGE

JOINTLY AND RESPECTFULLY SUBMITTED:

/s/ John P. McDonald
John P. McDonald
State Bar. No. 13549090
jpmcdonald@lockelord.com
LOCKE LORD LLP
2200 Ross Avenue, Suite 2800
Dallas, Texas 75201
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214-756-8758 (facsimile)

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512-305-4800 (facsimile)

Nikole S. Mergo
Jennifer S. Cluverius
NEXSEN PRUET, LLC
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Columbia, SC 29202
Phone: 803.771.8900
Facsimile: 803.727.1429
nmergo@nexsenpruet.com
jcluverius@nexsenpruet.com

ATTORNEYS FOR NEPHRON PHARMACEUTICALS CORPORATION AND NEPHRON STERILE COMPOUNDING CENTER LLC

-AND-

JACKSON WALKER L.L.P.

By: */s/ Matt Dow*
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ATTORNEYS FOR DEFENDANT PRODIGY HEALTH SUPPLIER CORPORATION

-AND-

JACKSON WALKER L.L.P.

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John Ruskusky
(admitted pro hac
vice)
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Fax: 312.977.4405
jtruskusky@nixonpeabody.com
etrull@nixonpeabody.com

ATTORNEYS FOR DEFENDANT DENVER SOLUTIONS LLC DBA LEITERS HEALTH

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 10, 2020

DATED MATERIAL ENCLOSED

NEPHRON SC INC
ATTN: LOU WOOD KENNEDY, CEO
4500 12TH ST EXT
WEST COLUMBIA, SC 29172

RE: CI 2019 86642
NEPHRON SC INC
NSF 102

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- July 10, 2020: Unless the Citation is contested payment of fine(s) must be received by the Board.
- June 24, 2020: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- July 10, 2020: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **July 10, 2020.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than June 24, 2020 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than July 10, 2020 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2019 86642	NEPHRON SC INC, NSF 102

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4129.2 subd. (b)/Title 21 CFR § 211.125(c)	**A nonresident outsourcing facility shall compound all sterile products and nonsterile products to be distributed or used in this state in compliance with regulations of the board and with federal current good manufacturing practices applicable to outsourcing facilities/Procedures shall be used to reconcile the quantities of labeling issued...**	**$1,000.00**

CONDUCT:

Production and Process Controls – Nephron SC Inc (NSF 102) was not in compliance with Business and Professions Code section 4129.2 (b), which states, an outsourcing facility shall compound all sterile and nonsterile products in compliance with regulations issued by the Board and with federal current good manufacturing practices applicable to outsourcing facilities, in conjunction with Code of Federal Regulations, title 21, section 211.125 (c), which states, in pertinent part, procedures shall be used to reconcile the quantities of labeling issued, used, and returned, and shall require evaluation of discrepancies found between the quantity of drug product finished and the quantity of labeling issued when such discrepancies are outside narrow preset limits based on historical operating data. Nephron SC Inc, located at 4500 12th Street Ext, West Columbia, SC 29172, was not compliant with Code of Federal Regulations 211.125(c). Specifically, on 12/2/2019, Nephron SC Inc performed a reworking of a packaged product (Norepinephrine in 0.9% sodium chloride injection 8mg/250ml, lot# NB9043B) and two IV bags were packaged without the re-applying of the updated label. Subsequently, on 12/10/2019, a customer (Dignity Health St. Bernardine Medical Center) received two norepinephrine 8mg/250ml bags from lot# NB9043B without labels. The rework process utilized by Nephron was incomplete as documentation of label reconciliation was missing from the record. This is a violation of pharmacy law.

CITATION ISSUED ON: June 10, 2020

TOTAL AMOUNT OF FINE(S): $1,000.00

PAYMENT OF FINE(S) DUE BY: July 10, 2020

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: NEPHRON SC INC

License No: NSF 102

Citation Number : CI 2019 86642

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) (___) _____ Residence: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: NEPHRON SC INC NSF 102 Respondent	Citation Case No : CI 2019 86642 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: NEPHRON SC INC, NSF 102
Citation and Fine CI 2019 86642

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On, June 10, 2020 I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
NEPHRON SC INC ATTN: LOU WOOD KENNEDY, CEO 4500 12TH ST EXT WEST COLUMBIA, SC 29172	7018 1830 0000 8099 2507

I declare under penalty of perjury that the forgoing is true and correct.

Executed on June 10, 2020

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 24, 2020

NEPHRON SC INC
ATTN: LOU WOOD KENNEDY, CEO
4500 12TH ST EXT
WEST COLUMBIA, SC 29172

RE: CI 2019 86642
NEPHRON SC INC
NSF 102

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Citation and Fine Analyst, Joshua Monforte at (916) 518-3014.

Sincerely

Joshua Monforte
Citation and Fine Analyst
Board of Pharmacy

15

15A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: Amazi Middle: Zamani Last: Harris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Karst Pond Avenue

City: North Las Vegas State: NV Zip: 89084

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: North west career college

Address: 7398 Smoke Ranch Road

City: Las Vegas State: NV Zip: 89128

Name of Program Director: Samantha Hurtsman

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: Arbor View High School Graduation Date OR Date GED obtained (mm/yy): 05/2017

Address: 7500 Whispering Sands Dr.

City: Las Vegas. NV State: NV Zip: 89131

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2/12/2021	3/29/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-PC-007272	justice Court

Reason/Charge: Solcit lengage in prostitution

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amazi Harris	

Name of Business/Industry/Entity:

Provide explanation below:

see attached

Amazi Harris
Original Signature (electronic, copies or stamps not accepted)

2/6/2023
Date

REGISTER OF ACTIONS
CASE NO. 21-PC-007272

State of Nevada vs. HARRIS, AMAZI ZAMANI §§§§§§

Case Type: **Misdemeanor CR**
Date Filed: **02/13/2021**
Location:

PARTY INFORMATION

		Lead Attorneys
Defendant	**HARRIS, AMAZI ZAMANI**	
State of Nevada	**State of Nevada**	

CHARGE INFORMATION

Charges: HARRIS, AMAZI ZAMANI	Statute	Level	Date
999. Solicit/engage in prostit [56702]	12.08.020	Misdemeanor	02/12/2021

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

03/24/2021 **Disposition**
999. Solicit/engage in prostit [56702]
DA Denial

OTHER EVENTS AND HEARINGS

02/13/2021 **Original Track Assignment JC14**
02/13/2021 **DA Request for Prosecution**
Request for Prosecution Sent to DA
02/13/2021 **Case Assignment Sent**
Case Assignment Sent
02/13/2021 **Release Agreement**
02/13/2021 **Administrative Own Recognizance Release**
02/13/2021 **Probable Cause Review Packet - Initial Appearance Court**
04/14/2021 **Status Check on Filing of Criminal Complaint** (8:30 AM) (Judicial Officer Chelini, Amy)
O/R
Result: Matter Heard
04/14/2021 **DA Denial**
04/14/2021 **Minute Order - Department 14**

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
6/18/2021	9/20/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-CR-028933	Justice Court

Reason/Charge
Trespass. not amounting to burglary

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amazi Harris	

Name of Business/Industry/Entity

Provide explanation below:

see attached

Amazi Harris
Original Signature (electronic, copies or stamps not accepted)

2/6/2023
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

REGISTER OF ACTIONS
CASE NO. 21-CR-028933

State of Nevada vs. HARRIS, AMAZI ZAMANI §§§§§§

Case Type: **Misdemeanor CR**
Date Filed: **07/07/2021**
Location: **JC Department 7**

PARTY INFORMATION

Defendant **HARRIS, AMAZI ZAMANI**

Lead Attorneys
Public Defender
Public Defender
702-455-4685(W)

State of Nevada **State of Nevada**

CHARGE INFORMATION

Charges: HARRIS, AMAZI ZAMANI	Statute	Level	Date
1. Trespass, not amounting to burglary [53166]	207.200	Misdemeanor	06/18/2021

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

09/20/2021 **Plea** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Nolo Contendere

09/20/2021 **Disposition** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Guilty as Amended

09/20/2021 **Misdemeanor Sentence** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Condition - Adult:
1. Credit for Time Served, 09/20/2021, Satisfied 09/20/2021

OTHER EVENTS AND HEARINGS

06/18/2021 **Original Track Assignment JC07**
06/18/2021 **DA Request for Prosecution**
Request for Prosecution Sent to DA
06/18/2021 **Case Assignment Sent**
Case Assignment Sent
06/18/2021 **Administrative Own Recognizance Release**
06/18/2021 **Release Agreement**
06/18/2021 **Probable Cause Review Packet - Initial Appearance Court**
07/07/2021 **Criminal Complaint**
08/17/2021 **Status Check on Filing of Criminal Complaint** (8:00 AM) (Judicial Officer Bennett-Haron, Karen P.)
O/R
Result: Matter Heard
08/17/2021 **Arraignment Completed**
Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
08/17/2021 **Defendant Identified as Indigent**
Defendant and the Court discussed the appointment of counsel and defendant requested appointment of counsel.
08/17/2021 **Public Defender Appointed**
08/17/2021 **Financial Affidavit**
08/17/2021 **Plea of Not Guilty Entered**
08/17/2021 **Minute Order - Department 07**
09/20/2021 **Bench Trial** (9:00 AM) (Judicial Officer Bennett-Haron, Karen P.)
O/R
Result: Matter Heard
09/20/2021 **Defendant waives the right to Trial - In absentia**
through counsel
09/20/2021 **Judgment Entered**
09/20/2021 **Case Closed - Court Order**
09/20/2021 **Minute Order - Department 07**
09/21/2021 **Notice of Disposition and Judgment**

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☑ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Amazi Harris
Print Name

Amazi Harris
Original Signature, no copies or stamps accepted

2/6/2023
Date

Board Use Only	Date Received: _____ Amount: _____

I want to start of by explaining and disclosing information regarding my pass records

Case #: 21-PC-007272

I had a girl's night out with some of my high school friends that I hadn't seen in a long time. This occurred on **2/21/2021**. We went out for dinner, drinks, and had plans to go clubbing in order to enjoy the evening. When we finished dinner, we went to the bar, where we had drinks and conversed with each other and people at the bar. Unfortunately, my friends had different intentions then I was aware of and were making different plans then to go to the club. My friends had got up to leave and I followed them to make sure they were okay. I was always told to stay in groups whenever being out since people are likely not to bother you in group.What ended up happening as soon as we started moving as a group we were then arrested my police officers who were under cover. I had no idea what was going on until everything occurred. My friends started getting arrested, and then they decdied to take me as well since I was just following in the background. I was definitely in the wrong place and the wrong time. They had booked and held me for about 7 hours and eventually let me go. Since then, I have not seen these friends since the incident occured. I would hate to be surrounded by people who did not care to tell me what was going on. I was in the booking area for about 7 hours and let go after that.The appointed lawyer to my case went to court for me and got my case closed. After seeking legal advice I was also told to begin to get my record seal and am in the process of doing that as well.

The friends that I was with did not allow me the chance to decide for myself if I wanted to hang out with them considering what they were involved in. Now I am having to defend myself for a situation that was the repercussions of hanging out and catching up with friends I hadn't seen in a while. I ask that you give me empathy in that I am trying to be of service to my community and myself. Since attending NorthWest Career College, it has become more and more clear to me that I want to pursue my education and continue to develop myself as a pharmacy technician, if given the opportunity. Since then the case had been closed and denied and was put under DA Denial which means they did not have enough information to move forward with the case.

Case #: 21-CR-028933

Following this incident another misunderstanding had occured. I ended up going back to the establishment a few months later to grab dinner with my auntie, when I was approached by security guards who informed me that I was trespassing. This occurred on **06/18/2021**. Since the case was closed, I was not made aware that I was banned from being on the premises still. I assumed nothing ever went through, I thought going to the premises once more to celebrate with my auntie would not be an issue. Since the establishment was not made aware of my case being closed, they ended up arresting me for that misunderstanding. I was booked and kept at jail for about 7 hrs where they official closed the case after I pleaded that I was not made aware that this case was even open anymore or that there was any restraining order that involved me not stepping into the establishment.

Since then, I have learned my lesson and have since gotten legal advice on how to handle the situation so that this doesn't happen again. I got myself caught up in an incident that could potentially mess up my life. I know to make sure I do not surround myself with people who might put me in a bad situation

No matter what I am so excited to jump start my career in Pharmacy and continue my education. My intentions are to create a beautiful life and make my family proud. I enrolled myself into NCC in order to make a future for myself. The school helped me believe in myself and find what it is I want to do in life. I intend on living up to that expectation, because I believe everyone deserves a second chance to become a better person. I have been diligently working as a retail associate to keep up with bills, but will continue to aspire to become a pharmacy technician so that I can better myself

Kind Regards,
Amazi Harris

northwest
CAREER COLLEGE

02/06/2023

To Whom It May Concern ,

I have known Amazi for some time now, she has excelled tremendously since attending school with us here at Northwest Career College in the Pharmacy Technician program. Amazi graduated with us with a 3.54 GPA. She went to class everyday and aspired to become pharmacy technician as this was something she wanted to do better serve her community.

Amazi is an amazing individual who strives to become better every day. Through meeting her I have learned that she has had some difficulties and misunderstands in the pass, which is why she decided to turn over a new leaf with us here at NCC . Amazi has remained in good contact with me as her graduate advisor so that we may seek potential opportunities for job placement as a Pharmacy Technician. One of the more remarkable things she mentioned to me when we had our introductory meeting was the fact that she learned a lot during her time at her externship and is so excited to jump into a new career field. Amazi Harris completed 240 hours of externship hours during her time at Well Care Closed Door Pharmacy .

Since then we found out there were some misunderstandings occurring between getting her license and her dream job. She has remained in good contact with us to make sure she is doing everything on her end to ensure she can be a step closer to her dream to be pharmacy technician. Amazi and I still talk constantly about the future job she will have one day once she sorts all of this out. Even when faced with challenges, Amazi continues to persevere through it all.

Please do not hesitate to contact me with any additional questions regarding Amazi

Allison Arellano
Career Services Graduate Advisor II
Northwest Career College
Allison.Arellano@northwestcareercollege.edu

15B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (06/22/2022)

Section 1: General Information

First: Erica Middle: T Last: Wells

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Kilkerran St

City: Las Vegas State: NV Zip: 89141

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP-approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Application Qualifications (If you answer "NO" to any questions in this section, you CANNOT submit this application)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/13/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Original Signature, no copies or stamps accepted

10/13/22
Date

Board Use Only	Date Received: 10-27-22	Amount: 50.00 CC

Section 7: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ Registration as a PT in another state if the requirements for registration in that state are equivalent to the requirements of this state, and the successful completion of at least 240 hours of employment as a PT in a pharmacy in that state, which must be verified by a signed affidavit by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, which must be current, active and in good standing. b. Include the signed affidavit from your managing pharmacist that you have completed at least 240 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ If the state in which the applicant has been employed does not offer registration, licensure or certification as a PT, the successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application is submitted, which must be verified by a signed affidavit by the managing pharmacist of the pharmacy. And the successful completion of at least 350 hours of employment in a pharmacy in this state as a registered PTT, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application). b. Provide a signed form from your managing pharmacist that you have completed 350 hours of employment in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered PTT employed in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide a signed form from your managing pharmacist that you have completed 1,500 hours of employment in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United Sates Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.
☐ Certification by the Pharmacy Technician Certification Board (PTCB) or the National Healthcareer Association (NHA) as a PT and completion of at least 500 hours of training and experience as a registered PTT employed in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide a copy of your PTCB or NHA certification (i.e. CPhT or ExCPT certification); b. Provide a signed form from your managing pharmacist that you have completed 500 hours of employment in a pharmacy **in this state** as a registered PTT (see form provided in this application).

Section 8: In addition to the requirements in Section 7, submit fingerprints for a background check by the Nevada Board of Pharmacy and the Central Repository for Nevada Records of Criminal History.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: Erica Wells
PTT License #: PT24980
Pharmacy Manager Name: Daniel Chiti
Pharmacy Manager License #: 17640
Name of Pharmacy: Walgreens
Pharmacy License #: 01942
Pharmacy Address: 10510 Southern Highlands Pkwy
City: Las Vegas
State: NV
Zip: 89141
Time period PTT employed (mm/yy-mm/yy): 4/2021 → present

I certify to the Board that the above-named PTT has successfully completed 1500 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Filling, data entry, cond testing

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☒ Yes ☐ No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Daniel Chiti
Print Name (First, Last)

Original Signature of Managing Pharmacist, no copies or stamps accepted

8/22/22
Date

Board Use Only	Date Received:

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/09/07		Nv	Las Vegas	Clark county
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Minor in casino				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

The case was dismissed I didn't go to court.
I was caught playing a slot machine
underage

Original Signature (electronic, copies or stamps not accepted)

Date

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/22/07		Nv	Las Vegas	Clark county
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge: Soliciting				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

I just moved out to Vegas and my friends told me I could be a personal dancer for bachelor parties. I met a guy who was an undercover cop he told me he needed a dancer for his bachelor party he then introduced me to two other cops. It was my first case I was told by friends I didn't need a lawyer and to plead no contest which means not guilty. I took a plea deal

Original Signature (electronic, copies or stamps not accepted)

Date

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/02/07		Nv	Las Vegas	Clark county
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge: Trespass				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

Was arrested for being in a casino I was 86'd at.

Original Signature (electronic, copies or stamps not accepted)

Date

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/16/07		Nv	Las Vegas	Clark county
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge: Trespass				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

Was caught in a casino I was 86'd at the case was dismissed and didn't go to court

Original Signature (electronic, copies or stamps not accepted)

Date

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/20/09		Nv	Las Vegas	Clark county
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge: Trespass				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

A security thought I was underage and ran my I'd saw I was 86d and did a citizen arrest the case was dropped because I was employed at that same casino.

Original Signature (electronic, copies or stamps not accepted)

Date

Jessette Phaynarikone

From: Erica Wells <[redacted]
Sent: Thursday, December 15, 2022 2:03 AM
To: Jessette Phaynarikone
Subject: Re: Pharmaceutical Technician Application

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

The reason why I did not put on application is because I read the question wrong and thought I didn't have to put on their because I was under the impression you only have to put 7 years and these cases happened over 10 years ago.

1:03 LTE

Criminal Case Records Search Results

Record Count: 7

Search By: Defendant **Party Search Mode:** Name **Last Name:** Wells **First Name:** Erica **All** All **Sort By:** Filed Date

Case Number	Citation Number	Defendant Info	Filed/Location	Type/Status	Charge(s)
PC07M01171X		Wells, Erica Tynicia	01/09/2007	Misdemeanor Denied	MINOR LOITERING IN A GAMING ESTABLISHMENT
07M01914X		Wells, Erica Tynicia	02/22/2007 JC Department 10	Misdemeanor Closed	SOLICITING PROSTITUTION SOLICITING PROSTITUTION SOLICITING PROSTITUTION
07M03962X		Wells, Erica Tynicia	03/02/2007 JC Department 4	Misdemeanor Closed	TRESPASS
07M04697X		Wells, Erica Tynicia	03/13/2007 JC Department 6	Misdemeanor Dismissed	TRESPASS
PC07M09543X		Wells, Erica Tynicia	04/16/2007	Misdemeanor Denied	TRESPASS
07M19483X		Wells, Erica Tynicia	08/14/2007 JC Department 7	Misdemeanor Closed	TRESPASS
PC09M29801X		Wells, Erica Tynicia	07/20/2009	Misdemeanor Denied	TRESPASS

1:30

LTE

Register of Actions

Case No. PC07M01171X

State of Nevada vs Wells, Erica Tynicia

§
§
§
§
§

Case Type: Misdemeanor
Date Filed: 01/09/2007
Location:

Party Information

		Lead Attorneys
Defendant	**Wells, Erica Tynicia**	
State of Nevada	**State of Nevada**	

Charge Information

Charges: Wells, Erica Tynicia

	Statute	Level	Date
1. MINOR LOITERING IN A GAMING ESTABLISHMENT	01.08.020	Misdemeanor	01/09/2007

Events & Orders of the Court

OTHER EVENTS AND HEARINGS

01/09/2007 **Standard Bail Set**

Ct1: $200.00 Cash/200.00 Surety

01/09/2007 **CTRACK Track Assignment JC10**

Register of Actions

Case No. 07M01914X

State of Nevada vs Wells, Erica Tynicia

Case Type: Misdemeanor
Subtype: DV Case
Date Filed: 02/22/2007
Location: JC Department 10

Party Information

		Lead Attorneys
Defendant	Wells, Erica Tynicia *AKA* Wells, Erica T	
State of Nevada	State of Nevada	

Charge Information

Charges: Wells, Erica Tynicia

	Statute	Level	Date
1. SOLICITING PROSTITUTION	201.354	Misdemeanor	01/14/2007
2. SOLICITING PROSTITUTION	201.354	Misdemeanor	01/14/2007
3. SOLICITING PROSTITUTION	201.354	Misdemeanor	01/14/2007

Events & Orders of the Court

DISPOSITIONS

03/23/2007 **Disposition** (Judicial Officer: Silver, Abbi)
1. SOLICITING PROSTITUTION
PLEA NOLO/FOUND GUILTY

03/23/2007 **Disposition** (Judicial Officer: Silver, Abbi)
2. SOLICITING PROSTITUTION
PLEA NOLO/FOUND GUILTY

03/23/2007 **Disposition** (Judicial Officer: Silver, Abbi)
3. SOLICITING PROSTITUTION
PLEA NOLO/FOUND GUILTY

03/23/2007 **Plea** (Judicial Officer: Silver, Abbi)
1. SOLICITING PROSTITUTION
GUILTY

03/23/2007 **Plea** (Judicial Officer: Silver, Abbi)
2. SOLICITING PROSTITUTION
GUILTY

03/23/2007 **Plea** (Judicial Officer: Silver, Abbi)
3. SOLICITING PROSTITUTION
GUILTY

03/23/2007 **Conversion Sentence Event Type** (Judicial Officer: Silver, Abbi)
1. SOLICITING PROSTITUTION
Condition - Adult:
1. COUNSELING, 03/23/2007, Active 03/23/2007
Comment (CT 1 DFT TO DO CORONER'S VISITATION PROGRAM-;TO ENROLL TODAY)

03/23/2007 **Conversion Sentence Event Type** (Judicial Officer: Silver, Abbi)
2. SOLICITING PROSTITUTION
Condition - Adult:
1. COUNSELING, 03/23/2007, Active 03/23/2007
Comment (DATE: 03/23/2007 JC FINE: 0163 AA FINE: 087 JC TOTAL: 0250 JC EXCUSED:)

03/23/2007 **Conversion Sentence Event Type** (Judicial Officer: Silver, Abbi)
3. SOLICITING PROSTITUTION
Condition - Adult:
1. COUNSELING, 03/23/2007, Active 03/23/2007
Comment (DATE: 03/23/2007 JC FINE: 0163 AA FINE: 087 JC TOTAL: 0250 JC EXCUSED:)

OTHER EVENTS AND HEARINGS

02/13/2007 **COMPLETED BY CTB**
MinuteCode1: COMPLETED BY CTB MinuteCode3: COMPLETED BY CTB

02/15/2007 **NO COMPLAINT FILED**
NO COMPLAINT FILED

02/22/2007 **TRANSFERRED TO JC**
TRANSFERRED TO JC

02/22/2007 **COMPLETED BY LLO**
MinuteCode1: COMPLETED BY LLO MinuteCode3: COMPLETED BY LLO

02/22/2007 **CTRACK Track Assignment JC10**

02/23/2007 **REC'D - NOTIFY FOR APPEARENCE** (Judicial Officer: Silver, Abbi)
OTHER

02/23/2007 **OTHER** (8:00 AM) (Judicial Officer Silver, Abbi)
Result: COMPLETED

Disposition (Judicial Officer: Silver, Abbi)
2. SOLICITING PROSTITUTION
PLEA NOLO/FOUND GUILTY

03/23/2007 **Disposition** (Judicial Officer: Silver, Abbi)
3. SOLICITING PROSTITUTION
PLEA NOLO/FOUND GUILTY

03/23/2007 **Plea** (Judicial Officer: Silver, Abbi)
1. SOLICITING PROSTITUTION
GUILTY

03/23/2007 **Plea** (Judicial Officer: Silver, Abbi)
2. SOLICITING PROSTITUTION
GUILTY

03/23/2007 **Plea** (Judicial Officer: Silver, Abbi)
3. SOLICITING PROSTITUTION
GUILTY

03/23/2007 **Conversion Sentence Event Type** (Judicial Officer: Silver, Abbi)
1. SOLICITING PROSTITUTION
Condition - Adult:
1. COUNSELING, 03/23/2007, Active 03/23/2007
Comment (CT 1 DFT TO DO CORONER'S VISITATION PROGRAM-;TO ENROLL TODAY)

03/23/2007 **Conversion Sentence Event Type** (Judicial Officer: Silver, Abbi)
2. SOLICITING PROSTITUTION
Condition - Adult:
1. COUNSELING, 03/23/2007, Active 03/23/2007
Comment (DATE: 03/23/2007 JC FINE: 0163 AA FINE: 087 JC TOTAL: 0250 JC EXCUSED:)

03/23/2007 **Conversion Sentence Event Type** (Judicial Officer: Silver, Abbi)
3. SOLICITING PROSTITUTION
Condition - Adult:
1. COUNSELING, 03/23/2007, Active 03/23/2007
Comment (DATE: 03/23/2007 JC FINE: 0163 AA FINE: 087 JC TOTAL: 0250 JC EXCUSED:)

OTHER EVENTS AND HEARINGS

02/13/2007 **COMPLETED BY CTB**
MinuteCode1: COMPLETED BY CTB MinuteCode3: COMPLETED BY CTB

02/15/2007 **NO COMPLAINT FILED**
NO COMPLAINT FILED

02/22/2007 **TRANSFERRED TO JC**
TRANSFERRED TO JC

02/22/2007 **COMPLETED BY LLO**
MinuteCode1: COMPLETED BY LLO MinuteCode3: COMPLETED BY LLO

02/22/2007 **CTRACK Track Assignment JC10**

02/23/2007 **REC'D - NOTIFY FOR APPEARENCE** (Judicial Officer: Silver, Abbi)
OTHER

02/23/2007 **OTHER** (8:00 AM) (Judicial Officer Silver, Abbi)
Result: COMPLETED

03/23/2007 **SEE CHARGE/DISPOSITION/SENT RECORDS** (Judicial Officer: Silver, Abbi)
ARRGN-SUMMONS

03/23/2007 **COURTESY NOTICE OF DISPOSITION GENERATED**
MinuteCode1: COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode3: COURTESY NOTICE OF DISPOSITION GENERATED

03/23/2007 **Arraignment Summons** (8:00 AM) (Judicial Officer Silver, Abbi)
Result: GUILTY/SENT

09/27/2007 **CONTINUED TO COMPLETE REQUIREMENTS** (Judicial Officer: Martin, D. Eugene)
OTHER

09/27/2007 **OTHER** (8:00 AM) (Judicial Officer Martin, D. Eugene)
Result: COMPLETED

12/03/2007 **JCON Accounting Detail**
Rcpt #: 06454600 Deft Name: WELLS, ERICA Payer Name: WELLS, ERICA Deft ID: 02593151 Fund: 601 Payment Type: CSH Location: ACC Case #: 07M01914X

12/03/2007 **CONTINUED TO COMPLETE REQUIREMENTS** (Judicial Officer: Walsh, Robert J.)
OTHER

12/03/2007 **OTHER** (8:00 AM) (Judicial Officer Walsh, Robert J.)
Result: COMPLETED

02/06/2008 **CONTINUED TO COMPLETE REQUIREMENTS** (Judicial Officer: Silver, Abbi)
OTHER

02/06/2008 **OTHER** (8:00 AM) (Judicial Officer Silver, Abbi)
Result: COMPLETED

03/10/2008 **CONTINUED TO PAY FINE** (Judicial Officer: Silver, Abbi)
OTHER

03/10/2008 **OTHER** (8:00 AM) (Judicial Officer Silver, Abbi)
Result: COMPLETED

03/25/2008 **JCON Accounting Detail**
Rcpt #: 09804556 Deft Name: WELLS, ERICA Payer Name: WELLS, ERICA Deft ID: 02593151 Fund: 502 Payment Type: CSH Location: CRM Case #: 07M01914X

04/09/2008 **REQUIREMENTS COMPLETED** (Judicial Officer: Silver, Abbi)
OTHER

04/09/2008 **OTHER** (8:00 AM) (Judicial Officer Silver, Abbi)

1:11

LTE 3572

Skip to Main Content Logout My Account Search Menu New Criminal Search Refine Search Back Location Justice Court Help

Register of Actions

Case No. 07M04697X

State of Nevada vs Wells, Erica Tynicia

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Case Type: Misdemeanor
Date Filed: 03/13/2007
Location: JC Department 6

Party Information

Defendant Wells, Erica Tynicia *AKA* Wells, Erica

Lead Attorneys
Ronald S. Paulson
Public Defender
7024554685(W)

State of Nevada State of Nevada

Charge Information

Charges: Wells, Erica Tynicia

	Statute	Level	Date
1. TRESPASS	207.200	Misdemeanor	02/14/2007

Events & Orders of the Court

DISPOSITIONS

04/09/2007 **Disposition** (Judicial Officer: Oesterle, Nancy C.)
1. TRESPASS
DISMISSED ON COURTS MOTION

OTHER EVENTS AND HEARINGS

03/06/2007 **COMPLETED BY CTB**
MinuteCode1: COMPLETED BY CTB MinuteCode3: COMPLETED BY CTB

03/13/2007 **TRANSFERRED TO JC**
TRANSFERRED TO JC

03/13/2007 **COMPLETED BY LLO**
MinuteCode1: COMPLETED BY LLO MinuteCode3: COMPLETED BY LLO

03/13/2007 **CTRACK Track Assignment JC06**

03/14/2007 **RECEIVED FROM DA**
RECEIVED FROM DA

03/14/2007 **COMPLAINT FILED**
COMPLAINT FILED

03/16/2007 **CONTD FOR NEGOTIATIONS** (Judicial Officer: Zimmerman, Ann E.)
MISD ARRGN

03/16/2007 **Arraignment** (8:00 AM) (Judicial Officer Zimmerman, Ann E.)
Result: COMPLETED

03/29/2007 **CONTINUED FOR DEFENDANTS PRESENCE** (Judicial Officer: Oesterle, Nancy C.)
MISD ARRGN

03/29/2007 **Arraignment** (8:00 AM) (Judicial Officer Oesterle, Nancy C.)
Result: COMPLETED

04/09/2007 **DISMISSED ON COURTS MOTION** (Judicial Officer: Oesterle, Nancy C.)
MISD ARRGN

04/09/2007 **COURTESY NOTICE OF DISPOSITION GENERATED**
MinuteCode1: COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode3: COURTESY NOTICE OF DISPOSITION GENERATED

04/09/2007 **Arraignment** (8:00 AM) (Judicial Officer Oesterle, Nancy C.)
Result: CASE FINDING

Mark I. Sedar

From: Erica Wells <[redacted]
Sent: Monday, December 12, 2022 10:39 AM
To: Mark I. Sedar
Subject: Re: Statement

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

In the end 2007 and early 2008 I had a laps in judgment went I was 20. I was arrested for being in casino as a miner and I was arrested for soliciting it scared me straight and I changed my life around. 2009 I was arrested for trespass the case never went to court . I have a misdemeanor for trespassing. My record is clean I never have gotten in trouble since then I just moved to Vegas and for 6 months I gotten mixed up in the wrong crowd and getting in trouble scared me and I've been straight ever since.
Erica wells

On Mon, Dec 12, 2022 at 10:25 AM Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Hi Erica, please reply to my email with your written statement attesting to the events.

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov

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

16

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Y

Complete Name (**no abbreviations**):

First: Tamera Middle: Janay Last Graham

Home Address: [redacted] Safe harbor way Apt#:

City: Reno State: NV Zip Code: 89512

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Las vegas, NV Sex: ☐ M or ☒ F

E-mail Address: [redacted] e gmail.com

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

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 06625

Address: 1081 Steamboat Pkwy

City: Reno State: NV Zip Code: 89521

Signature of Managing Pharmacist: [signature] Lic #: 20276 Date: 10·10·2022

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older?	Yes ☒	No ☐
2. Are you a high school graduate or the equivalent?	Yes ☑	No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation**:

	State	Date:	Case #:		
Board Administrative Action:	~~NV~~	6/16/2022	~~22SCR0036~~		
Criminal Action:	State: NV	Date: / /	Case #: 22SCR0036	County: Washoe	Court: District

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Tamera Graham 10/14/22

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: Amount: 50.00 CC ✓ processed 10·27·22

4

Jessette Phaynarikone

From: _meraabera graham <[redacted]@gmail.com>
Sent: Thursday, October 27, 2022 10:27 AM
To: Jessette Phaynarikone
Subject: Re: Pharmaceutical Technician in Training Application - Need more information

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

I was in a domestic violence relationship for 2 years, I got into a fight with my ex spouse while intoxicated the police were called. Sadly while being arrested I was violent with the police officers.

On Thu, Oct 27, 2022 at 10:25 AM _meraabera graham <[redacted]@gmail.com> wrote:

Okay.
I initially went to jail at Parr 3/1/22 for DV and Battery on protects person x2. I had court June 16th where I plead guilty to for the 2 batteries to have my felony of the DV dropped and my battery charges dropped down to misdemeanors. I was sentenced time served of 115 days, probation until August 2023 with suspended sentence while continuing Step2 rehabilitation program and with anger management classes (along with drug testing.)
I have completed the residential and currently with Step2 transitional housing. I am to see my probation officer every month with drug screening.
My case will continue to be open until my probation time frame is completed.

I believe that is when the charges would show differently in the system.

On Thu, Oct 27, 2022 at 10:18 AM Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Yes, that's correct.

Kind Regards,

Jessette Phaynarikone

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

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

Jessette Phaynarikone

From: _meraabera graham <[redacted]@gmail.com>
Sent: Thursday, October 27, 2022 9:09 AM
To: Jessette Phaynarikone
Subject: Re: Pharmaceutical Technician in Training Application - Need more information

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

Goodmorning. I have been trying to reach out to my attorney and probation officer and I have not received a call or text back to obtain my most updated. The attachment I've submitted is the closet thing I have. I will be going to the courts to obtain what I can for documentation.
I am currently on probably until August 2023 for this charge. It will be going into a misdemeanor.

Case Information

Case Description: CR22-0848 - STATE VS. TAMERA GRAHAM (D6)
Filing Date: 03/02/2022
Case Type: CR - CRIMINAL
Status: Case Disposed

Case Cross Reference

Cross Reference Number
22SCR00369
DA222676
PCNSPPD0078258C
SPD22001640

Case Parties

Seq	Type	Name
1	JUDG - Judge	SIMONS, LYNNE K.
3	DEFT - Defendant	GRAHAM, TAMERA
4	PLTF - Plaintiff	STATE OF NEVADA,
6	PNP - Parole & Probation	Parole & Probation, Div. of
8	APD - Alternate Public Defender	Mathews, Esq., Tirzah
9	DA - District Attorney	Dieffenbach, Esq., Brett A.

Event Information

Date/Time	Hearing Judge	Event Description	Outcome
08/17/2022 at 9:00 AM	Honorable LYNNE SIMONS	H808 - SENTENCING	D765 - Sentenced filed on: 08/17/2022 Extra Text: 8/17/2022 Sentencing Court Reporter E. Ferretto
06/16/2022 at 9:00 AM	Honorable LYNNE SIMONS	H160 - ARRAIGNMENT	D655 - Pled Guilty filed on: 06/16/2022 Extra Text: 6/16/22 To Counts I, II of the Information Court Reporter K. Murray

Docket Entry Information

Docket Description	Date Filed	Extra Text
NEF - Proof of Electronic Service	09/06/2022	Extra Text: Transaction 9242612 - Approved By: NOREVIEW : 09-06-2022:08:27:54
1015 - Acknowledgment of Receipt	09/06/2022	Extra Text: Transaction 9242609 - Approved By: NOREVIEW : 09-06-2022:08:25:27
2670 - Ord Admit Deft Prob w/Terms	08/19/2022	Extra Text: 8/17/22 Sentencing - Transaction 9216313 - Approved By: NOREVIEW : 08-19-2022:14:39:42
NEF - Proof of Electronic Service	08/19/2022	Extra Text: Transaction 9216319 - Approved By: NOREVIEW : 08-19-2022:14:40:32
1850 - Judgment of Conviction	08/19/2022	Extra Text: 8/17/22 Sentencing - Transaction 9216313 - Approved By: NOREVIEW : 08-19-2022:14:39:42
COLL - Sent to Collections	08/17/2022	Extra Text: 17-AUG-2022
NEF - Proof of Electronic Service	08/16/2022	Extra Text: Transaction 9208274 - Approved By: NOREVIEW : 08-16-2022:13:10:33
1930 - Letters ...	08/16/2022	Extra Text: Transaction 9208375 - Approved By: NOREVIEW : 08-16-2022:13:32:00
NEF - Proof of Electronic Service	08/16/2022	Extra Text: Transaction 9208380 - Approved By: NOREVIEW : 08-16-2022:13:32:43
1652 - Evaluations	08/16/2022	Extra Text: Transaction 9208266 - Approved By: NOREVIEW : 08-16-2022:13:09:53
1476 - Current	08/15/2022	Extra Text: Transaction 9205669 - Approved By: NOREVIEW : 08-15-

Supervision for this Case		2022:14:10:04
NEF - Proof of Electronic Service	08/15/2022	Extra Text: Transaction 9205678 - Approved By: NOREVIEW : 08-15-2022:14:10:46
NEF - Proof of Electronic Service	08/03/2022	Extra Text: Transaction 9187018 - Approved By: NOREVIEW : 08-03-2022:17:27:00
4075 - Substitution of Counsel	08/03/2022	Extra Text: SUBSTITUTION OF COUNSEL FOR THE STATE BRETT DIEFFENBACH DA IN PLACE OF HUNTER HEIDRICH DA Transaction 9187016 - Approved By: NOREVIEW : 08-03-2022:17:26:22
NEF - Proof of Electronic Service	08/03/2022	Extra Text: Transaction 9186308 - Approved By: NOREVIEW : 08-03-2022:14:53:38
4500 - PSI-Confidential	08/03/2022	Extra Text: Transaction 9186301 - Approved By: NOREVIEW : 08-03-2022:14:53:00
NEF - Proof of Electronic Service	06/17/2022	Extra Text: Transaction 9106319 - Approved By: NOREVIEW : 06-17-2022:12:58:14
MIN - ***Minutes	06/17/2022	Extra Text: 6/16/2022: Arraignment - Transaction 9106316 - Approved By: NOREVIEW : 06-17-2022:12:57:43
1785 - Guilty Plea Memo/Agreement	06/16/2022	Extra Text: Transaction 9103611 - Approved By: NOREVIEW : 06-16-2022:12:03:13
NEF - Proof of Electronic Service	06/16/2022	Extra Text: Transaction 9103622 - Approved By: NOREVIEW : 06-16-2022:12:04:10
3937 - SJDC Hearing	06/14/2022	Extra Text: Transaction 9098940 - Approved By: NOREVIEW : 06-14-2022:10:54:20
NEF - Proof of Electronic Service	06/14/2022	Extra Text: Transaction 9098958 - Approved By: NOREVIEW : 06-14-2022:10:55:17
4050 - Stipulation ...	06/13/2022	Extra Text: STIPULATION TO ENTER GUILTY PLEA AND O/R TO TREATMENT PROGRAM - Transaction 9096002 - Approved By: NOREVIEW : 06-13-2022:09:44:58
NEF - Proof of Electronic Service	06/13/2022	Extra Text: Transaction 9096004 - Approved By: NOREVIEW : 06-13-2022:09:45:28
3175 - Ord Re: Hearing Procedure	06/13/2022	Extra Text: Notice and Order of Audio/Visual Hearing - Transaction 9097983 - Approved By: NOREVIEW : 06-13-2022:16:56:38
NEF - Proof of Electronic Service	06/13/2022	Extra Text: Transaction 9097985 - Approved By: NOREVIEW : 06-13-2022:16:56:58
4265 - Waiver of Preliminary Exam	06/07/2022	Extra Text: Transaction 9086176 - Approved By: NOREVIEW : 06-07-2022:10:08:19
1800 - Information	06/07/2022	Extra Text: Transaction 9086176 - Approved By: NOREVIEW : 06-07-2022:10:08:19
NEF - Proof of Electronic Service	06/07/2022	Extra Text: Transaction 9086201 - Approved By: NOREVIEW : 06-07-2022:10:10:12
3870 - Request	06/07/2022	Extra Text: Transaction 9086176 - Approved By: NOREVIEW : 06-07-2022:10:08:19
1491 - Pretrl Srvcs Assessment Report	05/31/2022	Extra Text: Transaction 9073907 - Approved By: NOREVIEW : 05-31-2022:11:19:13
NEF - Proof of Electronic Service	05/31/2022	Extra Text: Transaction 9073912 - Approved By: NOREVIEW : 05-31-2022:11:19:48
2522 - Notice of Bindover	05/26/2022	Extra Text: Transaction 9068871 - Approved By: SCOLABIA : 05-26-2022:10:23:35

3700 - Proceedings	05/26/2022	Extra Text: Transaction 9068871 - Approved By: SCOLABIA : 05-26-2022:10:23:35
4105 - Supplemental ...	05/26/2022	Extra Text: CONFIDENTIAL SUPPLEMENTAL PROCEEDINGS - Transaction 9068871 - Approved By: SCOLABIA : 05-26-2022:10:23:35
2587 - Notice of Setting	05/26/2022	Extra Text: 6/16/2022 IN CUSTODY ARRAIGNMENT @9:00 AM - Transaction 9068947 - Approved By: NOREVIEW : 05-26-2022:10:23:52
NEF - Proof of Electronic Service	05/26/2022	Extra Text: Transaction 9068950 - Approved By: NOREVIEW : 05-26-2022:10:24:23
NEF - Proof of Electronic Service	05/26/2022	Extra Text: Transaction 9068951 - Approved By: NOREVIEW : 05-26-2022:10:24:24
3843 - Request for Early Case Assignment	03/02/2022	Extra Text: CASE RANDOMLY ASSIGNED TO D6 - Transaction 8923198 - Approved By: SCOLABIA : 03-02-2022:12:10:42

Notice: This is NOT an Official Court Record

CODE 1850

FILED
Electronically
CR22-0848
2022-08-19 02:39:21 PM
Alicia L. Lerud
Clerk of the Court
Transaction # 9216313

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

STATE OF NEVADA,

Plaintiff,

vs.

TAMERA GRAHAM,

Defendant.

/

Case No. CR22-0848

Dept. No. 6

JUDGMENT OF CONVICTION

Defendant, TAMERA GRAHAM ("Defendant"), entered pleas of Guilty to the charges in this matter. No legal reason or cause precludes entry of judgment against her. Therefore, the Court renders judgment as follows:

1. Defendant is guilty of the crime of Battery on Protected Person, a violation of NRS 200.481, a gross misdemeanor, as charged in Count I of the Information.

2. Defendant is guilty of the crime of Battery on Protected Person, a violation of NRS 200.481, a gross misdemeanor, as charged in Count II of the Information.

3. Sentence is imposed as follows:

a) On Count I: Imprisonment in the Washoe County Jail is imposed for a term of three hundred sixty-four (364) days, with credit for time served of one hundred fifteen (115) days.

17

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☒ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☒ No

Section 2: General Information

First: Heriberto Middle: Last: Martinez Jr

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Stone Bark Trail

City: Orlando State: FL Zip: 32824

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: Optum Pharmacy 700, LLC NV Pharmacy License # (if applicable):

Address: 5700 Dot Com Ct Suite 1000

City: Oviedo State: FL Zip: 32765

Telephone: 855-427-4682 Email: N/A

Section 4: College of Pharmacy Information

School Name: University of Florida College of Pharmacy

Address: 1225 Center Drive

City: Gainesville State: FL Zip: 32610

Country/Territory/Province: United States of America

Graduation Date: 05/05/2007 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: FL License #: PS43091 Date of Issuance: 10/12/2007 Expiry Date: 09/30/2023

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
FL	PU9150	10/27/2021	12/31/2022	✓				
AR	PD15987	02/08/2022	12/31/2023	✓				
CO	PHA.0022994	12/06/2019	10/31/2023	✓				
KS	1-106488	07/03/2018	06/30/2024	✓				
MD	22692	08/07/2014	02/28/2024	✓				
OK	19513	12/06/2021	02/28/2023	✓				
TN	42773	02/19/2019	02/28/2023	✓				
TX	64081	12/20/2018	02/28/2023	✓				
VA	0202218426	12/11/2019	12/31/2022	✓				
WV	RP0011407	11/14/2018	06/30/2024	✓				
LA	PST.024484	08/18/2022	12/31/2022	✓				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?	✓	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✓	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Heriberto Martinez Jr

Print Name

Original Signature, no copies or stamps accepted

10/24/2022

Date

Board Use Only	Date Received: 11-1-22	Amount: 250.00 CK-140
	NAPLEX:	MPJE:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/25/2002	01/13/2003	FL	West Palm Beach	Palm Beach

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
50-2002-MM-015511-AXXX-MB	Palm Beach County Clerk of Court

Reason/Charge
Petit theft shoplifting

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I was arrested for taking part in the theft of beer from a gas station. I was ordered to complete an anti-shoplifting course and afterwards the charges were dropped. The court records have been destroyed and I have provided a copy of the Certificate of Disposition as was provided to me by the Deputy Clerk.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

JOSEPH ABRUZZO
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

OFFICE OF THE CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY, FLORIDA
Criminal Department
(561) 355-2994

CERTIFICATE OF DISPOSITION

Case No. **50-2002-MM-015511-AXXX-MB** Date: **10/07/2021**
Defendant Name: **HERIBERTO MARTINEZ JR**

Case Type	Case Number	Booking Number	Arrest Date	Offense Date
MISDEMEANOR (MM - Misdemeanor)	50-2002-MM-015511-AXXX-MB			June 25, 2002

Charge Disposition

Count	Court Statute Number	Court Statute Description	Disposition	Disposition Date
1	812.014	CONVERSION:(812.014 /2399/S/M/000/86) PETIT THEFT SHOPLIFTING	NOLLE PROSSE	1/13/2003

Sentence – Confinement

Count	Confinement	Confinement Time

Sentence – Probation

Count	Sentence	Probation Time Full
1		

I, JOSEPH ABRUZZO, Clerk of the Circuit Court & Comptroller of the Circuit Court of the Fifteenth Judicial Circuit of Florida, in and for Palm Beach County, do hereby certify that the foregoing is a true record of the disposition and that the original case file has been destroyed pursuant to Florida Rule of Judicial Administration 2.430.

Deputy Clerk and Court Seal
TRACY COREY

10/07/2021
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/26/2003	12/10/2003	FL	Orlando	Orange County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2003-CT-0258302-O	Orange County Clerk of Court

Reason/Charge
Driving Under the Influence; Violoation of Probation

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

On 11-26-2003 I was charged with driving under the influence, plead no contest, and was sentenced on 12-10-2003 to probation. On 2-10-2004 I received a citation for driving while license suspended which violated my probation and a bench warrant was issued for my arrest. I turned myself in on 3-14-2004, plead guilty, and was sentenced and re-instated to probation on 5-26-2004. I completed all requirements and was released from probation on 2-4-2005.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

Orange County B-MD-4 Page 1 of 3

Charging Affidavit

Location of Defendant's Vehicle: BOBS TOWING		Date-Time Booked: 11/26/2003 4:48		Case Number: 03-108319	
(ORI) FL048: 0 0 0 0	Agency Name: ORANGE COUNTY SHERIFF'S OFFICE	Division Number:		Court Case Number:	
Arrested? Yes ☑ No ☐	FCIC/NCIC Check? Yes ☑ No ☐	Date Arrested (MM/DD/YYYY): 11/26/2003		Time of Arrest: 1:29	
Address of arrest: 263 COLLEGE KNIGHT CT ORLANDO				Total Bond Set At: $ 500	

DEFENDANT

Adult - ☑ Juvenile - ☐ | Name | Jacket Number | Inmate Number: 03-48960 | Language Spoken: EN

Name (L,F,M): MARTINEZ	HERIBERTO			Race: W	Sex: M	DOB: [redacted]	Age: 21
RES. Street #: [redacted]	Pre-Dir:	Street Name: COLLEGE PARK		Road Designator: TRL	Post-Dir:	Apt/Ste/Rm: [redacted]	
City: ORLANDO			State: FL	Zip: 32826		Home Phone: [redacted]	
Height: 5' 04"	Weight: 170	Hair: BLACK	Eyes: BROWN	P.O.B (City, State, Country): WEST PALM BEACH, FL			
Business and Occupation: STUDENT/ UCF				A.K.A.			
BUS. / SCHOOL Street #:	Pre-Dir:	Street Name:		Road Designator:	Post-Dir:	Apt/Ste:	
City:			State:	Zip:		Bus Phone:	
Driver's Lic / State ID No.: [redacted]			State: FL	Year Expires: 2008	S.S.#: [redacted]		

CHARGES

FELONY ☐ MISD. ☐ ORD. ☐ TRAFFIC ☑ | Court Location: TRAFFIC #1 | DOMESTIC VIOLENCE? Yes ☐ No ☑

#	OVERRIDE	DESCRIPTION	FSS/ORD	SUFF.	CITATION NUMB.
1	☐	DRIVING WHILE UNDER THE INFLUENCE (1CT)	316.193(1)	2	634081-X
2	☐				
3	☐				
4	☐				
5	☐				
6	☐				

UNIFORM

CO-DEFENDANT

Co-Def #1 Arrested? Y ☐ N ☐ Fel ☐ Misd ☐ Traf ☐ Ord ☐ NTA ☐ | Co-Def #2 Arrested? Y ☐ N ☐ Fel ☐ Misd ☐ Traf ☐ Ord ☐ NTA ☐

#1	Name (L,F,M)		Race:	Sex:	DOB:	Age:
#2	Name (L,F,M)		Race:	Sex:	DOB:	Age:

Nex of Kin Name: | Address: | Phone:

DCF Notified? Yes ☐ No ☑ | Miranda Warning Yes ☐ No ☑ | By Whom? | Invoked? Yes ☐ No ☐

NARRATIVE

The undersigned has probable cause to believe the above-named defendant, on the 26 day of NOVEMBER, 2003, at approximatel 1:22 ☑ a.m. ☐ p.m. at ALAFAYA TRL /COLLEGE KNIGHT CT (Zone: 22) in Orange County did operate or was in actual physical control of a vehicle in Orange County, Florida while their normal faculties were impaired, in violation of FSS 316.193. I observed defendant commit a violation of FSS 316.189(2) to wit: unlawful speed of 64 mph in a posted 45 mph zone at Alafaya trl and Lokanotosa Trl. The defendant's breath-STRONG, eyes-GLASSY, balance-POOR. The defendant was given the following field sobriety tests: HGN-YES, W&T-YES, OLS-YES, FINGER TO NOSE-YES. Based on my observations and training, I believe the defendant's normal faculties were impaired by alcohol, drugs or both. The defendant was arrested and taken to the OCSO DUI

Sworn to and subscribed before me, this 26 day of NOVEMBER

ROBERT LANDROVE NOTARY PUBLIC STATE OF FLORIDA COMMISSION #DD190330 EXPIRES: 02/06/2007 BONDED THRU NOTARY PUBLIC UNDERWRITERS

Notary Public | Law Enforcement Officer ☑ | Corrections Officer ☐

Personally Known ☑ Produced Identification ☐

Type of identification:

I swear or affirm the above statements are correct and true.

OFFICER'S SIGNATURE

001354

OFFICER'S OCSO EMPLOYEE ID

WILSON, AARON

OFFICER'S PRINTED NAME (L,F)

Officer's Name Key: WILSO1282 | Officer's Bus. Phone No.: (407) -

FOR CORRECTIONS USE ONLY

OBTS:

1001 (1/01) COURT COPY RECORD COPY STATE ATTORNEY COPY DOCKET COPY AGENCY/REPORT REVIEW COPY DEFENDANT COPY

Continuation of:

☑ Charging Affidavit ☐ Notice To Appear

Name (L,F,M): MARTINEZ	HERIBERTO		Case Number: 03-108319	Page 2 of 3

Testing Center at 1421 SOBT where a breath test resulted in .222 and .224% B.A.C.
SEE ATTACHED DUI WORKSHEET AND ALCOHOL INFLUENCE FORM.

VEHICLE IN MOTION:
I had just completed a traffic stop at Alafaya Trl and Colleget. I was south on Alafaya Trl when the defendants vehicle passed me. I observed the defendant in the center lane weave into the right lane. The vehicles right tires went about 1 fot over the line to the defendants right. I then observed the defendants vehicle weave into the median lane to the defendants then back across the center lane to the median lane. The defendant cut off a white Nissan 4 door. The Nissan had to brake. Through out these lane changes I pace clocked the defendants vehicle speed at 64 mph. The defendant continued at this speed and weaving with in his lane at as we passed Lokanotosa Trl. I engaged my emergency lights and stopped the defendant in the entrance to the Pegasus Point Apartments.

PERSONAL CONTACT:
As I approached the drivers door I asked the defendant for his license and registration.the defendant produced and was identified by a Florida drivers license as Heriberto Martinez Jr with a DOB:02-14-82. I asked the defendant if he noticed the speed limit on Alafaya Trl, he told me 40. I told him it was 45 mph. I told the defendant the reason I stopped him was he was traveling at 64 mph in a posted 45 zone and he was all over the road. I could smell a strong odor of the impurities of a alcoholic beverage on the defendants breath and his eyes were B/S & Glassy. I asked the defendant if he had been drinking, he replied yeah. I asked the defendant, how much have you been drinking, he said six beers. I asked the defendant when did you start drinking tonight, he told me at 12. Asked when, he told me about two hours ago. I asked the defendant to perform a few field sobriety tests. He agreed and was cooperative. I asked the defendant the medical questions from the page #2 DUI Worksheet. The defendant stated he was wearing soft lens contact lenses.

PRE-ARREST SCREENING/FIELD SOBRIETY TESTS:
HGN-
IN both eyes the defendant had a lack of smooth pursuit, jerking before reaching a 45 degree onset and jerking at maximum deviation.
WALK AND TURN-
The defendant stepped off the line on the 2,6,6(again),7 and on the way back stepped off the line on the 2 step then stopped. These steps he stepped off the line loosing his balance about 6 inches to a foot.
During this test the defendant made the statement to me,"I'm done". I asked the defendant, what does that mean, do you think you've had to much to drink? The defendant answered, yes.
ONE LEG STANCE-
the defendant swayed while he balanced, counted to 1,then lost his balance and put his foot down. The defendant replied, I can't.
FINGER TO NOSE-
Lt- touched upper lip.
Rt- touched right side of face, moved to nose.
Lt- touched arch of nose to mid joint of finger.
Rt- touched nose with mide joint of nose.

Sworn to and subscribed before me,
this 26 day of NOVEMBER, 2006

Notary Public ☐ Law Enforcement Officer ☐
Personally Known ☑ Produced Identification ☐
Type of Identification:

NOTARY PUBLIC-STATE OF FLORIDA
ROBERT LANDROVE
COMMISSION # DD400330
EXPIRES 03/06/2007
BONDED THRU 1-888-NOTARY1

I swear or affirm the above statements are correct and true.

OFFICER'S SIGNATURE

001354
OFFICER'S OCSO EMPLOYEE ID

WILSON, AARON
OFFICER'S PRINTED NAME (L,F)

Officer's Name Key: WILSO1282

Officer's Bus. Phone No.: (407) -

1001 (1/01) COURT COPY RECORD COPY STATE ATTORNEY COPY DOCKET COPY AGENCY/REPORT REVIEW COPY DEFENDANT COPY

Witness Form

Continuation of:
- [ ] Complaint/Incident Report
- [x] Charging Affidavit
- [ ] Notice to Appear

Defendant (L,F,M):	MARTINEZ	HERIBERTO		Case Number:	03-108319

WITNESSES

V - Victim R - Reporter W - Witness

V1

Name (L,F,M):	STATE OF FLORIDA			Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	

Testimony:

Language Spoken: EN

W1

Name (L,F,M):	WILSON	AARON		Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	(407) -

Testimony:

Language Spoken: EN

Name (L,F,M):				Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	

Testimony:

Language Spoken:

Name (L,F,M):				Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	

Testimony:

Language Spoken:

Name (L,F,M):				Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	

Testimony:

Language Spoken:

State of Florida, County of Orange
I hereby certify that the foregoing is a true and correct copy of the document on file in this office.
Witness my hand and official seal this 26th day of April, 2004
Martha Ann Moore Rasp, Clerk of the Circuit Court
By: _____ Deputy Clerk

Name (L,F,M):				Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	

Testimony:

Language Spoken:

Name (L,F,M):				Race:	Sex:	DOB:	Age:
ADDRESS Res.				Zip		Home Phone:	
Bus./School				Zip		Bus. Phone:	

Testimony:

Language Spoken:

IN THE COUNTY COURT OF THE
NINTH JUDICIAL CIRCUIT IN AND
FOR ORANGE COUNTY, FLORIDA

Case No. : 2003-CT-0258302-O

Charge : CT- DRIVING UNDER THE INFLUENCE CAR

Division : 62

STATE OF FLORIDA

-VS-

HERIBERTO JR MARTINEZ

DOB : 2/14/82

MISDEMEANOR DISPOSITION

PLEA : NOLO CONTENDRE

JUDGMENT : ADJUDICATED GUILTY

DEFENDANT APPEARANCE
The defendant was present

COUNSEL APPEARANCE
The defendant waived counsel (FRCP 3.160(e))

FINANCIAL ASSESSMENTS
You are ordered to pay the Clerk of Courts $836.00 on or before 12/10/2003(Condition of Probation)
Comply with collection court

CONFINEMENT
You are hereby ordered to serve 0 years, 0 months, and 1 days in the Orange County Jail.
Credit for time served : 1 day(s)

PROBATION
You are hereby placed on supervised probation for 00 years, 11 months, and 29 days
Report by 3:00 pm today

SCHOOLS
You will attend and complete the DUI Counter Attack Class (DUICAS) by within 90 days (Condition of Probation)

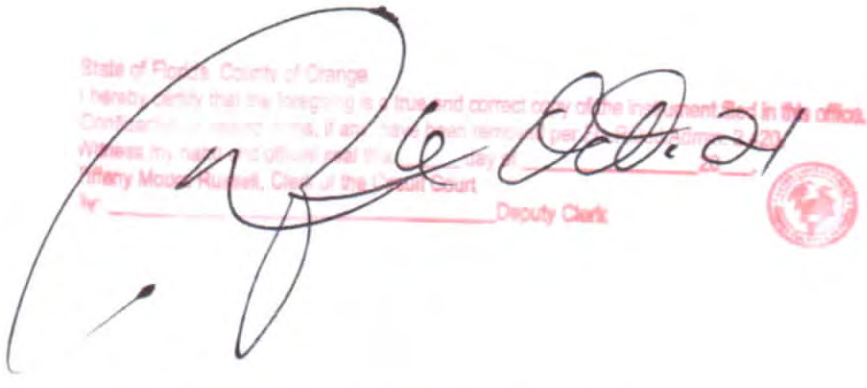
COMMUNITY SERVICE
You are hereby ordered to complete 75 hours of Alternative Community Service by within 9 months (Condition of Probation)

SELF IMPROVEMENT
Enroll and participate in any additional treatment recommended by the DUI Counter Attack Class while on probation. (Condition of Probation)
You will attend and complete the Victim Awareness Program (VAP) by within 60 days (Condition of Probation)

LICENSE SANCTIONS
Drivers license revoked for 00 years, 06 months, and 00 days

IMPOUNDMENT/IMMOBILIZATION
The vehicle you were driving will be impounded/immobilized for 0 years, 0 months, and 10 days on or before 120 days from today (Condition of Probation)

MISCELLANEOUS ORDERS
Pay OCSO (Condition of Probation) 87.93



*** Any fines and/or court costs imposed on this date does not include any previously imposed fines, court costs, or**

DONE AND ORDERED in Orange County, Florida
on December 10, 2003

Honorable Judge: _____
JAMES E. GLATT

Lydia Gardner, Clerk of the Circuit and County
Deputy Clerk in Attendance: _____

Copies to: _____Defendant _____ Attorney _____Probation _____State Attorney _____ Public Defender

ORANGE COUNTY COMMUNITY CORRECTIONS-PROBATION UNIT
VIOLATION REPORT FORM

Date: FEBRUARY 17, 2004
To: The Honorable James E. Glatt Jr. Division #: 62
From: Reuben L. Smith Phone #: 407-836-3593

Offenders Name:	HERIBERTO MARTINEZ JR.
Docket #:	48-2003-CT-258302-O
Charge Offense:	**DRIVING UNDER THE INFLUENCE**
Term of Sentence:	11 MONTHS, 29 DAYS
Sentence Date:	DECEMBER 10, 2003
Expiration Date:	DECEMBER 7, 2004
Concurrent with:	
Consecutive to:	

TYPE OF VIOLATION REPORT

VOP Warrant

PROBATION CONDITIONS VIOLATED

Failed to pay cost of supervision - $40.00 in arrears

FILED IN OFFICE

NEW ARREST INFORMATION

New offense:	**Driving While License Suspended**
Offense date:	**February 10, 2004**
Status:	**Pending/Pinellas County**

ADDITIONAL COMMENTS/RECOMMENDATIONS:

The defendant initially reported to Probation on December 10, 2003 maintained monthly contact as required, submitted to random urinalysis with negative results on January 8, 2004, completed a Victim Awareness Program and is complying with Collections Court, however, he failed to comply with the condition and committed the new offense mentioned above. If found to be in violation of his probation it is recommended that he be sentenced to an appropriate period of incarceration in the Orange County Jail without consideration for the Home Confinement or Work Release Programs followed by probation reinstatement with all conditions reimposed.

cc: Office of the State Attorney
(Form: PROV-05/21/02

SUBPOENA LIST

NAME: HERIBERTO MARTINEZ JR.
CASE NO: 48-2003-CT-258302-O

Should the subject contest a violation hearing, it would be necessary to subpoena:

Reuben L. Smith
Community Corrections Officer
Community Corrections Division
3723 Vision Blvd., 33rd Street
Orlando, FL 32839-8704

Ben L Adams
Community Corrections Officer
Community Corrections Division
3723 Vision Boulevard
Orlando, Florida 32802-4970

And any other witnesses

FILED IN OFFICE

Orange County

Warrant Arrest Affidavit

(ORI) FL048:	Arresting Agency: [redacted]CSO	Division Number: [redacted]	Court Case Number: 4803CT258302-0
Location of Defendant's Vehicle: N/A	Originating Agency:		Originating Case Number:
FCIC/NCIC Check? Yes ☑ No ☐	Date/Time Booked: 3/14/04 0930	Date Arrested: (MM/DD/YYYY): 03/14/04	Time of Arrest: 0925
Address of Arrest: CBD			Total Bond Set At: $ 1,000

DEFENDANT

Adult ☐ Juv. ☐ | Name Key: | Jacket Number: | Inmate Number: 04011001

NAME (L,F,M): MARTINEZ, HERIBERTO JR			Race: W	Sex: M	[redacted]	Age:
RES. Street #: [redacted]	Pre-Dir:	Street Name: COLLEGE PARK		Road Designator: DR	Post-Dir:	Apt/Ste/Rm:
City: ORLANDO		State: FL	Zip: 32826	Home Phone:		
Height: 5-4	Weight: 170	Hair: BLACK	Eyes: BROWN	P.O.B. (City, State, Country):		
Business & Occupation:				A.K.A.		
MAY SCHOOL Street #:	Pre-Dir.:	Street Name:		Road Designator:	Post-Dir:	Apt./Suite:
City		State:	Zip	Bus. Phone:		
Driver's Lic./ State ID No.:		State:	Year Expires:	S.S. #: [redacted]		

CHARGES

FELONY ☐ MISD (state) ☐ ORD ☐ TRAFFIC ☐ OUT OF COUNTY ☐ FUGITIVE ☑ | Court Location: TCL

#1	Charge: VOP-DUI	FSS: 948.06-2
#2	Charge:	FSS:
#3	Charge:	FSS:
#4	Charge:	FSS:

Out of state warrant arrest: Book as Fugitive from Justice. FSS 941.14 NO BOND

Location:	Agency:	Agency Charge:

☐ I read Capias Number _____ to Defendant and arrested same.

NARRATIVE

Right Index Finger Print:

EXPEDITED BOOKING

Arresting Agency Case #:

Sworn to and subscribed before me this 14 day of MAR 04

Notary Public ☐ Law Enforcement or Corrections Officer ☐

Personally Known ☐ Produced Identification ☐

Type of Identification: _____

I swear/affirm the above statements are correct and true.

OFFICER'S SIGNATURE

RANDLE J.

OFFICER'S PRINTED NAME (L,F)

Officer's Name Key: 0008

Officer's Bus. Phone No.:

FOR CORRECTIONS USE ONLY

OBTS:

1201 (3/97)

COURT COPY

ORDER OF DISPOSITION PLACING DEFENDANT ON PROBATION

___ Judgment of Guilt placing defendant on probation and disposition.
___ Judgment of Guilt withheld placing defendant on probation and disposition.

TRAFFIC

In the County Court of Orange County, Florida

Case Number 03CT258302-O

Division Number 02

Date of Birth [redacted] R____ S____

Heriberto Martinez
Defendant

This cause coming on this date to be heard before me, and you, the defendant, Heriberto Martinez being now present before me, and represented by PD, Counsel, or waived right to counsel (FRCP3.160(e)) you have:

✓ ~~Entered a plea of guilty to~~ Admit to VOP ___ Entered a plea of nolo contendere to
___ Been found guilty by the verdict of a jury of ___ Been found guilty by the Court trying the case without a jury of
the offense(s) of DUI

The Court hereby: ___ adjudges you guilty; ___ withholds adjudication of guilt and you are placed on ✓ Supervised Probation for a period of 240 days concurrent with ___ or consecutive to ___ under the supervision of Orange County Community Corrections Division, (Probation Unit). Supervision to be subject to the provisions of the Laws of this State.

✓ ~~You will report in person to the Orange County Central Intake Unit ___ within 24 hours or within~~ 5/27@9am ~~of sentencing.~~ **(See back for Reporting Instructions).**

___You will attend and complete the ___DWICAS, ___ADI (4 hour or 8 hour), ___DDC, ___SAFE, ___FACT, ___ to participate in any additional treatment recommended while on Probation by ___,

___Driver license Suspended/Revoked for ___: DL # ___ B.A.L. ___%.

___You will consume no alcohol.

___You will not drive after consuming alcohol or drugs.

___**You will attend and complete the following self-improvement programs, service, or counseling program :**

___Urinalysis (random) ___Victim Awareness Program ___Substance Abuse Evaluation and treatment, if recommended

Enroll within ___; **complete by** ___.

✓ You will serve 100 hours of community service through the Alternative Community Service Program; enroll within ___, complete by 10/25/04

___You are hereby ordered to serve ___ days in the Orange County Jail with credit for ___ days time served, ___ days suspended on the condition that ___.

___Court orders restitution. Court reserves jurisdiction as to amount.

___Mediation Program.

___You will pay a fine and costs totaling $ 1089.92 no ~~later than~~ thru collect- court

Fine: ___ ✓ CCD DERP $40.00 ___ CAP Program

Fine and Court Costs totals 949.92 ___ OSCO Fee PD Lien 100

___Fine IS a Condition of Probation. ___Fine IS NOT a Condition of Probation.

___Impound or Immobilize vehicle for ___, effective ___.

___Waive impoundment ___

___Probation Supervision may be terminated early with the recommendation of Community Corrections Division and upon approval from the Court.

✓ Other: Revoke & Terminate probation ; Reinstate probation ; No objection to phone/mail in status ; continue with alcohol trmt. while on probation

You are hereby placed on notice that the Court may rescind or modify your Probation or extend the period of your Probation as authorized by Law or may discharge you from further supervision and that if you violate any of the conditions of your Probation, you may be arrested and the Court may revoke your Probation and adjudge you Guilty and impose any sentence which it might have imposed before placing you on Probation.

It is further ordered that the Clerk of this Court shall file this order in his office and forthwith forward a copy of same to the Probation Unit in this district for their use in compliance with the requirement by Law.

Filed in Open Court, this the ___ day of ___, 20____.
Lydia Gardner, Clerk of Courts

By: ___
Deputy Clerk in Attendance

Done and Ordered at Orange County, Florida

County Judge ___

I acknowledge receipt of a copy of this order and am thus responsible for complying with the conditions of my sentence therein. This ___ day of ___, 20____.

Mailing Address ___

Probationer Signature ___ Phone # ___

Copies to ___ Probation ___ACS ___Dockets ___ Defendant ___Booking ___Court Security ___C.F.S.C. ___TO MAIL ___

33-50 (2/01)

ORANGE COUNTY GOVERNMENT FLORIDA

Probation
(407) 836-3000

Orange County Corrections Department
Community Corrections Division
Probation Unit
Post Office Box 4970
Orlando, FL 32802-4970

To: Clerk of the County Court
From: REUBIN SMITH
Re Case: ~~2003CT025302O~~ 03-CT-258302-O
Date: Friday, February 4, 2005

Please be advised the offender, HERIBERTO JR MARTINEZ, has successfully completed probation on case number 2003CT025302O.

The following conditions listed below were satisfied on the dates indicated.

	Condition	Status	Status Date
1	COMPLETE DUI COUNTERATTACK SCHOOL	Completed	01/27/2004
2	COMPLETE COMMUNITY SERVICE AS ORDERED	Completed	10/18/2004
3	ATTEND AND COMPLETE VICTIM AWARENESS PROGRAM	Completed	01/17/2004
4	IMPOUND VEHICLE AS ORDERD BY THE COURT	Completed	02/23/2004
5	PAY INVESTIGATIVE FEE AS ORDERED BY THE COURT	Completed	12/11/2003
6	PARTICIPATE IN AND COMPLETE SUBSTANCE ABUSE TREATMENT	Completed	08/18/2004
7	COMPLY WITH PAYMENT CONDITIONS OF COLLECTIONS COURT	Complying	11/17/2004
8	SUBMIT TO RANDOM URINALYSIS	Complying	01/08/2004
9	YOU WILL PAY COST OF SUPERVISION EACH MONTH TO THE ORANGE COUNTY COMMUNITY CORRECTIONS DIVISION	Completed	02/02/2005
10	COMPLETE COMMUNITY SERVICE AS ORDERED	Completed	10/18/2004

Officer: REUBIN SMITH

cc:
HERIBERTO JR MARTINEZ
11636 COLLEGE PARK TRAIL Apt. C
ORLANDO, FL 32826

END OF REPORT

State of Florida, County of Orange
I hereby certify that the foregoing is a true and correct copy of the document filed in this office.
Witness my hand and official seal this ___ day of ___ 20__
Tiffany Moore Russell, Clerk of the Circuit Court
By: _____ Deputy Clerk

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2/10/2004	03/16/2004	FL	St. Petersburg	Pinellas

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
522003CT181031XXXXXX	Pinellas County Clerk of Court

Reason/Charge
Driving While License Suspended

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

On 2-10-2004 I was pulled over and cited for driving while license suspended. I had successfully acquired a hardship license by my court date so on 3-16-2004 adjudication was withheld on the charge.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

FLORIDA UNIFORM TRAFFIC CITATION

2288-DBT 2

COUNTY OF Pinellas — (1) FHP (2) F.D. (3) S.O. (4) OTHER

CITY (IF APPLICABLE) St. Pete — SPPD AGENCY

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON — COMPLAINT (RETAINED BY COURT)

DAY OF WEEK: Tue | MONTH: Feb | DAY: 10 | YEAR: 2004 | 6:20 AM/PM

NAME (FIRST, MIDDLE, LAST): Herbiberto Martinez JR

STREET: [redacted] College Park Trail — # DIFFERENT THAN DRIVER'S LICENSE "X" HERE

CITY: Orlando — STATE: FL — ZIP CODE: 32826

TELEPHONE NUMBER: [redacted] — DATE OF BIRTH: [redacted] — AGE: 17 — SEX: M — HGT: 507

DRIVER LICENSE NUMBER: [redacted] — STATE: FL — CLASS: E — COM. LICENSE Y N — YR LICENSE EXP: 07 — IF COMMERCIAL MTR. VEH. "X" HERE

VEH. VEHICLE: 97 — MAKE: TOYT — STYLE: 4DR — COLOR — IF PLACARDED HAZARDOUS MATERIAL "X" HERE

VEHICLE LICENSE NO.: GR54Y — TRAILER TAG NO. — STATE: FL — YR TAG EXPIRES: 04 — IF COMMERCIAL STATIONED "X" HERE

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION NAMED:

54 ave S & 32 ave S

FT _____ MILES _____ N E S W OF NOTE _____

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

☐ UNLAWFUL SPEED ____ _____ MPH SPEED APPLICABLE _____ MPH

(☐ INTERSTATE ☐ 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)

☐ CARELESS DRIVING	☐ SAFETY BELT VIOLATION	☐ EXPIRED DRIVER LICENSE
☐ VIOLATION OF TRAFFIC CONTROL DEVICE	☐ IMPROPER OR UNSAFE EQUIPMENT	☐ FOUR (4) MONTHS OR LESS
☐ VIOLATION OF RIGHT-OF-WAY	☐ EXPIRED TAG	☐ MORE THAN FOUR (4) MONTHS
☐ IMPROPER CHANGE OF LANE OR COURSE	☐ SIX (6) MONTHS OR LESS	☐ NO VALID DRIVER LICENSE
☐ IMPROPER PASSING	☐ MORE THAN SIX (6) MONTHS	☐ DRIVING WHILE LICENSE SUSPENDED OR REVOKED
☐ CHILD RESTRAINT	☐ NO PROOF OF INSURANCE	

☐ DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/BRINE ALCOHOL LEVEL, BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: Susp Nov 2003 For DUI w/ Knowledge

☐ AGGRESSIVE DRIVING — IN VIOLATION OF STATE STATUTE: 322.34 (2)(a)

CRASH ☐ YES ☒ NO — PROPERTY DAMAGE ☐ YES $ ☒ NO — INJURY TO ANOTHER ☐ YES ☒ NO — DRIVER INJURY / DEATH ☐ YES ☒ NO — HAZ. MAT. ☐ YES ☒ NO

☒ CRIMINAL VIOLATION (COURT APPEARANCE REQUIRED AS INDICATED BELOW)

☐ INFRACTION (COURT APPEARANCE REQUIRED AS INDICATED BELOW)

☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

2288-DBT 2

COURT INFORMATION: DATE 03/01/04 — TIME 10:00 AM

COURT: St Pete Traffic Ct

LOCATION: 1800 66 St N St. Pete FL 33713

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ADHERE TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATION, YOU MAY ASK THE CITATION CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR: [signature]

SIGNATURE OF OFFICER: [signature] — 34699 — BADGE NO. — 02230126 — ID NO. — SPPD — AGENCY UNIT

HSMV 76007 (Rev. 1/99)

Printed on recycled paper

16:53:58 02/19/2004 CLERK/CC/CJC

STATE OF FLORIDA-PINELLAS COUNTY
I hereby certify that the foregoing is a true copy as the same appears among the files and records of this court.
This 19 day of Feb, 2004
KEN BURKE
Clerk of Circuit Court & Comptroller
By: [signature] Deputy Clerk

COUNTY COURT, PINELLAS COUNTY, FLORIDA
TRAFFIC DIVISION

UCN(s): **522003CT181031XXXXXX**

REF No.(s) **03002288DBT**

STATE OF FLORIDA

vs.

HERBIBERTO MARTINEZ JR
SPN: 02518403

ENTERED A PLEA OF: _____GUILTY

_✓_NO CONTEST

I have appeared on the below listed date in Traffic Court, Pinellas County, Florida, was advised by the Judge of the charge(s) against me, and have entered a plea of Guilty or No Contest to the charge(s) before the Judge.

I have sworn under oath before the Judge that I understand the following:

1. The nature of the charge(s);
2. The difference between the pleas of Guilty, No Contest, Not Guilty, and the effect of each plea;
3. The right to trial before a jury;
4. The right to an attorney, and the right to have an attorney appointed if I cannot afford one if the Judge is considering a jail sentence on this charge;
5. The right to require the State to prove my guilt beyond a reasonable doubt;
6. The right to question the witnesses at trial;
7. The right to call witnesses of my own at trial and have those witnesses subpoenaed by the Court;
8. The right to have the presumption of innocence until the State proves guilt beyond a reasonable doubt;
9. The right to remain silent and not have that silence considered by the jury at trial as any proof of guilt;
10. The right to testify at trial, and have my testimony considered by the same standards as the other witnesses;
11. That I understand the maximum sentence and minimum sentence, if any, involved;
12. That if I am not a United States citizen, that this criminal proceeding could adversely affect my immigration status and could cause me to be deported;
13. That the Judge may question me about this offense(s) and that any false answer by me may be used against me in a prosecution for perjury; and
14. That, by pleading guilty or no contest, I am hereby waiving my right to appeal the facts of the case. My lawyer has explained to me the meaning of an appeal. I further understand that I have thirty (30) days from this date to appeal the court's sentence and that, if I cannot afford to hire a lawyer to represent me for the purposes of an appeal, one will be appointed for me;

By pleading Guilty or No Contest, I have sworn under oath before the Judge that I wish to give up the above listed rights and have the Judge impose the sentence the Judge deems appropriate.

March 16, 2004
Date

N/A
Attorney

[redacted]
Defendant

The Court having inquired of the defendant if there were any inducements or promises of leniency of any kind offered him/her to influence his/her plea, he/she having replied that there were not and that his/her plea is voluntarily and freely given; thereupon the Court accepts the defendant's plea to the charges contained in this cause.



Defendant's Thumbprint

DONE AND ORDERED **March 16, 2004**, in St. Petersburg, Florida.

COUNTY JUDGE

STATE OF FLORIDA-PINELLAS COUNTY
I hereby certify that the foregoing is a true copy as the same appears among the files and records of this court.
This 8 day of October, 2021
KEN BURKE
Clerk of Circuit Court & Comptroller
By _____
Deputy Clerk

ICD-PLEA FORM-TRAFFIC 1330923

ARR TRF 03/16/2004 10:00 AM SP

16:28:30 03/16/2004 ClerkCC/SCB

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/02/2006	12/20/2006	FL	Gainesville	Alachua

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2006-MO-9270-A	Alachua County Clerk of Court

Reason/Charge
Open container; possession of alcohol in stadium

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

On 9-2-2006 I was cited for having alcohol during a football game where alcohol was prohibited inside the stadium. On 9-20-2006 I was sentenced to deferred prosecution. Once it was verified that I was not arrested or cited again for any offense within 90 days, the charge was dismissed.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

MM

NOTICE TO APPEAR

0106M009270A

CASE REPORT NUMBER UFPD06-2083

UNIVERSITY OF FLORIDA POLICE

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON:

DAY OF WEEK	MONTH	DAY	YEAR	TIME
SAT	SEPT.	2	2006	8:41 ☐ AM ☒ PM

NAME (PRINT) FIRST: HERIBERTO M.I. LAST: MARTINEZ JR.

ADDRESS (STREET, PO BOX, ETC.): [redacted] LAUREL RIDGE AVE

CITY: OCOEE STATE: FL ZIP CODE: 34761

TELEPHONE NUMBER: [redacted] DATE OF BIRTH: [redacted] RACE: H SEX: M HEIGHT: 5'04 WEIGHT: 165

DRIVER LICENSE NUMBER / STATE: [redacted] SOCIAL SECURITY NUMBER: [redacted]

BUSINESS NAME / SCHOOL: UNIVERSITY OF FLORIDA OCCUPATION: STUDENT

BUSINESS ADDRESS: BUSINESS TELEPHONE NUMBER:

AT (LOCATION OF OFFENSE): UF STADIUM SEC. 41 SEP 11 X ####

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE:

IN VIOLATION OF: ☒ CITY ORDINANCE ☐ STATE STATUTE SECTION: 4-4 C

DESCRIPTION OF VIOLATION

THE FOLLOWING OCCURRED IN ALACHUA COUNTY, FLORIDA:

While working at the UF football game, I observed the above named subject in possession of a cup/bottle/flask/ , otherwise considered an open container that had the look, smell, and consistency of an alcoholic beverage identified as BEER .



☐ MANDATORY COURT APPEARANCE REQUIRED
☐ DOES NOT REQUIRE COURT APPEARANCE, BUT YOU MUST COMPLY WITH INSTRUCTIONS ON BACK

COURT INFORMATION:
ALACHUA COUNTY COURT, 220 S. MAIN STREET, POB 600 GAINESVILLE, FL 32602

DAY OF WEEK	MONTH	DAY	YEAR	TIME
THURS.	SEPT.	28	2006	9:00 ☐ AM ☐ PM

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

X [signature] 9/2/06
SIGNATURE OF DEFENDANT DATE

JURAT:
I SWEAR THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

ERIC HUTCHINSON 99
OFFICER NAME (PRINT) OFFICER ID NUMBER

[signature] 09/02/06
OFFICER SIGNATURE DATE

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS 2 DAY OF Sept 2006

[signature] SA
SIGNATURE TITLE

COURT – WHITE . AGE
UPD NOTICE TO APPEAR (I

Case: 2006 MO 009270 A
0106U1520007
Dkt: NTA # of pages: 2

IDANT-GOLD

(2)

WAIVER INFORMATION

IF THE FRONT OF THIS NOTICE INDICATES THAT YOU HAVE THE OPTION OF PAYING A FINE OR APPEARING IN COURT, YOU MAY, PRIOR TO THE SCHEDULED COURT DATE LISTED ON THE FRONT OF THIS NOTICE, PAY THE FINE BY PRESENTING THIS NOTICE IN PERSON OR BY ALL, WITH THE APPLICABLE FINE NOTED BELOW TO:

CLERK OF THE CIRCUIT COURT
ALACHUA COUNTY COURTHOUSE
220 SOUTH MAIN STREET, POB 600
GAINESVILLE, FL 32602

CERTIFIED CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CLERK OF THE CIRCUIT COURT

IF YOU DO NOT PAY THE FINE PRIOR TO THE SCHEDULED COURT DATE, YOU MUST APPEAR IN COURT ON THE DATE INDICATED ON THE FRONT OF THIS NOTICE. IF YOU WILLFULLY FAIL TO EITHER PAY THE FINE OR APPEAR IN COURT, YOU SHALL BE DEEMED TO HAVE WAIVED YOUR RIGHT TO CONTEST THIS CITATION AND, IN SUCH CASE, JUDGEMENT MAY BE ENTERED AGAINST YOU IN AN AMOUNT UP TO THE MAXIMUM CIVIL PENALTY AND A WARRANT FOR YOUR ARREST MAY BE ISSUED.

THE WAIVER BE LOW MUST BE COMPLETED AND RETURNED WITH THE APPROPRIATE FINE. PLEASE READ CAREFULLY

I HEREBY ENTER MY PLEA OF ☐ GUILTY OR ☐ NOLO CONTENDERE (NO CONTEST), AND WAIVE MY RIGHT TO APPEAL FOR ERROR PROCEEDINGS.

"I UNDERSTAND THE NATURE OF THE CHARGE AGAINST ME; I UNDERSTAND MY RIGHT TO HAVE COUNSEL AND WAIVE THIS RIGHT AND THE RIGHT TO A CONTINUANCE. I WAIVE MY RIGHT TO A TRIAL BEFORE A JUDGE. I PLEAD GUILTY ☐ OR NOLO CONTENDERE ☐ TO THE CHARGE BEING FULLY AWARE THAT MY SIGNATURE TO THIS PLEA WILL HAVE THE SAME EFFECT AS A JUDGEMENT OF THIS COURT".

TOTAL FINE AND COST: $_____

_____
DEFENDANT'S SIGNATURE DATE

J.K. "Jess" Irby, Esq. - Circuit and County Court Clerk, Alachua County, Florida, certifies this is a true copy of the document of record for this office, which may have been redacted as required by law. Witness my hand and seal on 9-2-2022
J.K. "Jess" Irby, Esq. - Clerk of the Circuit Court
By _____ Deputy Clerk

ADDRESS: _____

_____

_____

_____

PHONE: _____

FILED
OK
44
2006 SEP 11 PM 4:03
J.K. "BUDDY" IRBY
CLERK OF COURTS
ALACHUA COUNTY, FL

06-MO-9270 A plr

IN AND FOR THE COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

CITY OF GAINESVILLE

Plaintiff,

vs.

Heriberto Martinez

Defendant

CASE NO. 01-2006-MO-9207 A

FILED IN OPEN COURT
9-28-06
D.C

CASE REPORT NO. 06-2083
CHARGE: 4-4(c)

DEFERRED PROSECUTION

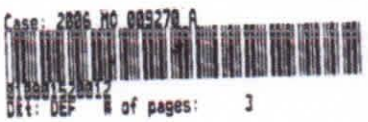
It appearing that you have committed offense(s) against the City of Gainesville referenced above and it further appearing after an investigation of those offense(s) and your background that the best interests of justice will be served by the following procedures:

On the authority of MARION J. RADSON, as City Attorney for the City of Gainesville, Florida, prosecution in this matter will be deferred for the period of **3 months** from the date hereof, and your bond(s) if any, returned now, PROVIDED you agree to do fully abide by the following terms and conditions during said period:

(1) You shall refrain from violating any federal or state law or county or municipal ordinance. If arrested, you shall immediately inform the City Attorney's Office in writing of the charge, and promptly advise in writing of the final disposition of the charge (i.e., dismissed, plea of guilty, finding of guilty or not guilty by a judge or jury).

(2) Your execution of this instrument shall constitute a withdrawal of any demand for speedy trial previously filed by you pursuant to Fla. Stat. 918.015 and Fla.R.Cr.Pr. 3.191, and a stipulation that the periods of time established by said Rule for trial and any other rights conferred upon you by said Rule are waived.

(3) Your execution of this instrument shall constitute your consent to notification of any future proceedings herein, including revocation of this agreement upon any violation thereof, at the address indicated below, and the issuance of a capias for



01-2006-MO-9207 A

3

your arrest upon failure of notice at said address or your failure to appear at any future court hearings held herein.

(4) Upon the filing of this agreement with the Court, your bond, if any has been posted, may be returned to you.

(5) **SPECIAL CONDITIONS**:

A. Pay $10.00 (cash or money order only) to the City of Gainesville, c/o City Attorney's Office, 200 E. University Avenue, Suite 425, Gainesville, Florida 32602.

B. Sign the attached Request for Release of Student Judicial Information asking the University of Florida Dean of Students Office to furnish to the City Attorney's Office, within 90 days, written documentation that the above-described violation has been addressed through the Student Judicial Affairs process.

C. Within 10 days from the date of this agreement, provide the request form to the University of Florida Dean of Students Office.

D. Within 90 days from the date of this agreement, confirm that the Dean of Students Office has provided the requested information to the City Attorney's Office.

If you comply with these conditions, and within 90 days from the date of this agreement the City Attorney's Office receives your payment and the requested information from the Dean of Students Office, the charge(s) referred to above will be dismissed.

The period of deferred prosecution may be shortened or terminated early by the City Attorney. Upon failure to comply with any condition herein, it maybe extended by the City Attorney, or terminated and prosecution re-initiated on said charge(s). A violation within the meaning of this agreement shall be deemed to have occurred when in the opinion of the City Attorney you have committed such violation, whether or not such opinion is based upon sworn evidence, and irrespective of whether new charges have been dismissed or you have been acquitted at trial should that be the basis thereof.

The City Attorney's Office may revoke this agreement if an additional charge is filed against you during the period of deferred prosecution, regardless of when the conduct giving rise to the charge is alleged to have occurred.

PLEASE READ CAREFULLY. THIS IS A BINDING AGREEMENT THAT REQUIRES YOU TO WAIVE CERTAIN LEGAL RIGHTS. YOU HAVE THE RIGHT TO CONSULT AN ATTORNEY BEFORE SIGNING THIS AGREEMENT.

Dated this 28 day of September, 2006.

MARION J. RADSON, CITY ATTORNEY

By: NATALIE DUGUID MCKELLIPS
Assistant City Attorney
Florida Bar #008389
200 E. University Ave., Suite 425
Gainesville, Florida 32601
(352) 334-5018

I have reviewed the foregoing document and I understand the nature of the charge(s) against me, the consequences of prosecution and conviction and the conditions of this agreement. I agree to comply with all said conditions and acknowledge that all statements contained herein are true and correct. If represented, I have received advice from my attorney concerning this matter and I am fully satisfied with the services of my attorney. If unrepresented, I acknowledge my right to consult with an attorney of my choice and waive that right for purposes of entering this agreement. I acknowledge receipt by me or my attorney of a fully executed copy of this agreement.

ATTORNEY

DEFERRED DEFENDANT

Heriberto Martinez

NOTARY PUBLIC

Sworn to, subscribed and acknowledged before me by Heriberto Martinez who is/is not personally known to me or has provided personal identification, this 28 day of Sept, 2006.

~~Notary Public~~ – State of Florida

J. K. "Jess" Irby, Esq. - Circuit and County Court Clerk, Alachua County, Florida, certifies this is a true copy of the document of record for this office, which may have been redacted as required by law. Witness my hand and seal on 9.2.2022
J. K. "Jess" Irby, Esq. - Clerk of the Circuit Court
By Pearson
Deputy Clerk

2006-MO-9270-A

IN THE COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

CITY OF GAINESVILLE

Plaintiff,

vs.

HERIBERTO MARTINEZ

Defendant.
_____/

CASE NO. 01~~-2006-MO-9207A~~

CASE REPORT NO: 06-2083
CHARGE: 4-4(c) Possess Alcohol in Stadium

NOLLE PROSEQUI

The City of Gainesville, by and through the undersigned Attorney, enters a Nolle Prosequi (Code 1K) in the above-styled case.

Dated this 20th day of December, 2006.

I HEREBY CERTIFY that a true and correct copy of the foregoing instrument has been furnished by U.S. Mail to Mr. Herbierto Martinez at 167 Laurel Ridge Avenue, Ocoee, FL 34761 on this 21st day of December, 2006.

MARION J. RADSON, CITY ATTORNEY

By: NATALIE D. MCKELLIPS
Assistant City Attorney
Florida Bar #008389
200 E. University Ave., Suite 425
Gainesville, Florida 32601
(352) 334-5018

J. K. "Jess" Irby, Esq. - Circuit and County Court Clerk, Alachua County, Florida, certifies this is a true copy of the document of record for this office, which may have been redacted as required by law. Witness my hand and seal on 9-2-2022
J. K. "Jess" Irby, Esq. - Clerk of the Circuit Court
By _____ Deputy Clerk

J. K. "BUDDY" IRBY CLERK OF COURTS ALACHUA COUNTY, FL.

2006 DEC 28 AM 11:38

FILED
CK 44

Case: 2006 MO 009270 A
DEF: CARR-I

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/112007	08/23/2007	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-MM-006836-B-O	Orange County Clerk of Court

Reason/Charge
Battery; Violation of Probation

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I was involved in an altercation while intoxicated downtown but was not arrested. Several months later I received a summons to appear in court for battery. I plead no contest and was sentenced to 6 months probation on 8/23/2007. On 12/15/2007 I was driving under the influence and had pulled over to the side of the road to sleep. A police officer approached to confront me and I was subsequently charged and arrested for two traffic violations, "attaching tag not assigned" and "possession of two valid driver's licenses" (my license plate transfer from my previous car to the new one had not been updated by the car dealership as promised; I also had in my possession my old driver's license which I thought I had lost and had put it in my glove compartment). I was then charged with violation of probation and was arrested on 1-14-2008. At my hearing on 3-4-2008, the "attaching tag not assigned" charged was dismissed, the "possession of 2 valid driver's license" charge was changed to "possession of no valid driver's license" and adjudication was withheld, and my violation of probation charge was dismissed and my probation terminated that day.

** The files for this case have been destroyed. I am providing a letter from the Orange County Clerk of Court stating this fact and the case summary they provided.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

Tiffany M. Russell
Clerk of the Circuit and County Courts
Orange County

Date: September 1, 2022

Re: STATE OF FLORIDA - VS - MARTINEZ, HERBERTO, JR
D.O.B: [redacted]

To Whom It May Concern:

After a careful and complete search of our court record, **2007-MM-006836-B-O**, our data base shows the above-mentioned court record has been destroyed.

In accordance with Florida Rules of Judicial Administration, **Rule 2.430**, Retention of Court Records, the court record has met its retention for the required length of time.

☒ **Attached is a copy of the most current Case Summary as of 9/1/2022.**

If you should have any questions, please feel free to contact our office at (407) 836-2000.

Sincerely,

Monica Falco
Deputy Clerk

myorangeclerk.com
425 North Orange Avenue • Orlando, Florida 32801 • 407-836-2000

CASE SUMMARY

CASE NO. 2007-MM-006836-B-O

STATE OF FLORIDA - VS - MARTINEZ, HERBERTO, JR

§ Location: **Orlando - CR**
§ Judicial Officer: **Walker, K. Doug**
§ Filed on: **06/08/2007**
§ Case Number History:
§ Uniform Case Number: **482007MM006836000BOX**

CASE INFORMATION

Offense
Jurisdiction: **Orange County**
001. BATTERY

Statute **Deg** **Date**
784.03(1)(A)(1) FDM 02/24/2007

Case Type: **Misdemeanor**
Case Flags: **Collection Program**
Restitution

OBTS: 8888888888 Sequence: 001
Arrest: 11/13/2007 SCO - Seminole County Sheriff

Related Cases
2007-MM-006836-A-O (Related Case)

Bonds
Surety Bond #5605092145 $4,000.00
1/22/2008 Bond Conversion
Counts: 001

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	2007-MM-006836-B-O
Court	Orlando - CR
Date Assigned	06/13/2022
Judicial Officer	Walker, K. Doug

PARTY INFORMATION

		Lead Attorneys
Plaintiff	**STATE OF FLORIDA**	
Defendant	**MARTINEZ, HERBERTO, JR**	**FETTER, BRYCE A, Esquire** *Retained* 407-740-7275(W)
Victim	**HOUWERS, JOSEPH**	

DATE — EVENTS & ORDERS OF THE COURT — INDEX

06/08/2007 State Attorney Number
STATE ATTORNEY NUMBER NM07-002790

06/11/2007 Arraignment
ARRAIGNMENT SCHEDULED FOR <07/11/2007> 01:00 P.M.

07/10/2007 Arraignment
ARRAIGNMENT SCHEDULED FOR 07/11/2007 1:00 PM
Amount: 0.00

07/11/2007 **Arraignment** (1:00 PM)
ARRAIGNMENT

07/11/2007 **Arraignment** (1:00 PM)

07/11/2007 Notice for Pre-Trial
NOTICE FOR PRETRIAL RET: 08/02/2007 1:00 PM

CASE SUMMARY
CASE NO. 2007-MM-006836-B-O

	Amount: 0.00
07/11/2007	DERP Fee Imposed *DERP FEE OF $40 IMPOSED* Amount: 0.00
07/11/2007	Appearance of Defendant Entered *APPEARANCE OF DEFENDANT ENTERED* Amount: 0.00
07/11/2007	In Open Court *IN OPEN COURT* Amount: 0.00
07/11/2007	Affidavit of Insolvency and Indigency *AFF/INSOL FILED REF* Amount: 0.00
07/11/2007	Public Defender Appointed *PUBLIC DEFENDER APPOINTED* Amount: 0.00
07/11/2007	Plea of Not Guilty Entered *PLEA OF NOT GUILTY ENTERED* Amount: 0.00
07/11/2007	Administratively Reassigned per Order *CRIMINAL ADMINISTRATIVE ORDER OF REASSIGNMENT DIVISION 81* Amount: 0.00
07/11/2007	Summons Issued
08/02/2007	**Pre-Trial Conference** (1:00 PM) *TRIAL PERIOD: 08/13-08/22/2007.*
08/02/2007	Notice for Trial *NOTICE OF TRIAL RTN:<08/13/2007> 08:30 A.M.*
08/13/2007	**Trial** (8:30 AM)
08/13/2007	State's Witness List *STATE'S WITNESS LIST FILED* Amount: 0.00
08/13/2007	Motion for Continuance *MOTION FOR CONTINUANCE FILED*
08/13/2007	Order on Defense's Motion to Continue Granted *ORDER ON DEFENSES MOTION TO CONTINUE GRANTED*
08/13/2007	Defense Not Sufficiently Prepared for Trial *DEFENSE NOT SUFFICIENTLY PREPARED FOR TRIAL*
08/13/2007	Other Continuance Reason: *OTHER / CHARGE TO THE STATE*
08/13/2007	Notice for Pre-Trial *NOTICE FOR PRETRIAL RET: <08/23/2007> 08:00 A.M.*
08/20/2007	Notice of Filing of State's Discovery Exhibit

CASE SUMMARY

CASE NO. 2007-MM-006836-B-O

	NOTICE OF FILING STATE'S DISCOVERY EXHIBIT Amount: 0.00
08/23/2007	**Pre-Trial Conference** (8:00 AM) *NO WAIVER OF SPEEDY TRIAL TP: 9/4 - 9/10/07*
08/23/2007	Fines and Costs Assessed *FINES AND COSTS ASSESSED MO10 50.0 MO05 3.0 MO09 50.0 C65O 65.0 MO07 2.0* Amount: 0.00
08/23/2007	DERP Fee Imposed *DERP FEE OF $40 IMPOSED* Amount: 0.00
08/23/2007	Fine and or Court Costs Assessed *FINE AND/OR COURT COSTS ASSESSED* Amount: 0.00
08/23/2007	Public Defender Fee Assessed *PUBLIC DEFENDER FEE ASSESSED* Amount: 0.00
08/23/2007	DERP Fee Imposed *DERP FEE OF $40 IMPOSED* Amount: 0.00
08/23/2007	Notice of Fines and Costs *NOTICE OF FINES & COSTS* Amount: 0.00
08/23/2007	Defendant Sent to County Supervised Probation *DEF SENT TO COUNTY SUPERVISED PROBATION FOR * Probation Term: 0Y 6M 0W 0D* Amount: 0.00
08/23/2007	Report to Probation within *REPORT TO PROBATION WITHIN * 5 BUSINESS DAYS.* Amount: 0.00
08/23/2007	Defendant Ordered to Complete ACS Hours *DEF ORDERED TO COMPLETE ACS HOURS OF SEVE FIRST HOUR WITHIN 30 DAYS. COMPLETE BY 12/31/07. Community Service: 50 Hours Cond. of Probation* Amount: 0.00
08/23/2007	Complete Anger Management Program and or Seminar *COMPLETE ANGER MANAGEMENT PROGRAM COMPLETE BY 11/21/07.* Amount: 0.00
08/23/2007	No Direct or Indirect Contact Whatsoever with Victim(s) *NO DIRECT/INDIRECT CONTACT WHATSOEVER WITH VICTIM VICTIM - JOSEPH HOUWERS.* Amount: 0.00
08/23/2007	Appearance of Defendant Entered *APPEARANCE OF DEFENDANT ENTERED* Amount: 0.00
08/23/2007	In Open Court *IN OPEN COURT* Amount: 0.00

CASE SUMMARY
CASE NO. 2007-MM-006836-B-O

08/23/2007	Appearance of Attorney Entered *APPEAR. OF ATTORNEY ENTERED* Amount: 0.00
08/23/2007	Court Minutes *COURT MINUTES FILED* Amount: 0.00
08/23/2007	Adjudicated Guilty *ADJUDICATED GUILTY* Amount: 0.00
08/23/2007	Fines and Costs Assessed *FINES AND COSTS ASSESSED MO10 50.0 MO05 3.0 MO09 50.0 C65O 65.0 MO07 2.0* Amount: 0.00
08/23/2007	DERP Fee Imposed *DERP FEE OF $40 IMPOSED* Amount: 0.00
08/23/2007	Defendant Sent to County Supervised Probation *DEF SENT TO COUNTY SUPERVISED PROBATION FOR * Probation Term: 0Y 0M 0W 0D* Amount: 0.00
08/23/2007	Defendant Ordered to Complete ACS Hours *DEF ORDERED TO COMPLETE ACS HOURS OF SERVE FIRST HOUR WITHIN 30 DAYS, COMPLETE BY 12/31/07. Community Service: 50 Hours Cond. of Probation* Amount: 0.00
08/23/2007	Judgment Recorded & Filed *JUDGEMENT RECORDED AND FILED*
08/23/2007	Comply with Conditions of Collections Court *COMPLY W/CONDITION OF COLLECTION COURT*
08/23/2007	Notice of Fines and Costs *NOTICE OF FINES & COSTS*
08/23/2007	Plea *PLEA FILED*
08/23/2007	Plea of Nolo Contendere Entered *PLED NOLO AS CHARGED*
08/23/2007	**Disposition** (Judicial Officer: Ansbro, Deborah B) 001. BATTERY 1 - Adjudicated Guilty OBTS: 8888888888 Sequence: 001
08/23/2007	**Plea** (Judicial Officer: Ansbro, Deborah B) 001. BATTERY Nolo Contendere OBTS: 8888888888 Sequence: 001
08/24/2007	In Open Court *IN OPEN COURT HEARING CORRECTED AS TO THE AMOUNT OF COURT COSTS*

CASE SUMMARY

CASE NO. 2007-MM-006836-B-O

08/24/2007	Court Minutes *COURT MINUTES FILED*
08/28/2007	Void DERP Fee *VOID DERP FEE* Amount: 40.00
08/28/2007	Void Assessments of Fines and Costs *VOID ASSESSMENT OF FINES AND COSTS* Amount: 170.00
08/28/2007	Void DERP Fee *VOID DERP FEE* Amount: 40.00
08/28/2007	Void Assessments of Fines and Costs *VOID ASSESSMENT OF FINES AND COSTS* Amount: 170.00
08/28/2007	Fines and Costs Assessed *FINES AND COSTS ASSESSED MO10 50.00 MO05 3.00 MO24 20.00 MO09 50.00 MO07 2.00 MO20 20.00 C65O 65.00* Amount: 210.00
01/09/2008	Violation Warrant Issued Returnable Instanter *VIOLATION WARRANT ISSUED RETURNABLE INSTANTER $4,000 W/NO OPERATING ANY MV W/O VALID FLA DL*
01/09/2008	Affidavit for Violation of Probation *AFFIDAVIT FOR VIOLATION OF PROBATION*
01/18/2008	Warrant Returned *WARRANT RETURNED EXECUTED*
01/18/2008	Notification from OCSO re: Out of County Arrest *NOTIFICATION FROM OCSO RE:OUT OF COUNTY ARREST (SEMINOLE CO)*
01/22/2008	Bond Filed *MACDONALD BAIL BOND FILED RET TBN $4000 #5605092145 (OUT OF COUNTY)*
01/22/2008	Notice of Appearance *NOTICE OF APPEARANCE FILED BRYCE A. FETTER*
01/22/2008	Written Plea of Not Guilty *WRITTEN PLEA OF NOT GUILTY ENTERED*
01/22/2008	Request for Copies *REQUEST FOR COPIES*
01/22/2008	Demand *DEMAND FOR VOP HEARING*
01/22/2008	Notice of Intent to Participate in Discovery *NOTICE OF INTENT TO PARTICIPATE IN DISCOVERY*
01/22/2008	Arrest Affidavit *ARREST AFFIDAVIT FILED - DOA <01/14/2008> SEMINOLE CO ARREST*
01/23/2008	Notice

CASE SUMMARY

CASE NO. 2007-MM-006836-B-O

	NOTICE OF VOP ARGN ISSUED RET:<02/21/2008> 01:00 P.M.
02/20/2008	Arraignment *ARRAIGNMENT SCHEDULED FOR 02/21/2008 1:00 PM* Amount: 0.00
02/21/2008	**Arraignment** (1:00 PM) *ARG - VOP*
02/21/2008	**Arraignment** (1:00 PM)
02/21/2008	Plea of Not Guilty Entered *PLEA OF NOT GUILTY ENTERED DENIAL OF VOP* Amount: 0.00
02/21/2008	Hearing Date Set *NOTICE-VIO PROB HEARING RTN:03/04/2008 8:30 AM* Amount: 0.00
02/21/2008	Appearance of Defendant Entered *APPEARANCE OF DEFENDANT ENTERED* Amount: 0.00
02/21/2008	In Open Court *IN OPEN COURT* Amount: 0.00
02/21/2008	Plea of Not Guilty Entered *PLEA OF NOT GUILTY ENTERED DENIAL VOP* Amount: 0.00
03/04/2008	**Hearing** (8:30 AM)
03/04/2008	In Open Court *IN OPEN COURT HEARING (VOP STATUS)*
03/04/2008	Appearance of Defendant Entered *APPEARANCE OF DEFENDANT ENTERED*
03/04/2008	Appearance of Attorney Entered *APPEAR. OF ATTORNEY ENTERED*
03/04/2008	VSENT: *VSENT:REVOKE AND TERMINATE PROB, VOP DISMISSED*
03/04/2008	Court Minutes *COURT MINUTES FILED*
03/04/2008	**Sentence** (Judicial Officer: Ansbro, Deborah B) 001. BATTERY Adult Type - Criminal Non Citation Community Service (Hours: 50, Comment:)
03/10/2008	Bond Discharged *BOND DISCHARGED MACDONALDS 5605092145*

DATE	FINANCIAL INFORMATION

Defendant MARTINEZ, HERBERTO, JR

CASE SUMMARY
CASE NO. 2007-MM-006836-B-O

	Total Charges		556.99
	Total Payments and Credits		556.99
	Balance Due as of 9/1/2022		**0.00**
07/11/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	40.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	170.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	75.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	25.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	40.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	151.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	170.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	75.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	25.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	40.00
08/23/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	151.00
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(170.00)
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(75.00)
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(25.00)
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(40.00)
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(151.00)
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(170.00)
08/28/2007	Adjustment	Defendant MARTINEZ, HERBERTO, JR	(40.00)
08/28/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	210.00
09/27/2007	Payment Added forReceipt # 2000725265 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(30.00)
09/30/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	5.00
10/18/2007	Payment Added forReceipt # 7400227813 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(30.00)
11/03/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	5.00
11/15/2007	Payment Added forReceipt # 7400230990_1 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(25.00)
11/15/2007	Payment Added forReceipt # 7400230990_2 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(25.00)
11/30/2007	Charge	Defendant MARTINEZ, HERBERTO, JR	5.00
12/13/2007	Payment Added forReceipt # 2000757814_1 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(40.00)
12/13/2007	Payment Added forReceipt # 2000757814_2 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(10.00)
01/01/2008	Charge	Defendant MARTINEZ, HERBERTO, JR	5.00
01/31/2008	Payment Added forReceipt # 7400239650_1 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(10.00)
01/31/2008	Payment Added forReceipt # 7400239650_2 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(151.00)
01/31/2008	Payment Added forReceipt # 7400239650_3	Defendant MARTINEZ, HERBERTO,	(178.29)

CASE SUMMARY

CASE NO. 2007-MM-006836-B-O

	Conversion Only	JR	
01/31/2008	Payment Added forReceipt # 7400239650_4 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
01/31/2008	Payment Added forReceipt # 7400239650_5 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
01/31/2008	Payment Added forReceipt # 7400239650_6 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
01/31/2008	Payment Added forReceipt # 7400239650_7 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	10.00
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	151.00
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	178.29
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	5.00
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	5.00
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	5.00
02/14/2008	Void	Defendant MARTINEZ, HERBERTO, JR	5.00
02/14/2008	Payment Added forReceipt # 7500001507_1 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(10.00)
02/14/2008	Payment Added forReceipt # 7500001507_2 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(151.00)
02/14/2008	Payment Added forReceipt # 7500001507_3 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(180.00)
02/14/2008	Payment Added forReceipt # 7500001507_4 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
02/14/2008	Payment Added forReceipt # 7500001507_5 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
02/14/2008	Payment Added forReceipt # 7500001507_6 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
02/14/2008	Payment Added forReceipt # 7500001507_7 Conversion Only	Defendant MARTINEZ, HERBERTO, JR	(5.00)
07/07/2008	Charge	Defendant MARTINEZ, HERBERTO, JR	3.50
12/12/2009	Charge	Defendant MARTINEZ, HERBERTO, JR	5.00
03/17/2010	Credit	Defendant MARTINEZ, HERBERTO, JR	(8.50)
06/10/2010	Charge	Defendant MARTINEZ, HERBERTO, JR	11.00
06/10/2010	Charge	Defendant MARTINEZ, HERBERTO, JR	3.99
06/10/2010	Counter Payment Receipt # CR-2010-37762	Defendant MARTINEZ, HERBERTO, JR	(14.99)
05/24/2018	Charge	Defendant MARTINEZ, HERBERTO, JR	12.50
05/24/2018	Counter Payment Receipt # CR-2018-19441	Defendant MARTINEZ, HERBERTO, JR	(12.50)

State of Florida, County of Orange
I hereby certify that the foregoing is a true and correct copy of the instrument filed in this office
unofficial or sealed items, if any, have been redacted pursuant to Fla. R.Jud.Admin. 2.420.
Witness my hand and official seal this SEP 01 2022 20
Tiffany Moore Russell, Clerk of the Circuit Court
By: Deputy Clerk

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/15/2007	02/26/2008	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-CT-020045-A-O	Orange County Clerk of Court

Reason/Charge
Attaching tag not assigned; also case 2007-CT-020046-A-O - No valid driver's license

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

On 12/15/2007 I was driving under the influence and had pulled over to sleep. A police officer confronted me and I was subsequently charged with "attaching tag not assigned" and possession of two valid driver's licenses. The "attaching tag not assigned" charge was dismissed at my hearing while the "possession of two valid driver's licenses" charge was changed to "possession of no valid driver's license" and adjudication was withheld.

** The files for this case have been destroyed. I am providing a letter from the Clerk of Court stating this fact and the case summary for each case they provided.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

Tiffany M. Russell
Clerk of the Circuit and County Courts
Orange County

Date: October 6, 2021.

Re: STATE OF FLORIDA vs. MARTINEZ, HERIBERTO

D.O.B: [redacted]

To Whom It May Concern:

After a careful and complete search of our court record, **2007-CT-020045-A-O**, citation number **5456FNA**, our data base shows the above-mentioned court record has been destroyed.

In accordance with ***Florida Rules of Judicial Administration, Rule 2.430, Retention of Court Records,*** the court record has met its retention for the required length of time.

☒ ***Attached is a copy of the most current Case Summary as of 10/6/2021.***

If you should have any questions, please feel free to contact our office at (407) 836-2000.

Sincerely,

Roberto Bryant
Deputy Clerk

myorangeclerk.COM
425 North Orange Avenue • Orlando, Florida 32801 • 407-836-2000

CASE SUMMARY

CASE NO. 2007-CT-020045-A-O

STATE OF FLORIDA vs. MARTINEZ, HERIBERTO

§ Location: **Orlando - TR**
§ Judicial Officer: **Cameron, Andrew L**
§ Filed on: **12/15/2007**
§ Appear by: **02/26/2008**
§ Case Number History:
§ Uniform Case Number: **482007CT020045000AOX**

CASE INFORMATION

Offense	Citation	Statute	Deg	Date
Jurisdiction: **Orlando**				
001. CT- ATTACHING TAG (LICENSE PLATE) NOT ASSIGNE OBTS: 8888888888 Sequence: 001	5456FNA	320.261	SDM	12/15/2007

Case Type: **Criminal Traffic**

Case Status: **02/26/2008 Closed**

Case Flags: **Case Closed**
Court Mandatory Violation

Bonds

Surety Bond #0 $250.00
2/26/2008 Bond Conversion
Counts: 001

CASE ASSIGNMENT

Current Case Assignment

Case Number	2007-CT-020045-A-O
Court	Orlando - TR
Date Assigned	01/01/2016
Judicial Officer	Cameron, Andrew L

PARTY INFORMATION

		Lead Attorneys
Plaintiff	**STATE OF FLORIDA**	
Defendant	**MARTINEZ, HERIBERTO**	**FETTER, BRYCE, Esquire** *Retained*

DATE — EVENTS & ORDERS OF THE COURT — INDEX

DATE	EVENTS & ORDERS OF THE COURT
12/15/2007	Criminal Traffic Violation *CRIMINAL TRAFFIC VIOLATION FILED*
12/15/2007	Arrest Affidavit *ARREST AFFIDAVIT FILED DOA 12/15/2007 BOND $250 INMATE NUMBER 07058593*
12/15/2007	Complaint *COMPLAINT FILED - CITATION #5456FNA 7*
12/15/2007	Bond Filed *MONCRIEF BOND FILED RET 12/31/07 $250 #BB1843990 INMATE #07058596*
12/16/2007	Arraignment *ARRAIGNMENT SET FOR <12/31/2007>@ 08:00 A.M.*
12/28/2007	Arraignment *ARRAIGNMENT SET FOR 12/30/2007 8:00 AM* Amount: 0.00
12/31/2007	Trial Period

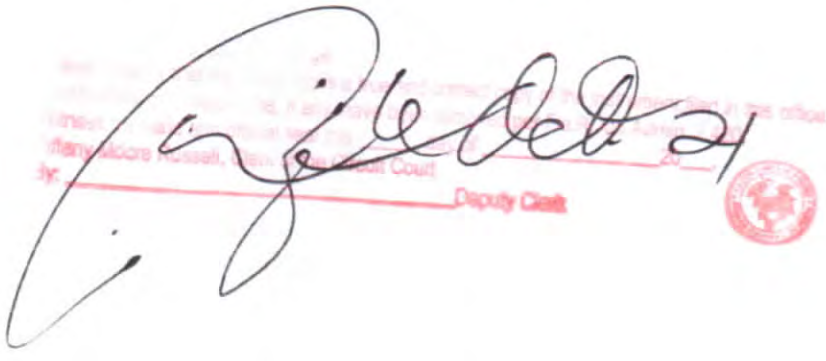
CASE SUMMARY
CASE NO. 2007-CT-020045-A-O

	TRIAL PERIOD SET 02/25/2008-03/03/2008 Amount: 0.00
12/31/2007	In Open Court *IN OPEN COURT* Amount: 0.00
12/31/2007	Appearance of Defendant Entered *DEFENDANT APPEARED* Amount: 0.00
12/31/2007	Plea of Not Guilty Entered *PLEA OF NOT GUILTY ENTERED* Amount: 0.00
12/31/2007	Case Reassigned to Division *REASSIGN TO DIVISION 62* Amount: 0.00
01/04/2008	Pre-Trial Conference Set *PRE-TRIAL CONFERENCE SET FOR <02/08/2008>@ 08:30 A.M.*
01/08/2008	Notice of Appearance *NOTICE OF APPEARANCE FILED*BY ATTY FETTER* Amount: 0.00
01/08/2008	Written Plea of Not Guilty *WRITTEN PLEA OF N/G FILED* Amount: 0.00
01/08/2008	Request for Copy of Charging Information *REQUEST FOR COPY OF CHARGING INFO FILED* Amount: 0.00
01/08/2008	Notice of Intent to Participate in Discovery *NOTICE OF INTENT TO PARTICIPATE IN DISCOVERY FILED* Amount: 0.00
02/05/2008	Notice *NOTICE *OF FILING A COPY OF THE STATE'S DISCOVERY EXHIBIT AS PROOF OF COMPLIANCE* Amount: 0.00
02/12/2008	Trial Date Set *TRIAL DATE SET FOR <02/26/2008> @ 08:30 A.M.*
02/26/2008	Nolle Prosequi *NOLLE PROSEQUI **
02/26/2008	In Open Court *IN OPEN COURT*
02/26/2008	Appearance of Defendant Entered *DEFENDANT APPEARED*
02/26/2008	Defendant Was Represented By Counsel *DEFENDANT WAS REPRESENTED BY COUNSEL.**
02/26/2008	Case Satisfied *CASE SATISFIED*

CASE SUMMARY
CASE NO. 2007-CT-020045-A-O

02/26/2008	**Disposition** (Judicial Officer: Adams, Martha C) 001. CT- ATTACHING TAG (LICENSE PLATE) NOT ASSIGNE Nolle Prosequi OBTS: 8888888888 Sequence: 001
02/26/2008	**Plea** (Judicial Officer: Adams, Martha C) 001. CT- ATTACHING TAG (LICENSE PLATE) NOT ASSIGNE No Plea Entered OBTS: 8888888888 Sequence: 001
02/26/2008	**Sentence** (Judicial Officer: Adams, Martha C) 001. CT- ATTACHING TAG (LICENSE PLATE) NOT ASSIGNE Violations Bureau
03/11/2008	Bond Discharged *BOND DISCHARGED MONCRIEF BAIL BONDS #BB1843990*

DATE	FINANCIAL INFORMATION		
	Defendant MARTINEZ, HERIBERTO		
	Total Charges		0.00
	Total Payments and Credits		0.00
	Balance Due as of 10/6/2021		**0.00**
01/02/2008	Charge	Defendant MARTINEZ, HERIBERTO	15.00
01/11/2008	Adjustment	Defendant MARTINEZ, HERIBERTO	(15.00)
02/11/2008	Charge	Defendant MARTINEZ, HERIBERTO	15.00
02/18/2008	Adjustment	Defendant MARTINEZ, HERIBERTO	(15.00)
02/19/2008	Charge	Defendant MARTINEZ, HERIBERTO	15.00
02/26/2008	Adjustment	Defendant MARTINEZ, HERIBERTO	(15.00)



Tiffany M. Russell
Clerk of the Circuit and County Courts
Orange County

Date: October 6, 2021.

Re: STATE OF FLORIDA vs. MARTINEZ, HERIBERTO

D.O.B: [redacted]

To Whom It May Concern:

After a careful and complete search of our court record, **2007-CT-020046-A-O**, citation number **5457FNA**, our data base shows the above-mentioned court record has been destroyed.

In accordance with ***Florida Rules of Judicial Administration, Rule 2.430, Retention of Court Records,*** the court record has met its retention for the required length of time.

☒ ***Attached is a copy of the most current Case Summary as of 10/6/2021.***

If you should have any questions, please feel free to contact our office at (407) 836-2000.

Sincerely,

Roberto Bryant
Deputy Clerk

CASE SUMMARY

CASE NO. 2007-CT-020046-A-O

STATE OF FLORIDA vs. MARTINEZ, HERIBERTO

§ Location: **Orlando - TR**
§ Judicial Officer: **Cameron, Andrew L**
§ Filed on: **12/15/2007**
§ Appear by: **03/04/2008**
§ Case Number History:
§ Uniform Case Number: **482007CT020046000AOX**

CASE INFORMATION

Offense	Citation	Statute	Deg	Date		
Jurisdiction: **Orlando**					Case Type:	**Criminal Traffic**
001. CT- OPERATING MOTOR VEH WITHOUT VALID DL OBTS: 8888888888 Sequence: 001	5457FNA	322.03 (1)	SDM	12/15/2007	Case Status:	**03/04/2008 Closed**
					Case Flags:	**Case Closed**

Bonds
Surety Bond #0 $100.00
3/4/2008 Bond Conversion
Counts: 001

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	2007-CT-020046-A-O
Court	Orlando - TR
Date Assigned	01/01/2016
Judicial Officer	Cameron, Andrew L

PARTY INFORMATION

Lead Attorneys

Plaintiff **STATE OF FLORIDA**

Defendant **MARTINEZ, HERIBERTO**

FETTER, BRYCE, Esquire
Retained

DATE — EVENTS & ORDERS OF THE COURT — INDEX

12/15/2007 Criminal Traffic Violation
CRIMINAL TRAFFIC VIOLATION FILED

12/15/2007 Arrest Affidavit
ARREST AFFIDAVIT FILED DOA 12/15/2007 BOND $100 INMATE NUMBER 07058596

12/15/2007 Complaint
COMPLAINT FILED - CITATION #5457FNA 8

12/15/2007 Bond Filed
MONCRIEF BOND FILED RET 12/31/07 $100 #BB1843991 INMATE #07058596

12/16/2007 Arraignment
ARRAIGNMENT SET FOR <12/31/2007>@ 08:00 A M

12/28/2007 Arraignment
ARRAIGNMENT SET FOR 12/30/2007 8:00 AM
Amount: 0.00

12/31/2007 Trial Period

CASE SUMMARY
CASE NO. 2007-CT-020046-A-O

	TRIAL PERIOD SET 02/25/2008-03/03/2008 Amount: 0.00
12/31/2007	In Open Court *IN OPEN COURT* Amount: 0.00
12/31/2007	Appearance of Defendant Entered *DEFENDANT APPEARED* Amount: 0.00
12/31/2007	Plea of Not Guilty Entered *PLEA OF NOT GUILTY ENTERED* Amount: 0.00
12/31/2007	Case Reassigned to Division *REASSIGN TO DIVISION 62* Amount: 0.00
01/04/2008	Pre-Trial Conference Set *PRE-TRIAL CONFERENCE SET FOR <02/08/2008> @ 08:30 A.M.*
01/08/2008	Notice of Appearance *NOTICE OF APPEARANCE FILED*BY ATTY FETTER* Amount: 0.00
01/08/2008	Written Plea of Not Guilty *WRITTEN PLEA OF N/G FILED* Amount: 0.00
01/08/2008	Request for Copy of Charging Information *REQUEST FOR COPY OF CHARGING INFO FILED* Amount: 0.00
01/08/2008	Notice of Intent to Participate in Discovery *NOTICE OF INTENT TO PARTICIPATE IN DISCOVERY FILED* Amount: 0.00
02/12/2008	Trial Date Set *TRIAL DATE SET FOR <02/26/2008> @ 08:30 A.M.*
02/26/2008	Adjudication Withheld *ADJUDICATED WITHHELD*
02/26/2008	In Open Court *IN OPEN COURT*
02/26/2008	Appearance of Defendant Entered *DEFENDANT APPEARED*
02/26/2008	Defendant Was Represented By Counsel *DEFENDANT WAS REPRESENTED BY COUNSEL ***
02/26/2008	Plea of Nolo Contendere Entered *PLEA OF NOLO CONTENDERE ENTERED*
02/26/2008	Fine and or Court Costs Assessed *FINE AND/OR COURT COSTS IMPOSED*
02/26/2008	Ordered to OCJ for *ORDERED TO OCJ FOR 1 DAY W/ CREDIT FOR 1 DAY*

CASE SUMMARY
CASE NO. 2007-CT-020046-A-O

02/26/2008	**Disposition** (Judicial Officer: Adams, Martha C) 001. CT- OPERATING MOTOR VEH WITHOUT VALID DL 1 - Adjudication Withheld OBTS: 8888888888 Sequence: 001
02/26/2008	**Plea** (Judicial Officer: Adams, Martha C) 001. CT- OPERATING MOTOR VEH WITHOUT VALID DL Nolo Contendere OBTS: 8888888888 Sequence: 001
02/26/2008	**Sentence** (Judicial Officer: Adams, Martha C) 001. CT- OPERATING MOTOR VEH WITHOUT VALID DL 1 - Jail/ACS Confinement (Effective 02/26/2008 at 12:00 AM, Min. , Max. 0 Yr 0 Mo 1 Days , Department of Corrections, Comment:) Credit for Time Served: 0 Yr 0 Mo 1 Days Suspended for: Yr Mo Days Drug Trafficking: Yr Mo Days Jurisdiction Retained: Yr Mo Days
03/04/2008	Case Satisfied *CASE SATISFIED*
03/26/2008	Bond Discharged *BOND DISCHARGED MONCRIEF BAIL BONDS #BB1843991*
04/24/2008	Bond Discharged *BOND DISCHARGED MONCRIEF #BB1843991 (ORIGINAL) $100*
05/22/2014	Correspondence

DATE	FINANCIAL INFORMATION		
	Defendant MARTINEZ, HERIBERTO		
	Total Charges		238.50
	Total Payments and Credits		238.50
	Balance Due as of 10/6/2021		**0.00**
01/02/2008	Charge	Defendant MARTINEZ, HERIBERTO	15.00
01/11/2008	Adjustment	Defendant MARTINEZ, HERIBERTO	(15.00)
02/11/2008	Charge	Defendant MARTINEZ, HERIBERTO	15.00
02/18/2008	Adjustment	Defendant MARTINEZ, HERIBERTO	(15.00)
02/19/2008	Charge	Defendant MARTINEZ, HERIBERTO	15.00
02/26/2008	Adjustment	Defendant MARTINEZ, HERIBERTO	(15.00)
03/04/2008	Charge	Defendant MARTINEZ, HERIBERTO	203.00
03/04/2008	Payment Added forReceipt # 2000793598 Conversion Only	Defendant MARTINEZ, HERIBERTO	(203.00)
03/07/2018	Charge	Defendant MARTINEZ, HERIBERTO	3.50
03/07/2018	Charge	Defendant MARTINEZ, HERIBERTO	4.00
03/07/2018	Charge	Defendant MARTINEZ, HERIBERTO	14.00
03/07/2018	Charge	Defendant MARTINEZ, HERIBERTO	14.00
03/07/2018	Counter Payment Receipt # TRAF-2018-13324	Defendant MARTINEZ, HERIBERTO	(35.50)

State of Florida, County of Orange
I hereby certify that the foregoing is a true and correct copy of the document filed in this office.
Confidential or sealed items, if any, have been removed pursuant to Rule 2.420.
Witness my hand and official seal this ___ day of ___, A.D.
Tiffany Moore Russell, Orange County Circuit Court
By: _____ Deputy Clerk

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/20/2012	11/29/2012	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2007-CT-9907-A-O	Orange County Clerk of Court

Reason/Charge
Driving under the influence with property damage

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I was driving under the influence and texting in stop-and-go traffic. I rear-ended the vehicle in front of me and we pulled over to notify the police. Once they arrived they became aware of my intoxication and I was subsequently arrested and charged with DUI and property damage. I was sentenced to probation and completed it successfully on 11-23-2013.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

10/21/2012 8:39 AM FILED IN OFFICE LYDIA GARDNER CLERK OF CIRCUIT COURT ORANGE CO FL

Orange County — ICJIS Arrest Affidavit

Arrested ☑ At-Large ☐ JRA ☐ | Document #: 471515 | Division #: A | Court Case #: 12CT9901AO

Document Date: 10/21/2012			
Location of Defendant Vehicle: NONE	Date-Time Booked: 10/21/2012 02:32		Agency Case Number: 12OFF090153
(ORI) FL0379100	Agency Name: FLORIDA HIGHWAY PATROL (TROOP D - ORCC)	FCIC/NCIC Check: ☐	Date-Time of Arrest: 10/20/2012 23:35
Address of Arrest: SR 50			

DEFENDANT

Adult ☑ Juvenile ☐ | Name Key: | Jacket Number: | Inmate Number: 12038679 | Language: UNDETERMINED

NAME (L,F,M): MARTINEZ, HERIBERTO	A.K.A:	Race: W	Sex: M	DOB: [redacted]	Age: 30	
Height: 5'04"	Weight: 165	Hair: BLK	Eyes: BRO	POB City:	POB State:	POB Country:
RES Street#: [redacted] OAK COMMONS WAY						Citizenship:
City: ORLANDO	State: FL	Zip: 32832	Home Phone:	Other Phone:		
Scars/Tattoos:					Ethnicity: UNKNOWN	
Driver's License/ State ID No: [redacted]	State: FL	Year Expires: 1899	SSN: [redacted]			
Next of Kin Name:	Address:			Phone:		
Business and Occupation:						
Bus Street#:						
City:	State:	Zip:	Bus Phone:			

AGGRAVATORS: Firearm ☐ Weapon ☐ Mask ☐ Vest ☐ Convicted Sex Batterer ☐ Hate Crime ☐ Special Victim: | Domestic Violence? N

OFFENSES

Felony ☐ Misd. ☑ ORD. ☐ Traffic ☐ | Court Location: TRAFFIC#1

#	GOC Code *	Description	Bond Amt $	FSS/ORD	FDLE Rec#	Drug Name	Citation Number
1		TRAFFIC OFFENSE DUI AND DAMAGE PROPERTY 316.193(3)(C)(1) -6	1,000.00	316.193.3C1	374		6078-XBO GK 10-21-12

State of Florida County of Orange
I hereby certify that the foregoing is a true and correct copy as the same appears of record in my office.
Witness my hand and official seal this 21 day of Oct. 20
Tiffany Moore Russell Clerk of the Circuit Court
By: Deputy Clerk

CHECK HERE IF OFFENSES ARE CONTINUED ☐

CODEFENDANT

#1	NAME (L,F,M):	Arrs? Juv. Fel. Misd. ORD. Traff. NTA	Race:	Sex:	Age:	DOB:
#2	NAME (L,F,M):	Arrs? Juv. Fel. Misd. ORD. Traff. NTA	Race:	Sex:	Age:	DOB:
#3	NAME (L,F,M):	Arrs? Juv. Fel. Misd. ORD. Traff. NTA	Race:	Sex:	Age:	DOB:
#4	NAME (L,F,M):	Arrs? Juv. Fel. Misd. ORD. Traff. NTA	Race:	Sex:	Age:	DOB:

DCF Notified?	By Whom?	On Probation?	Miranda Warning?	By Whom?	Invoked?

Sworn to and subscribed before me, this 21 day of October year 2012

Notary Public ☑ Law Enforcement or Corrections Officer ☐

Personally Known ☑ Produced Identification ☐

Type of Identification:

Notary Signature

NOTARY PUBLIC STATE OF FLORIDA

I swear or affirm the above statements are correct and true.

Officer's Signature THP D.K. #1476

(850)484-5000X317 — Officer's Bus. Phone No.

KEYES D / 1476 — Officer's Name/Badge ID

Notice to Defendant Regarding Social Security Number: This Law Enforcement Agency has collected your social security number (SSN) as required by FSS 119.071. This agency will use it for the purpose of confirming your identity, and sharing it with other governmental agencies to identify records linked to this DAC. This collection and use of your SSN is required by this agency to fulfill its lawful duties and responsibilities.

SANTIAGO, JUAN C — Notary Name

EE002890 / 07/12/2014 — Notary Commission # / Exp. Date

ICJIS Continuation of: ☑ Arrest Affidavit ☐ Notice to Appear **Document #:** 471515

Defendant's Name: MARTINEZ, HERIBERTO	Case Number: 12OFF090153

NARRATIVE: The undersigned has probable cause to believe the above-named defendant on the, 20 of October 2012 at 10:17 PM at COLONIAL DR (Zone: KORLE) in Orange County did

*****The DUI investigation portion of this probable cause statement was captured on my in-car camera system.*****

I responded to a traffic crash on State Road 50 just west of the intersection with State Road 434 in Orange County, Florida. When I arrived on scene, I observed that a red Chevrolet Impala had struck the rear of a beige Lincoln LS. Both vehicles were moved from the roadway prior to my arrival. I obtained a driver license, registration, and insurance from both drivers. I identified the driver of the red Impala as Heriberto Martinez Jr. I identified the driver of the beige LS as Roberto Rosa. Due to a possible warrant for Martinez, I also verified his identity using Rapid ID. Martinez informed me that he had seen the green light, hit the gas, and struck the car in front of him. He later told me that he was looking at his phone. As I spoke with Martinez about the crash, I noticed that his eyes were bloodshot and watery. I detected the strong odor of an alcoholic beverage on his breath. His speech was thick-tongued. I asked Martinez if he had consumed any alcohol. He stated that the had.

I informed Martinez that I had completed my crash investigation and would be conducting a criminal investigation for DUI. Based on the following factors, I requested that he attempt roadside exercises.

1. Martinez had caused a crash.
2. Martinez had bloodshot and watery eyes.
3. Martinez's speech was thick-tongued.
4. I detected the strong odor of an alcoholic beverage on Martinez's breath.
5. Martinez admitted to consuming alcohol prior to driving.

Martinez consented to attempt roadside exercise. He complained of no physical problems or illness. He stated that he was wearing contact lenses. He attempted the following exercises. The area in which he attempted these exercises was level, firm, well-lit, dry, and debris-free.

Follow the Pen:
Martinez swayed during the exercise. He failed to follow the lit stimulus continuously. He had lack of smooth pursuit, distinct and sustained horizontal gaze nystagmus at maximum deviation, onset of horizontal gaze nystagmus prior to 45 degrees, and vertical nystagmus in both eyes.

Walk and Turn:
Martinez could not keep his balance during the instruction phase. He attempted to start the exercise prior to me instructing him to do so. As he walked, he failed to watch his feet. He stumbled several times. He stepped off of the line 5 times. At one point, he mumbled that he had "failed."

One Leg Stand:
Martinez swayed while balancing on his left leg. He failed to watch his raised right foot. He put his foot down twice. He hopped to keep his balance. The first time he put his foot down, he left it on the ground for approximately 4 seconds. The second time he put his foot down, he left it on the ground for 6 seconds. I had to remind him to continue.

Internal Clock:
Martinez swayed during the exercise. His eyelids fluttered. At an elapsed time of 45 seconds, he opened his eyes and looked at me. He never stated "stop."

Sworn to and subscribed before me, this 21 day of October year 2012
Notary Public ☑ Law Enforcement or Corrections Officer ☐
Personally Known ☑ Produced Identification ☐
Type of Identification:
Notary Signature
NOTARY PUBLIC STATE OF FLORIDA
SANTIAGO, JUAN C.
Notary Name
EE002890 / 07/12/2014
Notary Commission # / Exp. Date

I swear or affirm the above statements are correct and true
Officer's Signature T.H.E. G.O.S. #1476
(850)484-5000X317
Officer's Bus. Phone No.
KEYES G. / 1476
Officer's Name/Badge ID

Notice to Defendant Regarding Social Security Numbers: This Law Enforcement Agency has collected your social security number (SSN) as required by FSS 119.071. This agency will use it for the purpose of confirming your identity and sharing it with other governmental agencies to identify records linked to the SSN. This collection and use of your SSN is required by this agency to fulfill its lawful duties and responsibilities.

1001 (05/08) COURT COPY RECORD COPY STATE ATTORNEY COPY INMATE RECORDS COPY AGENCY/REPORT REVIEW COPY DEFENDANT COPY

ICJIS Continuation of: ☑ Arrest Affidavit ☐ Notice to Appear **Document #:** 471515

Defendant's Name: MARTINEZ, HERIBERTO	Case Number: 12OFF090153

Finger to Nose:
Martinez swayed during the exercise. His eyelids fluttered. On his first attempt, left, he touched his upper lip with the pad of his pointer finger before moving the pad of his pointer finger to the tip of his nose. On his second attempt, right, he touched this left nostril with the side of his pointer finger. On his third attempt, left, he touched the bridge of his nose with the pad of his pointer finger. On his fourth attempt, right, he touched the tip of his nose with the pad of his pointer finger. On his fifth attempt, right, he touched the bridge of his nose with the pad of his pointer finger. On his sixth attempt, left, he touched his right nostril with the side of his pointer finger.

Based on the aforementioned factors and his performance on roadside exercises, I placed Martinez under arrest for DUI with property damage. After his vehicle was removed by a J and B Towing, I transported him to the Orange County DUI testing center.

At the testing center, breath test operator J. Burke observed Martinez for 20 minutes. After this time period, I requested that Martinez submit to an approved breath test. When asked if he would take the test. He shook his head and stated, "No." When asked if he still refused to take the test knowing that his license would be suspended for at least one year, he stated, "Yes." Martinez refused to submit to a breath test.

After my report was completed, I transported Martinez to the Orange County Jail. I issued him DUI citation number 6078-XBO and Uniform Traffic Citation number 7545-WJK (careless driving).

Property Damage and Witness:
Roberto Rosa - 4028 Feldspar Trail, Orlando, FL 32826, 407-919-8303

Sworn to and subscribed before me, this 21 day of October year 2012

Notary Public ☑ Law Enforcement or Corrections Officer ☐
Personally Known ☑ Produced Identification ☐
Type of Identification:

Notary Signature

NOTARY PUBLIC STATE OF FLORIDA

I swear or affirm the above statements are correct and true

Officer's Signature #1476

(850)484-5000X317
Officer's Bus. Phone No.
KEYES G / 1476
Officer's Name/Badge ID

Notice to Defendant Regarding Social Security Number: This Law Enforcement Agency has collected your social security number (SSN) as required by FSS 119.071. This agency will use it for the purpose of confirming your identity, and sharing it with other governmental agencies or identity records linked to the SSN. This collection and use of your SSN is required by this agency to fulfill its lawful duties and responsibilities.

SANTIAGO, JUAN C.
Notary Name

EE002890 / 07/12/2014
Notary Commission # / Exp. Date

1001 (05/08) COURT COPY RECORD COPY STATE ATTORNEY COPY INMATE RECORDS COPY AGENCY/REPORT REVIEW COPY DEFENDANT COPY

ORDER OF DISPOSITION PLACING DEFENDANT ON PROBATION

___ Judgment of Guilt placing defendant on probation and disposition.
___ Judgment of Guilt withheld placing defendant on probation and disposition.

TRAFFIC

In the County Court of Orange County, Florida

Case Number 12-CT-9907 AO

Division Number 30

Date of Birth ____ R ___ S ____

Heriberto Martinez
Defendant

This cause coming on this date to be heard before me, and you, the defendant Heriberto Martinez being now present before me, and represented by R. Preter Counsel, or waived right to counsel (FRCP3.160(e)) you have

___ Entered a plea of guilty to
✓ Entered a plea of nolo contendere to
___ Been found guilty by the verdict of a jury of
___ Been found guilty by the Court trying the case without a jury of

the offense(s) of DUI

The Court hereby: ✓ adjudges you guilty; ___ withholds adjudication of guilt and you are placed on ✓ Supervised Probation for a period of 360 days concurrent with ____ or consecutive to ____ under the supervision of Orange County Community Corrections Division, (Probation Unit). Supervision to be subject to the provisions of the Laws of this State.

___ **You will report in person to the Orange County Central Intake Unit** ✓ **within 24 hours or within** ____ **of sentencing (See back for Reporting Instructions)**

___ You will attend and complete the ✓ DWICAS ~~ADI (4 hour or 8 hour)~~ ___ DDC ___ SAPE ___ FACT ✓ to participate in any additional treatment recommended while on Probation by 4/1/13

✓ Driver license ~~Suspended~~/Revoked for 1 year DL# ____ B.A.L. ____ %

___ You will consume no alcohol

✓ You will not drive after consuming alcohol or drugs

___ **You will attend and complete the following self-improvement programs, service or counseling program:**

___ Urinalysis (random) ✓ Victim Awareness Program ___ Substance Abuse Evaluation and treatment, if recommended

Enroll within ____ **; complete by** 4/1/13

___ You will serve ____ hours of community service through the Alternative Community Service Program, enroll within ____, complete by ____

✓ You are hereby ordered to serve 2 days in the Orange County Jail with credit for 2 days time served, ____ days suspended on the condition that ____

✓ Court orders restitution. Court reserves jurisdiction as to amount.

✓ Mediation Program

✓ You will pay a fine and costs totaling $ 1559.14 no later than 4/1/13

Fine 1000 CCD DERP ____ CAP Program

~~Fine~~ and Court Costs totals 406 43.14 OSCO Fee PD Lien ____

✓ Fine **IS** a Condition of Probation Fine **IS NOT** a Condition of Probation

✓ Impound/m or immobilize vehicle for 10 days ~~effective~~ On or before 91st day of probationary term Stat 50 Surcharge 50 Impound 10

___ Waive impoundment ____

___ Probation Supervision may be terminated early with the recommendation of Community Corrections Division and upon approval from the Court.

Other: Ignition Interlock device to be installed For A period of 1 year on any vehicles leased or owned Routinely operated By Defendant when defendant qualifies For A valid DL or Restricted DL Not Imp

You are hereby placed on notice that the Court may rescind or modify your Probation or extend the period of your Probation as authorized by Law or may discharge you from further supervision and that if you violate any of the conditions of your Probation, you may be arrested and the Court may revoke your Probation and adjudge you Guilty and impose any sentence which it might have imposed before placing you on Probation.

It is further ordered that the Clerk of this Court shall file this order in his office and forthwith forward a copy of same to the Probation Unit in this district for their use in compliance with the requirement by Law.

Filed in Open Court this the 29 day of NOV, 20 12

Done and Ordered at Orange County, Florida

Lydia Gardner, Clerk of Courts

By SLIKP
Deputy Clerk in Attendance

[illegible] Circuit Judge

I acknowledge receipt of a copy of this order and am thus responsible for compliance with the conditions of my sentence therein. This ___ day of ____ 20____.

Tiffany Moore Russell, Clerk of the Circuit Court
By: ____ Deputy Clerk

Mailing Address ____

Probationer Signature ____ Phone # ____

Copies to ___ Probation ___ ACS ___ Dockets ___ Defendant ___ Booking ___ Court Security ___ C.F.S.C ___ TO MAIL ____

33-50 (Rev. 7/02)

ORANGE COUNTY GOVERNMENT
FLORIDA

Probation
(407) 836-3000

Orange County Corrections Department
Community Corrections Division
Probation Unit

Post Office Box 4970
Orlando, FL 32802-4970

To: Clerk of the Court
From: KATHERINE REED
Re Case: 2012CT9907AO
Name: HERIBERTO MARTINEZ
Date: Friday, January 3, 2014

Please be advised the offender, HERIBERTO MARTINEZ, has successfully completed probation on case number 2012CT9907AO.

The following conditions listed below were satisfied on the dates indicated.

Condition	Status	Status Date
DUI COUNTER ATTACK SCHOOL	Completed	02/11/2013
SUBSTANCE ABUSE TREATMENT	Completed	10/01/2013
DRIVER'S LICENSE REVOKED OR SUSPENDED	Complying	10/18/2013
VICTIM AWARENESS PROGRAM	Completed	02/11/2013
COURT COSTS	Completed	01/19/2013
IGNITION INTERLOCK	Pending	10/18/2013
IMPOUNDMENT/IMMOBILIZATION	Completed	02/11/2013

Officer: KATHERINE REED

cc: HERIBERTO MARTINEZ

PROBATION EXPIRED November 23, 2013

HERIBERTO MARTINEZ
[redacted] OAK COMMONS WAY
ORLANDO FL 32832

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/24/2016	01/16/2017	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Orlando Recovery Center

Reason/Charge
Treatment for alcoholism

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I was suspended from work and eventually terminated for arriving to work under the influence of alcohol. During my suspension I made contact with the Florida Professionals Resource Network, the impaired practitioner monitoring program for the state of Florida. They advised they would allow me to enter into a monitoring contract with them but I would first have to submit to inpatient alcohol treatment. I went in for treatment at the Orlando Recovery Center on 11-24-2016 and was released on 1-16-2017. I was then referred to Newbridge Recovery Center to complete 12 weeks of intensive outpatient treatment.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1-17-2017	4-3-2017	FL	Winter Park	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Newbridge Behavioral Health		
Reason/Charge				
Treatment for alcoholism				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

After completing residential treatment for alcoholism, I was referred to Newbridge Recovery Center and completed 12 weeks of treatment.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Ongoing	Ongoing	FL	Orlando	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Barbara Fuller		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I am a recovering alcoholic and have been in treatment with Barbara Fuller since 2014. I had previously seen Barbara back in 2004 as part of my court-ordered treatment for my first DUI. I then started seeing Barbara again from 2014 until 2015 as part of my requirements for having the ignition interlock device installed in my car after my second DUI. I then started seeing Barbara again starting in 2017 as part of the requirements for my Florida PRN monitoring contract, at first once weekly and currently seeing her once a month to fulfill the remaining requirements of my Texas PRN monitoring contract.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

BARBARA B. FULLER, LCSW, P.A.
800 N. Ferncreek Ave., Ste. 2, Orlando, FL 32803
Phone (321) 689-9420 FAX (407) 898-9321

Nevada State Board of Pharmacy
986 Demonte Ranch Pkwy, Suite 206
Reno, Nevada, 89521

October 22, 2022

Re: Heriberto Martinez, Jr. (SS# XXX-XX-4006)

I assessed Mr. Heriberto Martinez, SS # XXX-XX-4006, DOB [redacted] on March 28, 2017 following his mandated participation the Florida Resource Network for impaired professionals.

DIAGNOSTIC IMPRESSIONS:

AXIS I F10.20 Alcohol Dependence (currently in remission) with a history of F43.25 Adjustment Disorder with Disturbance of Emotions & Conduct
AXIS II Several Antisocial Personality features
AXIS III Clear per self-report (no current medications)
AXIS IV Mild Adjustment to circumstance
AXIS V current 70 past year 67

I agreed to provide supportive psychotherapy and relapse prevention. He has regularly participated in bi-monthly therapy since 2019 now monthly since July 2021. He concurrently attends twice weekly Alcoholic Anonymous with step work with his AA sponsor. It is my professional opinion that he is stable in abstinence and committed to a recovery/health-oriented lifestyle.

His last appointment was October 22, 2022, and next appointment is November 12, 2022. He is compliant and demonstrates insights regarding his interpersonal and family relationships. He also does recovery service work through his home group periodically.

I certify that I am a qualified Substance Abuse Professional, and that I have knowledge of clinical experience in the diagnosis and treatment of alcohol and controlled substance use disorders.

Barbara B. Fuller, MSW, ACSW, LCSW, C-CATODSW, CAP, CPP, ICADC, SAP

Signature: [signature] LCSW Date: Oct. 22, 2022

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2-2-2017	2-10-2022	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Florida Professionals Resource Network

Reason/Charge
Monitoring contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I entered into a voluntary 5-year monitoring contract with Florida PRN. Because it was voluntary, there was no communication with the Florida Board of Pharmacy. I remained sober and substance-free for all 5 years, attended AA meetings, participated in both group and individual treatments, and submitted to random drug and alcohol testing.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

AUG 0 2 2017

PROFESSIONALS RESOURCE NETWORK, INC.
MONITORING CONTRACT

CONTRACTED CONSULTANT TO THE FLORIDA DEPARTMENT OF HEALTH AND THE FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ALEXIS G. POLLES, M.D.
MEDICAL DIRECTOR

MARTHA E. BROWN, M.D.
ASSOCIATE MEDICAL DIRECTOR

P. O. BOX 16510
FERNANDINA BEACH
FLORIDA 32035-3126

1-800-888-8776
1-904-277-8004
Fax: 904-261-3996
E-Mail: admin@flprn.org
Website: www.flprn.org

This Monitoring Contract ("Contract") is entered into between Professionals Resource Network, Inc. ("PRN") and the following individual ("Participant"):

Name: Heriberto Martinez Date of Birth: February 14, 1982

Profession: Pharm.D. Specialty: _____

License Number: PS43091 Malpractice Carrier: _____

Participant's current contact information is as follows:

Home Address: [redacted] Stonebark Tr.

City: Orlando State: FL Zip: 32824

Phone: [redacted] (Cell) _____ (Office) _____ (Home)

Employer/Business/Practice Name: WellDyneRx

Address: P.O Box 90369

City: Lakeland State: FL Zip: 33804

Preferred Mailing Address (circle one) Home or Business. Or list other preferred mailing address here: _____

In case of an emergency or if the Participant is unreachable, PRN may contact:

Name: Nicole D'Amico Address: [redacted] Stone bark Tr

City: Orlando State: FL Zip: 32824 Relation: girlfriend

Phone [redacted] (Cell) _____ (Office) _____ (Home)

Participant agrees to notify PRN within twenty-four (24) hours of any update to the information on this page.

amended 8.10.17 JWT
amended 8.31.17 JWT
amended 1.8.18 JWT

This Contract memorializes Participant's enrollment in the impaired practitioner program operated by PRN. Participant's failure to comply with this Contract may constitute a violation of sections 456.072(1)(k) and (hh), Florida Statutes or other applicable law.

PRN agrees to advocate on behalf of the Participant before the Participant's licensure board, hospital board, and other applicable entities provided the Participant is in compliance with all provisions of this Contract and the program.

The terms set forth in this Contract do not supersede or otherwise alter PRN's authority to terminate this Contract and dismiss the Participant from the impaired practitioner program at any time if the Participant is not satisfactorily progressing, in PRN's sole discretion.

The terms set forth in this Contract, including its duration, may be subject to change if PRN, in its sole clinical discretion, concludes that additional, higher, or otherwise different, types and levels of monitoring and other contract obligations are necessary to ensure the Participant is able to practice with skill and safety and otherwise progress through the program. If the Participant fails to agree to any such future modifications of this Contract, then PRN may dismiss the Participant from the program and report the Participant's dismissal to all applicable persons and entities, including but not limited to the Florida Department of Health and the applicable licensure board.

This Contract will become effective on the date signed by Participant, a PRN representative, and their witnesses. Regardless of the Contract duration specified below, this Contract will remain in full force and effect until the Participant completes PRN's formal exit process (including an exit evaluation when appropriate) and receives a letter from PRN indicating that the Participant has successfully completed and been released from the impaired practitioner program.

Once this Contract becomes effective, any modifications to this Contract are effective only when made in writing and signed or initialed by both the PRN Medical Director and Participant.

Participant further understands and agrees to the following specific terms and conditions:

1. I understand that by signing below I am under a Substance Use Disorder Monitoring Contract with PRN. I understand that this Contract is legally binding on me and that my failure to comply may result in action against me, including disciplinary action against my professional license(s).

2. I agree to enroll and keep my required participant information updated through **Affinity Online Solutions (AOS).**

3. I agree that I may be required to provide a urine, hair, breath, nails, or blood specimen -- regardless of the nature of this Monitoring Contract -- for reasonable suspicion or for cause. I agree to provide urine, hair, or blood specimens on the same day they are requested, unless otherwise allowed by PRN. I agree to release all written results of such screens to PRN to validate my continuing progress.

4. I have reviewed the Participant Manual available on the Affinity website (www.affinityehealth.com), and agree to follow all to the directives in the Participant Manual.

5. I understand that my PRN Compliance Manager is:
Name: Chad Brazle, M.A.
Phone: (800)888-8776 Ext. 220 E-mail address: Shelley @flprn.org

6. I agree that PRN may contact me at the following e-mail address: [redacted].

7. I have selected the following primary physician:
Name: Ronald Burns, D.O.
Address: 10055 University Blvd., Orlando, FL 32817
Phone: 407-679-4800 Fax: _____
I understand that a copy of this Contract will be sent by PRN to my primary physician. I understand that if I do not presently have one, I must obtain a primary physician and notify PRN of his or her contact information within 60 days or I will be in noncompliance with this Contract.

8. I agree to send PRN by fax or scanned copy via e-mail copies of all prescriptions written for me within 24 hours of the time such prescription is written.

9. I agree to seek approval from PRN **prior** to the use of **any** medication (including over the counter medications) unless used during an emergency. In the case of such emergency, I agree to notify PRN of the use of such medication within one (1) business day.

10. A positive urine/hair screen following an acute medical event will be handled by PRN as a positive that has no valid or acceptable medical explanation unless and until I provide documentation to PRN from my medical providers or others as required by PRN sufficient for PRN to conclude this Contract was not violated by my actions relating to such acute medical event. I understand this Contract is not violated when my test results indicate my use of a medication that has been approved by PRN.

11. I understand that PRN may require one or more evaluations of me during the term of this Contract, in addition to any evaluations of me done prior to this Contract.

12. I agree to notify PRN of any changes in my physical or mental health, contact information, or employer within twenty-four (24) hours.

13. I agree to consent to the release of drug screen results, evaluator and treatment provider records, therapist reports, and other written and verbal information, as required by PRN.

14. I agree to be appropriately courteous and cooperative in all contacts with PRN staff and representatives. I agree to return PRN calls or e-mails within twenty-four (24) hours.

15. I understand this Contract will be reviewed by PRN for possible modification or continuation if I have or develop a chronic illness or disorder that could potentially impact my ability to practice with reasonable skill and safety **or** could potentially impact my recovery from chemical dependency.

16. If I fail to comply with this Contract, it may result in PRN reporting me to the Department of Health ("DOH"), my licensure board, and all other applicable entities, as well as the withdrawal of PRN's advocacy of me before the applicable agencies and entities.

17. I agree to notify PRN immediately if a case or complaint is initiated by DOH involving me. I will obey all local, state, and federal laws and will immediately report to PRN any arrest, conviction, or questioning of me by law enforcement.

18. I understand that if I appear before my state licensing board, the length of this Contract may need to change.

19. The following PRN Facilitator has been selected for me as my monitoring professional:
Name: Kelly Brady, LMHC, A.P.
Address: 2505 E Lowfield Ave, Plant City, FL 33563
Phone: (813) 335-2060 Fax: _____

20. I will attend a weekly monitored professional group with my PRN Facilitator. I understand that I must contact my PRN Facilitator upon signing this Contract to obtain the meeting location and time.

21. I agree to the release of information (e.g., evaluations, updates) about me between my PRN Facilitator and PRN.

22. I understand that my PRN Facilitator will send quarterly updates to PRN regarding my status and progress during the term of this Contract.

23. I agree that I will not knowingly treat any other PRN impaired practitioner program participant during the term of this Contract. This provision does not obligate me to ask all those I treat whether they are in the PRN program but does, for example, obligate me to not treat those who I know are in the program (e.g., those in my same facilitated group meeting). I agree to immediately notify PRN if I learn that I have treated another program participant during the term of this Contract.

SUBSTANCE ABUSE/DEPENDENCY COMPONENT

24. I agree that I will not consume any alcohol in either beverage or food.

25. I agree that I am responsible for any medication, skin product, or food that I take, use, or ingest that could result in a positive drug test (including incidental use of alcohol-based products, poppy seeds in food, etc.) I am responsible for ensuring that my environment is free of any illicit substances. Failure to do so in conjunction with a positive drug screen will require an evaluation and immediate withdrawal from practice.

DEC 1 0 2017

26. I agree to participate in PRN's random urine, hair, breath, or blood screening program, which is presently administered through Affinity/U.S. Drug Testing Laboratories. Such provider is subject to change from time to time. I agree to provide specimens on the same day as requested. I understand that any adulteration, substitution, or subversion of the urine screen process will require evaluation and possible dismissal from the program and referral to the DOH.

27. **If applicable**, I agree that while under this Contract I may not hold a license to dispense scheduled medication (a dispensing practitioner's license).

28. I agree to attend a mutual aid meeting (e.g. AA/NA/IDAA/other mutual aid meeting approved by PRN) a **minimum** of **90 meetings in 60 days followed by 3** times per week.

29. I understand that PRN does not require me to participate in faith-based activities. I agree to contact my PRN Compliance Manager to discuss alternative mutual aid meetings (e.g., meetings other than AA or NA) acceptable to PRN as needed.

30. I agree to provide my employer with a copy of this Contract. I understand and agree that my employer will provide PRN with **quarterly** reports and other information as needed. I understand that my supervisor must be approved by PRN, may not be my employee, beholden to me in any situation, related to me, or under my supervision.
Employer's Name: WellDyneRx
Supervisor's Name and Title: Joe Fleischman, Pharm.D., R.Ph., CDR
Work Address: P.O. Box 90369 (Mailing)/500 Eagles Landing Dr., Lakeland, FL 33810 (Physical)
City: Lakeland State: FL Zip: 33804 Phone: (888) 479-2000

31. My family will involve themselves in continuing, supportive care and other therapeutic measures, as needed. I give PRN permission to exchange information about me and my participation in the impaired practitioner program with:
Name: [redacted] (spouse/significant other/family member)
Address: [redacted]
Phone: [redacted] E-mail: [redacted]

MAY 1 5 2018

32. I acknowledge that I am invited to and encouraged to attend the annual conference presented by the Florida Medical Professional Group, an organization of healthcare professionals and their families in recovery, whose mission is to improve the quality of member's lives through education, fellowship and support.

33. I agree to obtain psychotherapy treatment from the following therapist and to provide free and unlimited release of all information concerning my health and participation in treatment to PRN.
Name: Barbara Fuller, LCSW
Address: 800 Ferncreek Ave., Ste. 2, Orlando, FL 32803
Phone: (407) 894-5666 Fax: _____ E-mail: _____

34. I understand the need for and have requested that my therapist named above send PRN **quarterly** reports and notify PRN immediately of:

A) failure to progress in therapy;
B) discontinuation of therapy;
C) change of treating professional;
D) failure to appear for appointments, or cooperation in the therapeutic process.

35. I understand that **I am responsible** for ensuring that all required reports/updates (psychiatrist, psychotherapist, etc.) are received by their deadline (reports are due quarterly starting with this Contract's effective date).

36. I agree to contact my PRN Compliance Manager by telephone or e-mail on a monthly basis at minimum.

MEDICATION MONITOR

37. I have selected the following individual to serve as my medication monitor:
Name: Joe Fleischmon
Address: 500 Eagles Landing Drive, Lakeland, FL 33810
Phone: 888-479-2000 Fax: _____ E-mail: jfleischmon@walgreens.com

38. I understand that my Medication Monitor must work at my place of employment and must observe my ingestion of naltrexone at a minimum of twice per week.

39. I understand that I must continue to take naltrexone continuously as prescribed, regardless of time off or vacations and must continue to maintain my daily log.

40. I understand that I must take naltrexone for a period of ___2___ years during my monitoring. I understand that at the end of the time, I may request that may case is reviewed for discontinuation of naltrexone.

OTHER

41. I understand I must enroll in and complete Intensive Outpatient Treatment (IOP) at New Bridge Recovery.

42. I understand that I must remain withdrawn from practice until cleared for return by PRN.

43. I understand I must submit a copy of my initial prescription of Naltrexone and any refills to PRN.

44. I understand terms of this Contract may change based upon the discharge summary recommendations from IOP

TERM AND DURATION

45. This Contract becomes effective on the date it is signed by me, a PRN representative, and witnesses, below. If I and the PRN representative sign on different dates, the date of the last to sign is the effective date of this Contract.

46. The duration of this Contract is ___5___ years following the effective date.

[signature page to follow]

By signing below, I affirm that I have read, understand, and agree to this entire Contract. I also affirm that I have read, understand, and agree to this entire participant manual.

Participant's Signature and Date

1/29/17
Witness's Signature and Date

Heriberto Martinez
Participant Print Name

Daniel Naizghi
Witness Print Name

Tish Connell 2/2/17
PRN's Signature and Date

S Anderson 2/2/17
Witness's Signature and Date

Tish Connell, CAO
PRN Representative Print Name, Title

Shelley Anderson
Witness Print Name

A passport-type photo of Participant must accompany this Contract. This Contract will not be accepted or processed by PRN without a passport photo.



CONSENT TO DISCLOSE COMPLIANT PROGRAM STATUS TO DOH

I, Heriberto Martinez, Pharm.D. ("Participant"), authorize Professionals Resource Network, Inc. ("PRN") to disclose to the Florida Department of Health ("DOH") whether I am currently subject to, and in compliance with, a Monitoring Contract with PRN. I understand this authorization is valid only if PRN receives written notice from DOH that I am being investigated for allegations of impairment.

I understand this information may be used by DOH for any purpose permitted by law, including but not limited to, potential investigation and disciplinary action against my professional license(s). Furthermore, I understand this information may become public as a result of any potential disciplinary action against my professional license.

This Consent will expire one year from the date of my successful completion of my Monitoring Contract with PRN, and that successful completion will be determined solely by PRN. I understand I can revoke this authorization at any time by writing to PRN, except to the extent that PRN has already taken action in reliance on the authorization. I understand the decision by PRN to report the above information to DOH pursuant to this Consent constitutes action taken in reliance on it.

I understand that federal privacy laws and regulations may no longer apply to information once disclosed to DOH.

By signing below, I release PRN from any and all legal liabilities that may arise from its release of this information to DOH.

I acknowledge that I have read, fully understand, and voluntarily agree to this authorization and all of its contents. A copy of this signed authorization is as valid as an original.

Participant's Signature	Witness's Signature
Heriberto Martinez	Daniel Naizghi
Participant's Printed Name	Witness's Printed Name
1/29/17	1/29/17
Date Signed by Participant	Date Signed by Witness*

Note: Witness must physically view Participant signing this Consent and sign this Consent on the same date as Participant.

PROFESSIONALS Resource Network

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

February 21, 2022

Heriberto Martinez, Pharm. D.
[redacted] Stonebark Tr.
Orlando, FL 32824

Dear Dr. Martinez:

Congratulations on the completion of your Participant Contract with the Professionals Resource Network (PRN) on February 10, 2022.

Our Program's mission has been and remains to ensure the public's health, safety and welfare by assisting health care practitioners who, for a wide variety of reasons, experience difficulties. Your personal success helps to assure that our Program's mission continues to assist your fellow health care workers in the future.

It is my hope that, through difficult times, our Program and its representatives have treated you fairly and respectfully.

It is my wish that in the years to come, you will have a rewarding professional career and that you will not hesitate to contact our staff should the need arise personally or with a colleague.

With my sincerest regards,

Chad Brazle

Chad Brazle, MA
Case Manager, PRN

Alexandria G. Polles

ALEXIS G. POLLES, M.D.
Medical Director
Consultant -
Department of Health
Department of Business &
Professional Regulation

AGP:ls

CONTRACTED CONSULTANT TO THE FLORIDA DEPARTMENT OF HEALTH AND THE FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ALEXIS G. POLLES, M.D.
MEDICAL DIRECTOR

WILLIAM S. JACOBS, M.D.
ASSOCIATE MEDICAL DIRECTOR

MARTHA E. BROWN, M.D.
ASSOCIATE MEDICAL DIRECTOR

P. O. BOX 16510
FERNANDINA BEACH
FLORIDA 32035-3126

1-800-888-8776
1-904-277-8004
Fax: 904-261-3996
E-Mail: admin@flprn.org
Website: www.flprn.org

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Feb 2019	current	TN	Nashville	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Tennessee Pharmacists Recovery Network		
Reason/Charge				
Monitoring contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I applied for reciprocity in Tennessee and was required to appear before the Board of Pharmacy to discuss the disclosures on my application regarding arrests/convictions and alcohol treatment. I was granted a conditional license as long as I agreed to participate in the Tennessee PRN program. The TN PRN program required quarterly updates from Florida PRN, and after my completion of the Florida PRN contract, they now require quarterly updates from my TX PRN case manager. My TN PRN contract will end once they receive notification of my successful completion of the TX PRN contract.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

TPRN
Tennessee Pharmacy Recovery Network

1732 Lebanon Pike Circle, Nashville, TN 37210
p: (615)256-3023 www.tnpharm.org/tprn
f: (615) 255-3528 tprn@tnpharm.org

Extended Aftercare Contract

The Tennessee Pharmacists Recovery Network (TPRN), by and through its duly authorized representative, agrees to assume an advocacy role on behalf of and for the benefit of Heriberto Martinez, before the professional licensure board and/or any other appropriate agency or entity as may be required, provided the above referenced recovering pharmacist agrees to diligently and absolutely abide by the terms and conditions of this contract. I am aware this contract is designed to meet the needs of the individual.

1. I agree to the terms of this contract until, at a minimum, October of 2023, the end date specified in the Tennessee Board of Pharmacy Consent Order to which I agree.

2. I am responsible for all expenses connected with my treatment including costs incurred as a result of this extended aftercare phase.

3. I am responsible for timely reporting of all aspects of my recovery by other peer assistance programs in which I participate to the TPRN Program Director.

4. I agree to follow any recommendations imposed by the Tennessee Board of Pharmacy.

5. My primary physician is:

   Name: _____

   Address: _____

   Telephone: _____

6. I agree to comply with all requirements of the five year Monitoring Contract established with the Professionals Resource Network (PRN) Program in the State of Florida in February 2017. Those requirements include attendance of a weekly monitored PRN group, mutual aid meetings, random urine/hair/blood toxicology testing, and quarterly updates from participant's psychotherapist and medication monitor. Following the conclusion of the Professionals Resoure Network Program of Florida, I agree to comply with all requirements of the Texas Pharmacy Association's Professional Recovery Network.

7. I agree to offer and obtain, at my own expense, urine/blood/hair samples for drug screens, randomly and/or at the discretion of the TPRN or through the Professionals Resource Network in Florida or any other peer assistance program in which I am participating. Further, I agree that a report from the Professionals Resource Network in Florida or any other peer assistance program in which I am participating of requested screens performed and any other pertinent information will be provided to the TPRN Program Director.

8. I agree to sign and provide all releases necessary to allow sharing of information regarding me between other peer assistance programs including the Professional Resources Network Program in Florida and the Texas Pharmacy Association's Professional Recovery Network and the Tennessee Pharmacy Recovery Network Program.

9. In the event of relapse, I agree to notify the TPRN and abide by their recommendations for reassessment and/or further treatment.

10. I understand that the TPRN Committee will re-evaluate the recovering pharmacist's recovery process every two years or as needed. I understand that TPRN reserves the right to alter/modify any and all parameters of this contract based on this review.

11. I agree and understand, in order to foster a more candid and open working relationship between the parties, that all communication by and between the recovering pharmacist and his/her TPRN representative concerning and regarding the recovering pharmacist's current or past physical or mental condition, or any other matter, fact or bit of information pertinent to any ongoing, pending or future obligation before the professional licensure board or any other appropriate agency is and shall be considered privileged and confidential information. Accordingly, disclosure to any third-party other than to the professional licensure board, the TPRN Committee as a whole, or any other appropriate agency by the TPRN or its representative is prohibited except with my written consent as the recovering pharmacist. This privilege of confidentiality shall include but not be limited to any and all written correspondence, urine or blood test reports, medical reports, telephone conversations, all notes and work product of the TPRN representative.

12. I understand that if I do not adhere to conditions of this contract the TPRN Program may elect to relinquish advocacy and may so notify appropriate agencies and/or persons before which the Program has acted or may have an opportunity to act on my behalf.

13. I agree to update my personal contact and employment information with the TPRN Program Director any time there is a change.

Signatures of Acceptance

Recovering Pharmacist: _____

Address: _____

Phone Number: _____

Email: _____

Representative of Tennessee Pharmacists Recovery Network:

Barbara M. Black

Date: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10-11-2018	current	TX	Austin	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Texas Professional Recovery Network

Reason/Charge
Monitoring contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I applied for reciprocity with Texas and was required to appear at an informal conference regarding the disclosures on my application regarding my arrests/convictions and alcohol treatment. I was granted a license without disciplinary action provided I agree to participate in the Texas PRN program voluntarily. Texas PRN initially monitored me via communication with Florida PRN, but once my Florida PRN contract ended, Texas became my primary monitoring contract. I have been alcohol and substance-free, submitting to random drug and alcohol tests, attending AA meetings, attending individual treatment, and providing quarterly reports to my case manager. The contract is schedule to end around October 25, 2023.

Although there was no disciplinary action on my Texas license, I am providing a letter sent to me by the Texas State Board of Pharmacy that shows allegations discussed at the informal conference were dismissed.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

TEXAS STATE BOARD OF PHARMACY

October 30, 2018

VIA U.S. FIRST CLASS MAIL &
ELECTRONIC MAIL

Heriberto Martinez Jr.
[redacted] Stone Bark Trail
Orlando, Florida 32824
[redacted]

RE: Heriberto Martinez Jr., Applicant for Pharmacist Licensure by Reciprocity
Dismissal of Disciplinary Action

Dear Mr. Martinez:

As discussed at the Informal Conference held on October 10, 2018, you were required to participate in the Texas Pharmacy Association's Professional Recovery Network (PRN), which included signing a contract with PRN. TSBP staff received your signed contract on October 24, 2018. This letter will inform you that the allegations discussed at the informal conference have been dismissed.

Should you have any questions, please do not hesitate to contact me at 512-305-8060.

Sincerely,

Kerstin E. Arnold
General Counsel
kerstin.arnold@pharmacy.texas.gov

KEA/ead

S:\Attorneys\PNLs 0118 - 1218\Martinez, Heriberto Jr\Martinez, Heriberto Dismissal Letter.docx

CONFIDENTIAL

RECEIVED

PROFESSIONAL RECOVERY NETWORK SUPPORT AGREEMENT

I, Heriberto Martinez, ("Participant") hereby enter into this Support Agreement with the Professional Recovery Network ("PRN") as of October 11, 2018. Pursuant to this Agreement, I am agreeing to enter into the Professional Recovery Network Program ("Program"), and agreeing to comply with the terms contained herein for the duration of the time I am being monitored under the Program. **I understand that PRN is a monitoring program and not a mental health program. PRN does not provide any health care or mental health counseling or therapy services.**

In return, PRN agrees to assist and monitor my progress for the duration of this agreement.

Pursuant to the foregoing, I hereby agree to the following:

1. **Term.** This Agreement will become effective upon receipt by PRN at its Austin, Texas office and full execution (signature) by both parties. It will remain in effect for a period of five (5) years thereafter. The five (5) year term is subject to change upon instances of relapse, new board orders, or noncompliance with the PRN program's requirements.

2. **Fees.** I will pay PRN the applicable annual monitoring fee, by check or money order made payable to "Professional Recovery Network". **The first such payment will be due within sixty (60) days of the full execution of this Agreement, with subsequent annual payments due every year thereafter, on the anniversary date of the full execution of this Agreement.** The 2018 annual monitoring fee is **$600.**

3. **Treatment Program.** I will participate in and complete the indicated program(s) and be responsible for all costs connected with my treatment in one or more of the following treatment programs:

a. I will attend therapy with a PRN approved therapist and follow all recommendations.
b. I will obtain a PRN approved psychiatrist and follow all recommendations.

4. **Recovery Program.** I will attend Alcoholics/Narcotics Anonymous and/or other appropriate recovery-focused programs specified by the treatment facility, PRN approved mental health professional (MHP), or PRN. Thereafter, I will attend four (4) meetings a week. Required meeting attendance may change due to compliance with the PRN program's requirements.

Participant Initials: HM

5. **Sponsor Contact.** I will obtain a sponsor and have weekly contact with my sponsor. I will work through the 12-Steps with my sponsor. I authorize the PRN staff to be in contact with my sponsor, whose contact information I will provide, on a regular basis if PRN deems necessary.

6. **Seminars.** I will attend two (2) Substance Abuse education training seminars, sponsored by PRN, per year. *If* I reside farther than three hundred (300) miles from Austin, I am required to attend only one seminar per year. *Since I live out of state, I am not required to attend seminars. In the event that I move to Texas within the monitoring period, I will begin attending PRN seminars at that time.*

7. **Abstinence.** I will completely abstain from the use of all abusable substances and products. I will also abstain from over-the-counter medications and products containing alcohol. Prohibited products include, but are not limited to, the following:

   a. **Alcohol and non-alcoholic beer; and,**

   b. **Any over-the-counter medication or product *with abuse potential or containing alcohol*, such as Nyquil, Robitussin, Benadryl, flavoring extracts, hand sanitizer, and some breath sprays and mouthwashes.**

   c. ~~Any over-the-counter medication or holistic medicine that includes~~ ***CBD and/or THC.***

8. **Medications.** Prior to taking a prescription for a controlled or abusable medication and prior to taking an over-the-counter product with abuse potential, I understand that my physician or dentist must complete the PRN Prescribing Physician Questionnaire and that ***the questionnaire must be submitted to and the medication approved by PRN prior to use.*** Additionally, all prescribed medications or products must be submitted to PRN prior to use. I also understand that I must notify PRN of any changes in my medications, whether or not they are a substance with abuse potential. (Exceptions may be made in instances of emergency treatment. Notification of medication changes or use need to be submitted to PRN upon termination of emergency treatment.) I will not fill or prescribe my own personal prescriptions, nor will I fill or prescribe prescriptions for any of my family, nor will I utilize the facility where I work, nor ask my co-workers or family members to fill or prescribe my prescriptions while I am a participant in PRN.

9. **Drug Screening.** I understand that PRN uses RecoveryTrek, LLC ("RT") as a third party administrator to manage drug screens under the Program. I authorize RecoveryTrek to release all drug screening related information to the Program.

   a. I hereby consent to the disclosure of my name, social security number, case number, telephone number, and home address to RecoveryTrek for the administration ~~of periodic drug screenings~~.

   b. I will begin testing with RecoveryTrek within **14 days** of signing this Agreement and register with them accordingly.

Participant Initials: HM

c. I will submit to PRN a vacation request through my RecoveryTrek participant portal a minimum of two **(2) weeks before** a vacation, business trip, etc. In the instance of an emergency situation, the case will be reviewed by PRN staff.

d. I will comply with the policies and procedures of RecoveryTrek, including their requests for specimens for drug screening purposes. I further understand that:

i.	Failure to submit a specimen for drug screening purposes on the date selected is a violation of this Agreement;
ii.	Failure to call into RecoveryTrek as scheduled is a violation of this Agreement;
iii.	Failure to submit any prescriptions prior to submitting a specimen for drug screening purposes is a violation of this Agreement;
iv.	These and other failures to comply with RecoveryTrek policies and procedures, or with other responsibilities under this Agreement may result in an increase of drug screening frequency, and may result in a formal report of noncompliance to the appropriate regulatory board.

10. **Work Site.** I will not work for temp agencies, multiple stores/offices, deep nights, or work alone. Amendments to these requirements can be modified upon request.

11. **Disclosure to Physician.** I will inform all of my treating physicians and, if applicable, my dentist of my chemical dependency/mental health diagnosis and of my participation in this Program. I will provide my physicians and, if applicable, my dentist with a copy of this Agreement. I understand that I must follow section 8 titled, "Medications" regarding any prescriptions for controlled or abusable medication. I understand that PRN may require the use of a specialized physician to approve of my controlled or abusable substances, this physician must be Board Certified in Addiction Medicine ***and*** approved by PRN.

12. **Disclosure to Employer and Staff.** I understand the importance of the knowledge and support of my professional associates to my recovery. I *may* be required to inform a member of my employer, company, or office management team, and my immediate staff, that I have entered into this Agreement.

13. **Reporting.**

a. I will contact my **Regional Coordinator, to be determined**, to determine the location and time of my PRN Regional Recovery Meetings. **I am expected to attend one (1) PRN Regional Recovery Meeting per month.** These meetings can count as one of my required meetings as indicated in the section labeled "Recovery Program."

b. I will attend meetings of the Caduceus Health Care Professional Group in my area if available. I am expected to attend a minimum of one (1) Caduceus meeting per month. These meetings can count as one of my required meetings as indicated in

Participant Initials: HM

the section labeled "Recovery Program." **I will contact my Regional Coordinator assigned by PRN in the "Reporting" section letter (a.) to determine the location of the Caduceus Health Care Professional Group.**

c. I will contact PRN by telephone or email on a monthly basis for the duration of the term of this Agreement, at (800) 727-5152.

d. In the event of an emergency, i.e., strong cravings/urges or suicidal thoughts, I understand that I may contact PRN at (512) 496-7247. However, I also understand that PRN does not provide health care or mental health counseling or therapy services.

e. I will submit a quarterly report to PRN for the duration of the term of this Agreement, with the first report due ninety (90) days after the execution of this Agreement, and subsequent reports due every ninety (90) days thereafter. These quarterly reports will contain one **(1) "PRN Quarterly Self Progress Report" and will be submitted to PRN online through the participant portal via RecoveryTrek. (2) I will ensure that Florida PRN provides Texas PRN with quarterly updates regarding my overall compliance.** The quarterly reports may also include: MHP, sponsor reports, and employer reports, which must be submitted via fax, email, or mail. Frequency of required reporting may change due to compliance with the PRN program requirement.

f. I will submit an AA/NA meeting attendance log to PRN on a monthly basis. This will be completed with the MobileTrek App via RecoveryTrek. Exceptions to submitting your logs using MobileTrek must be approved by PRN.

14. **Authorizations.**

a. I hereby authorize and direct any physician, surgeon, evaluation and referral treatment center, hospital, clinic, medical records custodian, or other health care provider who has examined or treated me through the Program to provide to the Program Director or any PRN staff, 3200 Steck Ave. Suite 370, Austin, TX 78757, any and all copies of reports, pertaining to such examination, treatment or hospitalization. The purpose of this release is to provide records for monitoring my progress in the Program and compliance with this Agreement.

b. In the event of my noncompliance with terms of this Agreement, I further authorize PRN to forward any relevant information and records pertaining to my participation in the program, and my actions in noncompliance with the terms of this Agreement to the appropriate licensing/regulatory board. In the event of any positive test without a valid prescription, any records may be released at the request of the respective licensing/regulatory board.

c. I understand that PRN uses RecoveryTrek, LLC ("RT") as a third party administrator to manage drug screens under the Program. I authorize RecoveryTrek to release all drug screening related information to the Program. I hereby consent to the disclosure of my name, social security number, case number,

Participant Initials: HA

telephone number, and home address to RecoveryTrek for the administration of periodic drug screenings. I understand in the event of noncompliance, I *may* be required to enroll in RecoveryTrek if I am not already enrolled.

d. Copies of these authorizations shall have the same force and effect as the original Agreement.

e. I understand that confidentiality may be waived in an emergency to prevent serious, foreseeable, and imminent harm to myself or another identifiable person.

15. **Modifications.** No modification of this Agreement shall be binding unless made in writing and signed by PRN staff. No modification of any term herein shall be construed as a waiver of any other term. If in the situation where a relapse occurs or the participant has been found to be noncompliant with this Agreement, the following modifications to the Support Agreement may occur:

(I) **An additional evaluation by a PRN approved mental health professional or facility**

(II) **Additional treatment if recommended in the evaluation**

(III) **90 meetings in 90 days**

(IV) **Increased drug screening frequency**

(V) **Additional years of monitoring**

(VI) **Possible involvement of the state licensing board**

16. **Jurisdiction and Venue.** This Agreement shall be governed by the laws of the State of Texas. Venue for any proceeding arising from this note shall lie in Travis County, Texas.

17. **Grounds for Termination of Agreement.** This is a ***partial*** list of actions that may result in termination of this agreement and notification of the appropriate licensing board:

a. A positive drug screen without a prescription submitted, according to the requirements outlined in Section 8 of this Agreement

b. Failure to consult with a Medical Review Officer as requested by PRN

c. Failure to register for RecoveryTrek testing

d. Failure to provide a specimen for drug screening purposes when scheduled

e. Failure to provide required monthly and quarterly reports to PRN

Participant Initials: HM

f. Failure to provide a specimen for drug screening purposes on the assigned panel

g. Failure to comply with treatment plan(s) or Support Agreement requirements that are developed by the selected treatment center, PRN approved mental health professional, or PRN

h. Failure to respond to PRN communications or attempts to contact you

i. Failure to pay fees for services charged by PRN, treatment centers, or other health professionals

j. Failure to disclose my participation in this program to healthcare providers who prescribe medications for me

k. Failure to attend support group meetings and/or regional group meetings

Signed on this 24 day of October, 2018:

By: _____
Participant signature

Heriberto Martinez
Participant's printed name

Approved:

Tara Russell, LMSW
By: Tara Russell, LMSW
Social Worker for the Professional Recovery Network

Participant Initials: HM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/13/2019	03/18/2022	VA		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Virginia Healthcare Practitioners' Monitoring Program		
Reason/Charge				
Monitoring contract				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

I applied for reciprocity and was granted a license in Virginia under the condition that I sign a contract with their monitoring program, the Virginia HPMP. Florida PRN provided quarterly updates, and I also complete quarterly updates and checked in monthly with my case manager at Virginia HPMP. Monitoring concluded after they received notification of successful completion of my Florida PRN contract.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

HMAR
5726
VA – N/A | FL – PS43091
12/5/19

5726
HG

VIRGINIA HEALTH PRACTITIONERS' MONITORING PROGRAM
on Behalf of the Monitoring Program Committee
of the Commonwealth of Virginia
Department of Health Professions

RECOVERY MONITORING CONTRACT #1 FOR SECONDARY MONITORING

I, **Heriberto Martinez, Jr**, recognize that my alcohol and/or substance use disorder and/or mental illness and/or physical illness may impair my ability to practice my health profession safely.

I voluntarily agree to participate in and to abide by the provisions specified in this Recovery Monitoring Contract. I understand that this contract has been developed by the Virginia HPMP specifically to address the above condition(s).

Treatment Plan

1. I agree that while I am practicing in Florida, my Primary Monitor will be Florida Professional Resource Network.

   Case Manager: Chad Brazle

   Address: PO Box 16510
   Fernandina Beach, FL 32035

   Telephone: 800-888-8776

   Fax: 904-261-3996

   Participant's Initials HH

2. I agree to provide a copy of my Primary Monitoring contract to HPMP and comply with all its terms and conditions. If my contract is modified, I agree to send a copy of the revised contract to HPMP within ten (10) days after it is in effect.

   Participant's Initials HH

3. Non-compliance to any of the terms of my Primary Monitoring contract will be considered non-compliance to my HPMP contract. It is my responsibility to report my non-compliance with my Primary Monitoring contract to HPMP within three (3) days of notification of non-compliance.

   Participant's Initials HH

4. I agree that my Primary Monitor will provide quarterly reports due by the tenth (10th) of January, April, August, & October. The reports will include information concerning the following if applicable:
   - ☒ Urine Toxicology Screens
   - ☒ Therapy attendance (Individual, Group)
   - ☒ Treatment program attendance
   - ☒ Medication compliance
   - ☒ 12-Step meeting attendance
   - ☒ Abstinence
   - ☒ Physician/Psychiatrist attendance

Virginia HPMP
Received
DEC 13 2019

☒ Compliance with contract

Participant's Initials HM

5. I agree to refrain from practice or working in Virginia in any position in a healthcare setting until approved by HPMP staff. I understand that I must have a copy of the signed (by myself and Case Manager) Recovery Monitoring Contract that includes the practice information prior to working any day (including orientation or volunteer work) in any clinical position.

Participant's Initials HM

6. I agree to submit a report to the Virginia HPMP by the 10th day of the month following the previous **month's** activities regarding my general health including conditions for which I am receiving treatments and prescribed medications, my employment situation, my involvement in 12-step Self-Help groups and related activities, any changes to my Virginia license or additional state licensure, any Court probation reports, and my adherence to this agreement. The HPMP will provide me with forms for this reporting.

Participant's Initials HM

7. I agree to provide a copy of this contract to my Primary Monitor within ten (10) days of approval.

Participant's Initials HM

8. I agree to be solely responsible for payment of all costs incurred in complying with the terms of this agreement.

Participant's Initials HM

9. I agree to notify HPMP of any investigation(s) and orders of the Virginia Department of Health Professions regulatory board and agree to comply with all orders.

Participant's Initials HM

10. I understand that the Virginia HPMP will communicate my ongoing progress and compliance with this Recovery Monitoring Contract to the Monitoring Program Committee at the Department of Health Professions and to the concerned regulatory Board officials as requested. I understand that HPMP and its staff perform monitoring of me on behalf of the Department of Health Professions and does not provide treatment for my condition(s) and/or illness(es)/disorder(s). I understand that an HPMP staff member will provide testimony to the Board as requested on my behalf. I give permission to HPMP and its staff to communicate with all of the above named institutions/individuals in my Recovery Monitoring Plan about my progress in this plan, and to communicate any information about me requested by the Board or Monitoring Program Committee or its representatives.

Virginia HPMP
Received

DEC 13 2019

Participant's Initials HM

11. I agree that I may be charged and will pay a fee ranging from $10-$25 for the preparation of correspondence or documentation relating to my program participation if authorized by me to be provided to individuals who are not affiliated with the Virginia Department of Health Professions or other licensing boards and state monitoring agencies. Such correspondence would include, but not be limited to, letters to malpractice carriers, hospital credentialing bodies, attorneys (in connection with matters other than regulatory matters before any health regulatory board), probation officers, court representatives, and/or employers. In cases where more extensive information is required, I agree to pay a fee that is based upon time actually spent preparing the correspondence or documentation. An itemized invoice will

be mailed to me and payment must be received prior to Virginia HPMP releasing any letter. I understand that, if at all possible, I need to request such correspondence at least 4 weeks in advance to allow for adequate preparation time and for the receipt of advance payment.

Participant's Initials HM

12. I agree to any follow-up interviews and data collection concerning my recovery requested by HPMP.

Participant's Initials HM

13. I agree to be appropriately courteous and cooperative in all contacts with HPMP staff and representatives of HPMP.

Participant's Initials HM

14. I understand and agree that my failure to comply with this agreement as determined by HPMP in its sole discretion, may result in my being reported to the Monitoring Program Committee and to my respective licensing Board which could result disciplinary action.

Participant's Initials HM

15. I understand that if I am discharged from HPMP for non-compliance or I leave prior to completing the monitoring program, eligibility for re-entry into HPMP will be at the discretion of HPMP.

Participant's Initials HM

16. The expected length of monitoring by the HPMP will run concurrent with **Florida Professionals Recovery Network** and dependent upon my compliance and progress, or 5 years from the date of first Recovery Monitoring Contract signature if there is any noncompliance.

Participant's Initials HM

17. I agree to maintain contact with my HPMP case manager via telephone or face-to-face contact **at least once a month** (in addition to submitting required written reports to my HPMP case manager). I agree to contact my case manager at a time agreed upon. I understand it is my responsibility to contact my case manager at the agreed upon time and that failure to do so will result in a report of noncompliance. I agree to attend additional meetings with my HPMP case manager as required. I agree to inform my HPMP case manager of any change of address or telephone number within 48 hours. I also agree to inform my HPMP case manager of any change in life circumstances that might impact my recovery from impairment within 48 hours of an occurrence of such event.

Participant's Initials HM

NOTE: ALTERATIONS IN THIS CONTRACT CANNOT BE MADE WITHOUT PRIOR APPROVAL FROM THE HPMP.

Date: 12/9/2019 Virginia HPMP Received DEC 13 2019 **Signed:** _____

Print name: Heather Mercer

HMAR
5726
VA – N/A | FL – PS43091
12/5/19

Case Manager Signature: _____

Date Received at HPMP: 12/13/19

Virginia Health Practitioners' Monitoring Program
Telephone: (804) 828-1551 or 1-866-206- 4747 (toll-free)

Virginia HPMP
Received

DEC 13 2019

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

March 18, 2022

Heriberto Martinez Jr.
[redacted] Stone Bark Trail
Orlando, Florida 32824

License #: 0202218426

RE: Successful Completion Notification
Health Practitioners' Monitoring Program

Dear Heriberto Martinez Jr.:

Congratulations!

The Monitoring Program Committee received a report indicating that you have fulfilled your contract with the Health Practitioners' Monitoring Program (HPMP).

This is official notification that you have successfully completed the Health Practitioners' Monitoring Program effective date of this letter. An individual who has completed the program seeking further support in the future may be eligible for program participation.

A copy of this letter will be provided to the Board of Pharmacy.

Sincerely,

Charles Williams/ccb

Charles Williams, M.D.
Chairperson
Monitoring Program Committee

cc: Joel Steinberg, M.D., Medical Director
Caroline Juran, Executive Director, Board of Pharmacy

HPMP Case Reference: 5726_HM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/21/2018	08/21/2018	AL	Birmingham	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
18-L-0047	Alabama State Board of Pharmacy

Reason/Charge
Prohibited conduct that was grounds for discipline

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I applied for reciprocity for pharmacist licensure in Alabama and was required to attend a Board meeting to discuss my criminal history and alcohol-related treatment. I did not attend the meeting and my application was subsequently denied.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
HERIBERTO MARTINEZ, JR.	)	BOARD OF PHARMACY
	)	
Candidate for Licensure by Reciprocity	)	Case Number 18-L-0047

FINAL ORDER

On August 21, 2018 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Statement of Charges and Notice of Hearing in connection with the application for licensure as a pharmacist by reciprocity by Mr. Heriberto Martinez, Jr. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a pharmacist who is or was licensed in the State of Florida and has applied to the Alabama State Board of Pharmacy for licensure as a pharmacist by reciprocity. (Board's Exhibit One)

2. The Respondent was notified of the charges on June 25, 2018. The Respondent failed to appear at the scheduled administrative hearing and was not represented by counsel. (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. On June 25, 2002 the Respondent was arrested in Palm Beach, Florida for Larceny Shoplifting and charged in Palm Beach County, Florida in the Fifteenth Circuit Court of Florida where the matter was nolle prosed of the charges of Conversion and Petit Theft Shoplifting. (Board's Exhibit Three)

5. The Respondent was arrested on November 26, 2003 in Orlando, Florida for Driving Under the Influence and in the Ninth Judicial Court for Orange County, Florida in a case styled State of Florida vs. Heriberto Martinez, Jr., Case Number 2003-CT-0258302-0; the Respondent pled Nolo Contendre, on December 10, 2003, was found guilty of Driving Under the Influence, placed on probation and required to perform community service. (Board's Exhibit Four)

6. Officers of the St. Petersburg, Florida Police Department on February 18, 2004 arrested the Respondent for Driving Under the Influence which was a violation of his Probation and also for Driving With a Suspended License; adjudication was withheld pending the Respondent's completion of drug treatment and testing. (Board's Exhibit Five)

7. On March 14, 2004 the Respondent was arrested in Orange County, Florida for Violation of Probation for his Driving Under The Influence conviction. (Board's Exhibit Six)

8. The Respondent was arrested on December 15, 2007 by officers of the Orlando, Florida Police Department and subsequently pled Nolo Contendre whereupon was found guilty of Battery in a case styled State of Florida v. Heriberto Martinez, Jr. Case Number 48-2007-MM-006836-0/B in the Ninth Judicial Circuit for Orange County, Florida. The Respondent was ordered to complete an anger management program and have no contact with the victim of the battery. (Board's Exhibit Seven)

9. On December 28, 2007 an Affidavit was filed showing the Respondent's violation of

probation resulting from an offense of No Tag and having two valid Florida driver's licenses. (Board's Exhibit Seven)

10. In a case styled State of Florida vs. Heriberto Martinez, Jr. 48-2007-CT-02004600-A-O, the Respondent on February 26, 2008 pled nolo contendre to the charge of Operating a Motor Vehicle with Valid Driver's License. (Board's Exhibit Eight)

11. Following a traffic crash on October 20, 2012 the Respondent as arrested in Orange County, Florida by officers of the Florida Highway Patrol for Driving Under the Influence and Property Damage whereupon the Respondent on November 29, 2012 pled nolo contendre in a case styled State of Florida vs. Heriberto Martinez, 2012-CT-9907AO in the Circuit Court of Orange County, Florida. The Respondent was placed on supervised probation, required to complete the DWI treatment course, his driver's license revoked with placement of interlock device and, among other things, fined. (Board's Exhibit Nine)

12. The Respondent was enrolled in and is compliant with the terms of the Florida Professionals Network on February 2, 2017 for a period of five years which includes screenings for drug use, attendance at treatment meetings and medication monitoring, among other things. (Board's Exhibit Ten)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama 1975, § 34-23-34, § 34-23-51, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear at the administrative hearing and was not represented by counsel. The Respondent did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's application for licensure by reciprocity is due to be DENIED based on the following:

a) His arrest on June 25, 2002 for Conversion-Petit Theft Shoplifting in Palm Beach County, Florida;

b) Him being adjudicated guilty for Driving Under the Influence on or about December 10, 2003 in Orange County, Florida;

c) His arrest on February 18, 2004 for Driving with Suspended or Revoked License and adjudication being withheld in St. Petersburg, Florida, the same being a violation of his probation resulting from the Driving Under the Influence conviction referenced above;

d) His participation and completion of substance abuse treatment and drug testing which were conditions of his probation in the Driving Under the Influence case referenced above;

e) Him being adjudicated guilty on August 23, 2007 of Battery in Orange County, Florida with the requirement that he complete an anger management program and have no contact with the victim;

f) The filing of an Affidavit on December 28, 2007 regarding his violation of the terms of his probation in the Battery case referenced above by committing the offense of No Tag or the possession of two (2) valid Florida driver's licenses;

g) His adjudication of guilt of Operating a Motor Vehicle Without a Valid Driver's License on or about March 4, 2008 in Orlando, Florida;

h) His adjudication of guilty of Driving Under the Influence on or about November 29, 2012 in Orange County, Florida requiring you to participate in DWICAS and in any additional treatment recommendation, the revocation of his driver's license for one (1) year, sentence of two (2) days in jail, supervised probation and/or the placement of an Interlock device for a period of one (1) year; and/or

i) His active participation in the Florida Professionals Resource Network as a result of a five (5) year Monitoring Contract executed on February 2, 2017.

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5. The Respondent's application for licensure by reciprocity is due to be DENIED in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (5) and/or § 34-24-33 (13) in that the conduct and/or actions set out above are prohibited by and/or grounds for discipline by the Board via Board Rule 680-X-2.22 (2) (d).

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED that the Respondent's application for licensure to practice pharmacy in the State of Alabama is DENIED.

DONE and ORDERED, this 5th day of September 2018.

Mr. David S. Darby, R. Ph., President
Alabama State Board of Pharmacy

Copies to:
Mr. Heriberto Martinez, Jr.
Dr. Susan Alverson, Executive Secretary
Mr. James Ward, Esq.
Mr. Vance Alexander, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/06/2019	12/06/2019	CO	Denver	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-2185	Colorado State Board of Pharmacy

Reason/Charge
Violation of the Pharmacy Practice Act

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I applied for reciprocity for pharmacist licensure in Colorado. I met with an evaluator with the state's monitoring program, the Peer Health Assistance Program to determine my fitness for practicing pharmacy. I spoke with a Board employee afterwards and once they realized that I would not be moving to Colorado, they informed me that there was no mechanism in place to monitor me through their state's program. They then sent me a letter stating that they were denying my application, but that they would be willing to grant me a license with conditions. I agreed to the conditions and a probationary license was granted for the duration of my participation in the Florida PRN program. Once my Florida PRN program terminated and the Colorado Board was notified, my license was changed to unencumbered status (02/22/2022).

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2185

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE APPLICATION TO PRACTICE AS A PHARMACIST IN THE STATE OF COLORADO OF HERIBERTO MARTINEZ, R. PH., LICENSE NO. PHA (PENDING),

Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Heriberto Martinez, R.Ph. ("Applicant") to resolve all matters pertaining to Board Case Number 2019-2185, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Applicant, his application for a license to practice as a pharmacist, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Applicant admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

3. On or around February 2, 2017, Applicant entered into a five (5) year contract with Professionals Resource Network ("PRN Contract"), Florida's Impaired Practitioners Program, after he presented to work under the influence of alcohol.

4. On or around March 12, 2019, Applicant applied for a license to practice as a pharmacist in the State of Colorado ("Application").

5. On the Application, Applicant answered "yes" to the question which states: "Have you ever been convicted of, pled guilty to, pled nolo contendere to, or received a deferred judgement or sentence for a violation involving alcohol or controlled substances (including but not limited to DUI or DWAI?"

6. On the Application, Applicant answered "yes" to the question which states: "Have you ever had any disciplinary action taken against your license(s) or pending against you in any state?"

7. On the Application, Applicant answered "yes" to the question which states: "Do you now abuse or excessively use, or have you in the LAST 5 YEARS abused or excessively used, any habit forming drug including alcohol or any controlled substance that has resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities or affected your ability to practice safety and competently?"

8. On the Application, Applicant answered "yes" to the question which states: "Have you ever had public disciplinary action taken against your license by any board of licensing agency in any state or country?"

9. On or around August 26, 2019, Applicant underwent an evaluation with Peer Assistance Services ("PAS") due to disclosing two (2) DUI convictions and his participation in the PRN on the Application. The evaluator concluded that Applicant is only safe to practice as a pharmacist with reasonable skill and safety, with treatment and monitoring.

10. Applicant admits that his conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules, and provides grounds for disciplinary action against Applicant's Colorado pharmacist license:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(e) Has an alcohol use disorder, as defined in section 27-81-102, or a substance use disorder, as defined in section 27-82-102, or engages in the habitual or excessive use or abuse of alcohol, a habit-forming drug, or a controlled substance, as defined in section 18-18-102 (5);

(k) Has failed to meet generally accepted standards of pharmacy or pharmacy technician practice;

(r)(I) Has failed to notify the board of a physical illness, physical condition, or behavioral, mental health, or substance use disorder that affects the person's ability to treat clients with reasonable skill and safety or that may endanger the health or safety of persons under his or her care;

(r)(II) Has failed to act within the limitations created by a physical illness, physical condition, or behavioral, mental health, or substance use disorder that renders the person unable to practice pharmacy or as a

pharmacy technician with reasonable skill and safety or that may endanger the health or safety of persons under his or her care.

12-280-126. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

11. The Board finds and concludes, and Applicant agrees, that based upon Applicant's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

12. Conditional License. A license to practice pharmacy in the state of Colorado will be issued to Applicant, subject to all terms and conditions of this Final Agency Order.

13. Probation. Applicant's license shall be placed on probation to run concurrent with the PRN Contract. Credit toward satisfying the period of probation shall be given only during such periods of time that Applicant is in total compliance with all provisions of this Final Agency Order.

The prescribed period of probation shall not run during any period of time where:

a. Applicant is not employed a minimum of eighty (80) hours per month, engaged in the practice of pharmacy;

b. Applicant is not actively participating in the PRN in Florida; and

c. Applicant is not otherwise in full compliance with the terms of this Final Agency Order.

14. Required Notices. Upon commencement of Applicant's probation pursuant to this Final Agency Order and during the entire probationary period, within three (3) days of commencing or changing location of any employment requiring a pharmacist license, Applicant shall notify the Board, using the form provided by the Board, of:

a. the name and address of each place where Applicant is employed or engaged as a pharmacist; and

b. the name, address and license number of each pharmacist manager and immediate supervisor at the new location.

Applicant must comply with the provisions of this paragraph with respect to each individual location where Applicant performs duties requiring licensure as

a pharmacist, whether or not Applicant is placed at or assigned to that location by a district office, employment placement agency, or any other entity by whom Applicant is employed.

15. Required Disclosures. Upon commencement of Applicant's probation pursuant to this Final Agency Order and during the entire probationary period, prior to accepting employment or changing location of any employment which requires a pharmacist license, Applicant shall provide a complete copy of this Final Agency Order, consisting of six (6) pages, to each pharmacist manager and immediate supervisor at each location at which Applicant intends to practice pharmacy during the probation period. **Applicant must comply with the provisions of this paragraph with respect to each individual location where Applicant performs duties requiring licensure as a pharmacist, whether or not Applicant is placed at or assigned to that location by a district office, employment placement agency, or any other entity by whom Applicant is employed.**

16. Other Requirements. Applicant acknowledges and agrees that, as a condition of this Final Agency Order and probation, Applicant shall:

    a. promptly pay all Applicant's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order;

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado; and

    d. immediately report any non-compliance with the PRN Contract to the Board.

17. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Applicant to take all appropriate steps to comply fully with this Final Agency Order. Applicant acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Applicant's license. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Applicant to comply with all terms and conditions of this Final Agency Order.

18. Completion of Terms. Applicant must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Applicant's sole responsibility to establish, through written and other documentation, that Applicant has met all terms of this Final Agency Order.

Applicant's probation shall continue until the Board or its designated authority has verified that Applicant has completed all terms of this Final Agency Order. The Board will consider Applicant's request during the ordinary course of business.

19. Advisements and Waivers. Applicant enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Applicant acknowledges his understanding that he has the following rights:

    a. to have formal notice of hearing and charges served upon him;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126 and 12-280-127, C.R.S.; and

    d. to appeal this Final Agency Order.

    Applicant freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Applicant to the sanctions imposed herein.

20. Acknowledgments. Applicant has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Applicant understands its legal consequences and agrees that none of its terms or conditions is unconscionable. Applicant is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Applicant further acknowledges that is not entering into this Final Agency Order under any duress.

21. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

22. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

23. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

24. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Applicant at Applicant's address of record with the Board, or (b) service by electronic means on Applicant at Applicant's electronic address of

record with the Board. Applicant hereby consents to service by electronic means if Applicant has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Applicant

Dated: 12/3/19

HERIBERTO MARTINEZ, R.PH.

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 6 day of December, 2019.

State Board of Pharmacy

BY:

Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 6th day of DECEMBER 2019, addressed as follows:

Heriberto Martinez
PO Box 90369
Lakeland, FL 33804-0369
By email: hmartinez82@outlook.com

Agent of the Board

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 22, 2022

Heriberto Martinez
PO Box 90369
Lakeland, FL 33804-0369

Sent via email: [redacted]

RE: Case Nos. 2019-2185 - Stipulation and Final Agency Order

Dear Pharmacy Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective December 06, 2019.

After due consideration, and pursuant to Board Policy 10-6(17), staff for the Board released you from the terms and conditions of the December 06, 2019, Stipulation and Final Agency Order and restored your license No. PHA.0022994, to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Senior Program Director

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/13/2022	04/13/2022	NE	Lincoln	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Nebraska Department of Health and Human Services		
Reason/Charge				
Violation of statutes and rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

I applied for reciprocity for pharmacist licensure in Nebraska. After a Board review, I was offered a probationary license to go along with monitoring by the state. They accepted my Texas PRN monitoring contract as sufficient and opted instead to receive quarterly reports from my Texas case manager. The probationary period is set to end 10-31-2023 which coincides with my anticipated end date for my Texas PRN contract.

**Please note, the document provided is a letter I received in the mail but is also the final document that is linked to my license on the license verification page. I've previously been asked to provide a Board order but this is the only document they have on file according to my compliance monitor, Anna Harrison.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 13, 2022

Certified Mail

Heriberto Martinez, Jr., PharmD
[redacted] Stone Bark Trail
Orlando FL 32824

Dear Mr. Martinez:

This letter provides notification that the Department of Health and Human Services, Division of Public Health, based upon the recommendation of the Board of Pharmacy is offering to issue you a **Probationary License to practice as a Pharmacist.**

To respond to this offer, you will need to exercise one of the following options:

- Accept the offered probationary license; or
- Request a Hearing to Appeal the decision of an offered license.

Your response must be made in writing and received by the Department within thirty (30) days of the date of this letter.

If you accept the offered license, please complete the enclosed "Request Issuance of a License" form and return it to the Licensure Unit to the address shown on the form. Following receipt of this form, the license will be issued and you would be authorized to begin practicing under the following **probationary terms and conditions:**

1. The **Probation** would be effective at least until October 31, 2023, starting on the date the license is issued.

2. Abstain from the consumption of alcohol and other products or medications containing alcohol to include but not limited to mouthwash and over the counter medications, such as cough syrups, unless prescribed by a physician or authorized licensed practitioner for a current diagnosed medical condition.

3. Abstain from the personal use or possession of controlled substances, prescription drugs, and all other mood altering substances unless prescribed by or administered by a licensed physician or authorized licensed practitioner for a current diagnosed medical condition.

   To comply with this condition, you must submit reports of any medications that are prescribed to you, using the enclosed Medication Records Report/Prescription Records Report. These Reports must be completed and submitted on a monthly basis no later than the 5th day of each month during the term of probation.

4. Submit to random body fluid screening or chemical testing at your own expense and at such times and places as the Nebraska Department of Health and Human Services (NDHHS) may direct.

   To comply with this condition, you must follow the instructions and directives of NDHHS for body fluid screening or chemical testing set out in Body Fluid Screen Instructions (Attachment 1).

5. Comply with all probationary/limited/restricted conditions against your Tennessee, Virginia, and Colorado pharmacist licenses.

6. Inform employers that they must submit quarterly reports. These reports must describe your work habits, work-related performances, attendance, and rapport and conduct with co-workers/clients/employer.

   To comply with the condition for completion and submission of reports from your employer/supervisor, I have enclosed an Employer Report Form on which this information is to be provided. These reports are to be completed and submitted by the 10th day of January, April, July and October for the duration of probation. A final employer report shall be submitted no less than thirty (30) days before the completion of the probation period.

7. Refrain from conduct that would constitute a misdemeanor or felony which has a rational connection to your fitness to practice as a Pharmacist.

8. Provide notification of this Disciplinary action to all employers and to the licensing authority in any state where you have or will obtain an active Pharmacist license within 5 days of employment, any changes in employment, or subsequent out-of-state licensure. Such notification shall include providing a copy of the probationary offer. Written confirmation of this notification shall be provided by the Applicant to the Department within thirty (30) days of any changes in employment or any subsequent out-of-state licensure.

   I have enclosed an Employment Notification Form, which you are to have your employer complete and return when you commence practicing, and the Licensing Authority Notification Form.

9. Provide written notification, within seven (7) days of its occurrence, of any change in employment status or employer, including the name and complete address and complete phone number of the employer, and its effective date. The name, complete address and complete phone number of your current employer is due within seven (7) days of the issuance of your Probationary.

10. Provide written notification, within seven (7) days of its occurrence, of any change in residence, address or phone number and its effective date.

11. Promptly respond to all requests and inquiries by the Department concerning compliance with the terms of probation.

12. Pay any costs associated with insuring compliance with this probationary status and appear at any meetings of the Board of Pharmacy when requested.

13. Obey all state and federal laws and rules and regulations regarding practice as a Pharmacist.

14. If you notify the Department in writing that you have discontinued practicing in Nebraska for 6 months or longer or hold an inactive license, the probationary terms and conditions will not be in effect and the Department will discontinue monitoring your probation from the date you notified the Department. If you return to practice, you must notify the Department and your end date of probation will be adjusted to comply with the original length of probation. If you fail to notify the Department that you have resumed practice, such practice will be considered a violation of probation and may be subject to discipline.

15. If you choose not to renew your license and your license expires, the Probationary terms and conditions placed on your license will not be in effect and the Department will stop monitoring your probation from the date your license expired. If you want to return to practice in Nebraska, you must apply to the Department for reinstatement of your license. Your end date of probation will be adjusted to comply with the original length of probation. If you do apply for reinstatement of your license, and you resume practice in Nebraska, such practice will be considered a violation of probation and will be subject to a fine and possible discipline.

The reason(s) for offering you a probationary license are:

1. Misdemeanor Conviction(s)	Date of Conviction(s)
• Driving Under the Influence	On or about November 2012 (Florida)

2. Discipline in other State(s)

- Alabama Board of Pharmacy denied licensure on or about 9/5/2018;
- Tennessee Board of Pharmacy issued a limited/restricted license on or about 1/2/2019;
- Virginia Board of Pharmacy issued a limited/restricted license on or about 10/21/2019.
- Colorado Board of Pharmacy denied licensure on or about 11/19/2019; and
- Colorado Board of Pharmacy issued a probationary license on or about 12/6/2019;

These **Probationary** terms and conditions are imposed pursuant to:

> Neb. Rev. Stat. §38-178 (5) and (12) which states that "a credential may...have other disciplinary measures taken against it for...(5) Conviction of (a) a misdemeanor...under Nebraska law or federal law, or (b) a crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor...under Nebraska law and which has a rational connection with the fitness or capacity of the applicant or credential holder to practice the profession;... (12) Having had his or her credential denied...limited...or disciplined in any manner similar to section 38-196 by another state or jurisdiction based upon acts by the applicant or credential holder similar to acts described in this section..."

Once your license is issued, your compliance with the herein stated probationary terms and conditions will be monitored by the person whose name appears below. Therefore, you are to submit all reports and direct all questions to this person.

Anna Harrison, RN, BSN, Compliance Monitor
Licensure Unit, PO Box 94986
Division of Public Health
Dept. of Health & Human Services
Lincoln, NE 68509-4986
Anna.harrison@nebraska.gov
402-471-0313 E-Fax: 402-742-2306

If you practice or reside in a jurisdiction other than Nebraska, such practice or residency shall not serve to reduce or satisfy the probationary terms and conditions unless that jurisdiction adopts the probationary terms and conditions that are on your Nebraska license. If this situation should occur, you may submit documentation that includes the terms/conditions of your licensure in the other jurisdiction. This information will be reviewed to determine equivalency with your Nebraska probationary terms and conditions.

Your failure to comply with the probationary terms and conditions is grounds for further disciplinary action against your license. Further, the Chief Medical Officer for the State of Nebraska may summarily suspend your license for non-compliance with any one or a combination of the above probationary terms and conditions.

Your acceptance of the offered license:

1. Requires that you practice under and comply with the herein stated probationary terms and conditions;
2. Nullifies the right to appeal the issuance of a probationary license; and
3. Signifies your understanding that the herein specified terms and conditions constitute a disciplinary action and that such disciplinary action (a) is a matter of public record; and (b) will be reported to any data banks to which such information is required to be reported.

This licensure decision will become final unless you request a hearing to appeal the decision. Such hearing request:

- Must be made in writing and received by the Department within thirty (30) days of the date of this letter; and
- Nullifies the herein offered probationary license. Therefore, you would not be authorized to practice during the course of the hearing process.

If you request a hearing, you will be notified of the date, time and place of the hearing and other pertinent information as required by law. You may request a copy of the Department's Rules of Practice and Procedure that further explain your rights in relation to that hearing. Following the hearing, The Director will enter an order setting forth the decision. The Director may:

1. Issue you a license; or
2. Issue you a probationary license; or
3. Modify the terms and conditions of the offer; or
4. Deny you a license.

If you do not respond in writing, by accepting the herein offered license or requesting a hearing, your application for a license shall be considered denied without further notice, effective thirty (30) days from the date of this letter. Any such denial is a matter of public record and will be reported to any data banks to which such information is required to be reported.

Please contact Vonda Apking, Health Licensing Coordinator, at (402) 471-4926 or vonda.apking@nebraska.gov if you have questions.

Sincerely,

Gary J. Anthone, MD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

[redacted]

Becky Wisell, Administrator
Division of Public Health
Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4986

GJA/BW/va

Enclosures: Request Issuance of a License Form
Compliance Monitoring Medication Report/Prescription Report
Body Fluid Screen Instructions (Attachment 1)
Employer Notification Form
Employer Report Form
Licensing Authority Notification Form

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/15/2018	08/15/2018	OR	Portland	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2018-0280	Oregon Board of Pharmacy

Reason/Charge
Grounds for denial of licensure

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I applied for reciprocity for pharmacist licensure in the state of Oregon. After discussing my criminal history and alcohol treatment with a Board investigator, I decided to withdraw my application to avoid the possibility of disciplinary action. I was provided a Stipulated Consent Order prohibiting me from applying for any license in the state of Oregon for 3 years from the date that the order was made final.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2018-0280
HERIBERTO MARTINEZ, JR	)	**STIPULATED CONSENT ORDER**
Applicant	)	

The Oregon Board of Pharmacy (Board) is the state agency responsible for licensing and disciplining pharmacists in the State of Oregon and regulating the practice of pharmacy pursuant to ORS Chapter 689.

HISTORY

Heriberto Martinez, Jr (Applicant) applied to the Board for a pharmacist license in the State of Oregon on 3/12/2018.

Applicant requested to withdraw his application on 6/21/2018 based on the Board's investigation into the applicant's criminal history.

STIPULATED CONSENT ORDER

WHEREAS, the Applicant acknowledges that grounds exist for denial of licensure and that the legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, Applicant and the Board now hereby agree to resolve this matter, under the following agreed terms and stipulations:

1. Applicant's pharmacist license application is hereby withdrawn.

2. Applicant agrees to not apply for any license with the Board for a period of three (3) years.

3. This Stipulated Consent Order is effective when signed by the Board.

CONSENT

Applicant understands and agrees that he has read and understands the terms of this agreement and Stipulated Consent Order.

Applicant understands and agrees that this Stipulated Consent Order and all documents incorporated by reference set forth the entire agreement of the parties.

Applicant understands and agrees that this Stipulated Consent Order constitutes the final

resolution of the case including any right to appeal therefrom.

Applicant hereby acknowledges that they understand that this Stipulated Consent Order is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law.

Applicant agrees to all the terms of this document including that the Board may enter this stipulation as a final order resolving this matter.

IT IS SO AGREED:

Heriberto Martinez, Jr, Applicant — Date: 7/20/18

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph.,
Compliance Director — Date: 8/15/18

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/03/2019	01/03/2019	TN	Nashville	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Tennessee Board of Pharmacy		
Reason/Charge				
Violations of statutes or rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

I applied for reciprocity for pharmacist licensure in Tennessee and was required to appear before the Board to discuss my criminal history and alcohol treatment. I was granted a conditional license under the condition that I participate in their state monitoring program, the Tennessee Pharmacy Recovery Network. Once Tennessee PRN receives notification of my successful completion of my Texas monitoring contract, my contract with Tennessee PRN will terminate.

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

BEFORE THE TENNESSEE BOARD OF PHARMACY

In The Matter of:	)
	)
HERIBERTO MARTINEZ,	)
	)
Applicant.	)

CONSENT ORDER FOR ISSUANCE OF CONDITIONAL LICENSE TO PRACTICE AS A PHARMACIST

The Applicant, HERIBERTO MARTINEZ, ("Applicant") hereby stipulates and agrees to the following based upon the Tennessee Board of Pharmacy's ("Board") recommendation for conditional licensure[1] to practice as a pharmacist ("license"):

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Stipulations of Fact

1. In February of 2017, Applicant entered into a five-year contract with Professionals Resource Network – the state of Florida's Impaired Practitioners Program. As of

[1] This document shall be referred to as the "conditional license agreement."

December 4, 2018, Applicant has been complaint with all terms and conditions of the contract.

2. On or about August 9, 2018, Applicant submitted an application to the Board for licensure as a pharmacist in the State of Tennessee. Applicant answered "Yes" to the following application question:

> (a) "Have you within the most recent ten (10) years, been found guilty, regardless of whether adjudication of guilt was withheld, or pled guilty or nolo contendere to a criminal misdemeanor or felony in any jurisdiction?"

3. Respondent pled guilty to the following offense:

> (a) On November 12, 2012, in Orange County, Florida, Applicant pled guilty to Driving Under the Influence.

4. On December 3, 2018, during a regularly scheduled meeting of the Board and while Applicant was present during the meeting, the Board determined that Applicant's conduct in the forgoing matters (referenced in paragraph three (3)) was not consistent with the high standards which are requisite for a pharmacist and further determined Applicant's conduct in these matters constitutes a violation of the statutes and rules of the Board, enumerated in Section III, Stipulated Grounds for Discipline/Conditions, herein. As such, the Board voted to grant the application and a conditional license to Applicant to allow Applicant to practice as a pharmacist in the State of Tennessee; conditions detailed in Section IV, Stipulated Disposition, herein.

III. Stipulated Grounds for Discipline/Conditions

The Stipulations of Fact are sufficient to establish that Applicant has violated the following statutes or rules, for which disciplinary action, including denial of licensure, by the Board is authorized, TENN. CODE ANN. § 63-10-305, *et seq.*.

5. The facts stipulated in paragraphs one (1) – three (3) constitute proof of TENN. CODE ANN. § 63-10-305

(1) Been convicted of a crime;

(6) Been guilty of... unprofessional conduct[.]

IV. Stipulated Disposition

Applicant agrees to the following:

6. Upon the signatures of the Applicant, the Board's executive director, and advisory counsel for the Board (i.e. the effective date of this Order), the Applicant's application to practice as a pharmacist in the State of Tennessee shall be **GRANTED** and Applicant's license to practice as a pharmacist in the State of Tennessee shall be **ISSUED**. As conditions of granting the license, the applicant agrees to the following:

A. Applicant shall engage the Tennessee Pharmacy Recovery Network ("TPRN") for the purposes of demonstrating documented sobriety until, at a minimum, October of 2023. Applicant shall sign a monitoring agreement with TPRN and abide by all terms and conditions of the monitoring agreement[2]. Failure of Applicant to abide by all terms and conditions of the monitoring agreement shall be deemed a violation of this conditional license agreement and may result in the revocation of the conditional license to practice as a pharmacist.

B. Applicant shall be subjected to, among other things, random drug screens as part of the monitoring agreement with TPRN. The random drug screenings shall occur at

[2] Any monitoring agreement already in place at the time this conditional license agreement is signed may be extended until October of 2023 in order to fulfill the terms of this agreement. The decision to extend the terms of any current monitoring agreement, if applicable, shall be made by TPRN. TPRN shall have the right to alter or amend terms and conditions of the monitoring agreement from the effective date of this conditional license agreement until October of 2023.

such frequencies and intervals as determined by TPRN. Applicant shall be eligible for random drug screenings at any time. TPRN may coordinate with the Professionals Resource Network (located in the state of Florida) or any other peer assistance program for purposes of drug screens and results.

C. It shall be a violation of this conditional license agreement for Applicant to fail to engage TPRN within ten (10) days of the effective date of this order, to fail to remain engaged with TPRN, or for Applicant to fail to produce a sample for a random drug screen when requested to do so by TPRN, the Professionals Resource Network, or any other peer assistance program. TPRN shall immediately notify the Board's executive director in the event Applicant fails to engage TPRN, fails to remain engaged with TPRN, or fails to produce a sample for a random drug screen when requested to do so by TPRN, the Professionals Resource Network, or any other peer assistance program.

D. In the event Applicant produces a positive sample from any random drug screen (facilitated by TPRN, the Professionals Resource Network, or any other peer assistance program) for any panel tested within the random drug screen, TPRN shall cause to have the positive random drug screen results certified and TPRN shall forward the results of a positive drug screen to the Board's executive director within one (1) business day of (TPRN) obtaining certification of the drug screen results.

E. It shall be a violation of this conditional license agreement to produce a positive sample (of any panel tested) from a random drug screen as certified by TPRN, the Professionals Resource Network, or any other peer assistance program.

F In the event Applicant violates any term of this conditional license agreement, the

violation shall be considered a failure to comply with a lawful order of the Board. TENN. CODE ANN. § 63-10-306(8).

7. Applicant shall keep the Board informed, via the Board's executive director, at all times as to the time and place of his employment as a pharmacist.

V. Representations of Applicant

8. Applicant freely, knowledgeable, and voluntarily admits and understands the allegations, charges, and stipulations in this conditional license agreement.

9. Applicant understands and agrees that facsimile/PDF copies of this conditional license agreement, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.

10. Applicant agrees that the Board may issue this conditional license agreement without further process.

VI. Notice

11. This conditional license agreement is considered a formal disciplinary action and may be reported to the National Practitioner Data Bank.

12. By practicing pursuant to this conditional license agreement and by his signature, Applicant expressly acknowledges that he was fully and completely informed of his right to due process and right to legal counsel, that he fully understands those rights, and that he knowingly, voluntarily, and willingly agrees to waive those rights, and that he will practice the profession of pharmacy in the State of Tennessee in conformity with the requirements set forth in this conditional license agreement and all applicable federal and state pharmacy and drug laws.

APPROVED FOR ENTRY:

Heriberto Martinez
Applicant

12/7/18
DATE

Matthew R. Gibbs (BPR # 032744)
Assistant General Counsel
Tennessee Department of Health
665 Mainstream Dr., 2nd Floor
Nashville, Tennessee 37228
(615) 741-1611

1/3/19
DATE

Approval by the Board

This **CONSENT ORDER FOR ISSUANCE OF A CONDITIONAL LICENSE TO PRACTICE AS A PHARMACIST** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 2nd day of January, 2019.

ACCORDINGLY, IT IS ORDERED that this order will, and hereby does, become the Final Order of the Board.

Executive Director
Tennessee Board of Pharmacy

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon the Applicant, Heriberto Martinez, by delivering the same via electronic mail to hmartinez@welldynerx.com.

This 3rd day of January, 2019.

Mark Pihl
Assistant General Counsel

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/21/2019	10/21/2019	VA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
194781	Virginia Board of Pharmacy

Reason/Charge
Violations of statutes and rules

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

I applied for reciprocity for pharmacist licensure in Virginia. My application was reviewed, and after an investigation, I was granted a conditional license with the condition that I participate in the state monitoring program, the Virginia Healthcare Practitioners' Monitoring Program. Once I successfully completed my Florida PRN contract, my Virginia HPMP contract terminated and my license was changed to unencumbered status (03/18/2022).

Original Signature (electronic, copies or stamps not accepted)

10/24/2022
Date

BEFORE THE VIRGINIA BOARD OF PHARMACY

OCT 1 8 2019
DHP

IN RE: HERIBERTO MARTINEZ, JR., PHARMACIST APPLICANT
Case Number: 194781

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Heriberto Martinez, Jr., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Mr. Martinez's application for licensure by endorsement to practice pharmacy in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Heriberto Martinez, Jr., submitted an application for licensure by endorsement to practice pharmacy in the Commonwealth of Virginia on February 28, 2019.

2. Mr. Martinez violated Virginia Code § 54.1-3316(4) in that he is unsafe to practice pharmacy due to alcohol abuse, as evidence by the following:

a. On December 10, 2003, Mr. Martinez was convicted of driving under the influence of alcohol in the County Court of the Ninth Judicial Circuit, Orange County, Florida.

b. On August 23, 2007, Mr. Martinez was convicted of battery in the Circuit Court of the Ninth Judicial Circuit, Orange, Florida. Mr. Martinez indicated that he was intoxicated at the time of the altercation.

c. On November 29, 2012, Mr. Martinez was again convicted of driving under the influence of alcohol in the County Court of the Ninth Judicial Circuit, Orange County, Florida.

d. Mr. Martinez reported to an investigator with the Department of Health Professions ("DHP Investigator") that on November 15, 2016, he was sent home from work while working at Davita Rx, Orlando, Florida, because he was intoxicated. Ultimately, Mr. Martinez's employment with Davita Rx was terminated for being impaired at work.

e. Mr. Martinez received treatment at the Orlando Recovery Center between November 24, 2016 and January 16, 2017 for alcohol dependence.

f. During the course of his treatment at Mindful Behavioral Healthcare, Kissimmee, Florida, in 2018, Mr. Martinez was diagnosed with alcohol dependence with alcohol-induced anxiety disorder.

g. Mr. Martinez enrolled in impaired practitioner programs in Florida, Texas, and Tennessee. Specifically:

i. Mr. Martinez entered into a five-year contract with the Florida Professionals Resource Network ("Florida PRN") on February 2, 2017. Mr. Martinez is in compliance with the terms of this monitoring program.

ii. Mr. Martinez entered into a five-year contract with the Texas Professional Recovery Network ("Texas PRN") on October 24, 2018. He is in compliance with the terms of this monitoring program.

iii. Mr. Martinez entered into an Extended Aftercare Contract with the Tennessee Pharmacist Recovery Network on December 23, 2018, which runs concurrently with his Florida PRN and Texas PRN contacts until at least October 23, 2023, when the Texas PRN contract is completed. He is compliant with the terms of this monitoring program.

3. Mr. Martinez violated Virginia Code § 54.1-3316(10) in that by Order of the Alabama State Board of Pharmacy entered on September 5, 2018, his application to practice pharmacy in the State of Alabama was denied. This Order was based on findings related to Mr. Martinez' criminal convictions and participation in the Florida PRN.

4. Mr. Martinez reported to the DHP Investigator that his date of sobriety is November 17, 2016.

5. Mr. Martinez otherwise meets the requirements of Virginia Code § 54.1-3313.

6. Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Mr. Martinez's health records or health services.

CONSENT

Heriberto Martinez, Jr., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my application for licensure to practice pharmacy in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. The application of Heriberto Martinez, Jr., for licensure to practice pharmacy in the Commonwealth of Virginia is APPROVED contingent upon Mr. Martinez's entry into the Health Practitioners' Monitoring Program ("HPMP"). Thereafter, Mr. Martinez shall comply with the terms and conditions of the HPMP for the period specified by the HPMP.

2. Upon receipt of evidence of Mr. Martinez's participation in and successful completion of the terms specified by the HPMP, the Board, at its discretion, may waive Mr. Martinez's appearance before the Board and conduct an administrative review of this matter, at which time he may be issued an unrestricted licensure.

3. Mr. Martinez shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

FR Caroline D. Juran,
Executive Director
Virginia Board of Pharmacy

ENTERED: 10-21-2019

SEEN AND AGREED TO:

Heriberto Martinez, Jr.

FLORIDA AV. 10/15/2019
COMMONWEALTH OF ~~VIRGINIA~~
COUNTY/CITY OF ORANGE, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large, on this 15 day of OCTOBER, 2019.

ALEJANDRA N. VELAZQUEZ
Notary Public – State of Florida
Commission # GG 182331
My Comm. Expires Feb 4, 2022

Notary Public

My commission expires: Feb 4, 2022

Registration No.: GG 182331

CERTIFIED TRUE COPY
BY:
VIRGINIA BOARD OF PHARMACY

1008-J

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

March 18, 2022

Heriberto Martinez Jr.
[redacted] Stone Bark Trail
Orlando, Florida 32824

License #: 0202218426

RE: Successful Completion Notification
Health Practitioners' Monitoring Program

Dear Heriberto Martinez Jr.:

Congratulations!

The Monitoring Program Committee received a report indicating that you have fulfilled your contract with the Health Practitioners' Monitoring Program (HPMP).

This is official notification that you have successfully completed the Health Practitioners' Monitoring Program effective date of this letter. An individual who has completed the program seeking further support in the future may be eligible for program participation.

A copy of this letter will be provided to the Board of Pharmacy.

Sincerely,

Charles Williams /cb

Charles Williams, M.D.
Chairperson
Monitoring Program Committee

cc: Joel Steinberg, M.D., Medical Director
Caroline Juran, Executive Director, Board of Pharmacy

HPMP Case Reference: 5726_HM

18

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application
Non-Refundable $250 fee

Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☒ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☒ Yes ☐ No

Section 2: General Information

First: Phuong Middle: Quynh Last: Mai

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]Rio Andir Ave

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: KRMC Community Pharmacy NV Pharmacy License # (if applicable):

Address: 1739 Beverly Ave #106

City: Kingman State: AZ Zip: 86409

Telephone: 928-681-8778 Email: Phuong.mai@azkrmc.com

Section 4: College of Pharmacy Information

School Name: South University College of Pharmacy

Address: 709 Mall Blvd

City: Savannah State: GA Zip: 31406

Country/Territory/Province: United States of America

Graduation Date: 06/14/2019 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: AZ License #: S025650 Date of Issuance: 12/13/2021 Expiry Date: 10/31/2023

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
UT	12588651-1701	12/17/2021	09/30/2023	✓				

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

PHUONG QUYNH MAI

Print Name

Original Signature, no copies or stamps accepted

9/5/2022

Date

Board Use Only	Date Received: 9-15-22	Amount: 250.00 CK 1010
	NAPLEX:	MPJE:

Dear members of the board,

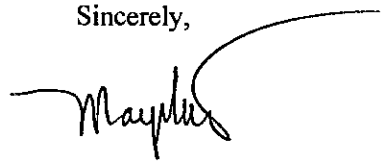
My name is Phuong Mai, and I am a PharmD graduate from South University College of Pharmacy in Savannah, Georgia. I am writing to request for an approval of retaking my Nevada MPJE, since I have not been able to obtain a passing score on my previous exams. I attribute my unsuccessful attempts to emotional distress from my father's health condition and the lack of practical experience, which I have overcome.

As soon as I graduated from Pharmacy school in 2019, I was eager to be licensed in home state Nevada, and I made my first premature attempt in taking the NV MPJE. As a result, I did not pass the exam. Not long after that, my father received the diagnosis of metastatic liver cancer at the age of 58. Consequently, I spent the majority of my time and energy looking for ways and places to have his cancer best treated. I tried to provide emotional support to my parents, while studying for the MPJE exam among other things. The emotional distress had deprived me of my ability to make rational decisions on how to tackle the exam properly as well as during the exam itself. During the years of 2019 and 2020, I have taken the MPJE multiple times without any success. I realized I had to improve my strategy.

In 2021, I decided to approach my Pharmacy career in a slightly different way: I passed Arizona and Utah MPJE exams. I regained my confidence as I got licensed from the neighboring states, and more so when I started my first pharmacist job in Kingman, AZ in early 2022. Working as a pharmacist helps me consolidate what I have read from the Law documents and study materials, as well as experience how Pharmacy Law affects me in practice. The questions and scenarios I once found challenging to conceptualize are now manageable. I feel ready to retake the NV MPJE, as I desperately want to live and work in my home state.

I really hope I can be reconsidered for an opportunity to take the NV MPJE again. In the past few years, I have grown from a new graduate with limited exposure to the real practice of pharmacy to a pharmacist who takes charge in a pharmacy and makes a positive impact on patients' health. If approved, I will take this opportunity very seriously and prepare myself the best I can to pass this exam. I thank you all for your time in reading this letter and considering my request.

Sincerely,



Phuong Mai, PharmD

19

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☑ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☑ Yes ☐ No

Section 2: General Information

First: Cesar Middle: Burguillos Last: Cabrera

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Via Navarra

City: Mission Viejo State: CA Zip: 92691

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: South Coast Pharmac NV Pharmacy License # (if applicable): _____

Address: 31852 Pacific Coast Highway

City: Laguna Beach State: CA Zip: 92651

Telephone: 949-499-0885 Email: _____

Section 4: College of Pharmacy Information

School Name: University of the Pacific School of Pharmacy

Address: 3601 Pacific Ave

City: Stockton State: CA Zip: 95211

Country/Territory/Province: United States

Graduation Date: 6/1987 Degree: ☑ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.

State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
CA	41132	1987	2007		✔		✔	✔

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?	✔	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 24. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2003	2006	CA	Laguna Niguel	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Orange County Sheriff

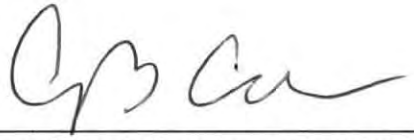
Reason/Charge
Possession of controlled substance (2003)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

On 1/8/2003, I was arrested for possession of controlled substance. I plead guilty to the charges and the case was adjudicated on 12/17/2006. See the attached for further details



Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3-4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/21/2007	7/22/2021	CA	Sacramento	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	California Board of Pharmacy

Reason/Charge	
Revocation / Reinstatement	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

My CA pharmacist license was revoked on 2/21/2007. I have not practiced pharmacy for 14 years and I petitioned the California Board of Pharmacy for reinstatement which was granted on 7/22/2021. Please see attached for further details

C B C

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/15/2009	6/01/2015	CA	Laguna Niguel	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
09sm01679	Orange County Sheriff

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

See attached for case details

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Cesar B. Cabrera

Print Name

Original Signature, no copies or stamps accepted

7/21/2022

Date

Board Use Only	Date Received: _____	Amount: 250.00 cc
	NAPLEX: _____	MPJE: _____

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 22, 2021

CERTIFIED MAIL

Cesar B. Cabrera
[redacted]Via Navarra
Mission Viejo, CA 92691

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

Dear Mr. Cabrera:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 7-8 of the Decision.

Effective July 22, 2021, your petition for reinstatement of Pharmacist License No. RPH 41132, is granted. Upon satisfaction of the following conditions, your pharmacist license shall be reinstated:

a. Take and pass the California Pharmacist Jurisprudence Examination (CPJE) and Northern American Pharmacist Licensure Examination (NAPLEX) within one (1) year of the effective date of this decision. Failure to take and pass the examinations within one (1) of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent to re-licensure and your pharmacist license shall remain revoked.
b. You shall pay all costs of the examinations required by the Board.
c. You are required to be fingerprinted as part of the re-licensure process. Live scan information can be found on the Board's website as part of the pharmacist licensure and examination application packet. Please submit a copy of the completed live scan form with a copy of this letter. Upon written notice by the Board indicating fulfillment of these conditions, your license will be fully reinstated. In addition, upon successful passing the examinations you shall pay the licensing fee of $527.00 ($505 renewal fee, $22 CURES fee).

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Cesar B. Cabrera [redacted]Via Navarra Mission Viejo, CA 92691	7019 2970 0002 2050 1357
Adam B. Brown, Esq. 3848 W. Carson Street, Suite 206 Torrance, CA 90503	7019 2970 0002 2050 1364

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on June 22, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 22, 2021, at Sacramento, California.

Susan Cappello, Enforcement Manager

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

Anne Sodergren
Executive Officer

By

Susan Cappello
Enforcement Manager

cc: Kristina Jarvis, DAG
Adam B. Brown, Esq.

BEFORE THE
CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement of:

CESAR B. CABRERA, Petitioner

Agency Case No. 2949

OAH No. 2021030370

DECISION

This matter was heard on March 18, 2021, before a quorum of the California State Board of Pharmacy (Board), Department of Consumer Affairs, by WebEx. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Adam B. Brown of the Law Office of Brown & Brown represented petitioner Cesar B. Cabrera, who was present throughout the hearing.

Evidence was received, the record closed, and the matter submitted for written decision on March 18, 2021.

SUMMARY

Petitioner seeks reinstatement of his license to practice pharmacy, which was revoked because he violated the conditions of his probation. When all the evidence is considered, petitioner established that he has been sufficiently rehabilitated to justify reinstating his license after he completes the licensing examinations and pays the outstanding costs he owes the Board. Therefore, his petition is granted.

FACTUAL FINDINGS

License History

1. The Board issued petitioner Pharmacist License Number RPH 41132 on August 18, 1987.

PRIOR ACCUSATION

2. On July 27, 2004, a former Executive Officer of the Board signed an Accusation seeking to discipline petitioner's license because he was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist – possession for sale of hydrocodone. Petitioner signed a stipulated settlement placing his license on probation for five years. Conditions of probation included: 1) a 90-day license suspension; 2) reimbursing the Board $6,300 for its costs of investigation and enforcement; 3) completing a rehabilitation program; and 4) abstain from drugs and alcohol.

3. The Board adopted the stipulated settlement on February 4, 2005. Petitioner's five-year probation period began March 5, 2005.

PETITION TO REVOKE PROBATION

4. On April 21, 2006, a former Executive Officer of the Board filed a Petition to Revoke petitioner's probation. The Petition to Revoke alleged that petitioner: 1) practiced pharmacy while his license was suspended; 2) failed to reimburse the Board for its costs of investigation and enforcement; 3) failed to comply with the requirements of a rehabilitation program by being terminated from the Pharmacist Recovery Program (PRP), testing positive for alcohol, returning to work without having a worksite monitor agreement, working at a facility with a relative, failing to enter inpatient chemical dependency treatment, returning to work after relapse, returning to work after being suspended by the PRP, and failing to comply with his PRP contract; and 4) tested positive for alcohol.

5. Petitioner signed a stipulated settlement revoking his license. The Board issued a Decision and Order adopting the stipulated settlement on January 22, 2007, and the effective date of petitioner's license revocation was February 21, 2007.

Petition for Reinstatement

6. On November 26, 2019, petitioner signed a Petition for Reinstatement, which the Board received three months later.

7. Petitioner has been sober from alcohol since July 17, 2009. He obtained his sobriety by attending a 28-day residential treatment program at Hoag Hospital Addiction Treatment, completing an intensive outpatient program at Pacific Hills Treatment, participating in group therapy at Addiction Treatment for Health Care Professionals, and completing a nine-month/500-hour residential treatment program at Residential Drug Abuse Program. Petitioner continues to attend Alcoholics Anonymous meetings to help maintain his sobriety.

8. Petitioner obtained his drug and alcohol counselor certificate from Saddleback College in 2014, and has been working in the recovery field since then. He has worked as a Case Manager/Certified Counselor at Sobertec, LLC, a Case Manager/Behavioral Technician at SoCal Detox, LLC, and the Clinical Director/Program Director for Beachside Recovery, LLC.

9. Petitioner was the Executive Director of Milestone Addiction Centers from August 2016 to June 2019. He was responsible for overseeing the day-to-day operations of a 52-bed residential treatment center in Costa Mesa, California. He has been the Assistant Clinical Director and Compliance Officer for Inspire Health Center since June 2019. Inspire Health Center is a residential drug and alcohol treatment facility in Newport Beach, California. He is responsible for overseeing the clinical aspect of the treatment program and assisting with administrative duties. Additionally, he helps develop, initiate, maintain, and revise policies and procedures to ensure the program remains in compliance with the Joint Commission on Accreditation of Health Care Organizations and state licensing requirements.

10. Petitioner discovered a new passion working with those addicted to drugs and/or alcohol. He estimated the number of people he has counseled since 2014 to be "in the hundreds." He explained that working with others battling addictions keeps him "grounded." If his license is reinstated, he intends to continue serving those in recovery by working at a retail pharmacy that serves detox facilities and residential treatment homes.

11. Petitioner completed 62.5 hours of continuing education between June 14, 2017, and February 5, 2021. However, only 30.5 hours were Board-approved programs, all of which were completed on February 4 and 5, 2021. At hearing,

petitioner explained the remaining 32 hours were completed as part of the requirements for maintaining his drug and alcohol counselor certificate.

12. Petitioner submitted four letters of recommendation that were subsequently verified by Board staff – two from licensed pharmacists and two from citizens. Although the two licensed pharmacists were aware of petitioner's disciplinary history, neither of the citizens were. However, all four authors wrote in favor of reinstating petitioner's license.

13. At hearing, petitioner recognized that his license could be reinstated on a probationary basis, and unhesitatingly expressed his willingness to comply with any terms and conditions imposed by the Board. He explained he did not understand his obligation to reimburse the Board for its costs of investigation and enforcement prior to his license being revoked, but now recognizes his obligation to do so. He owed $3,137.50 as of the date of hearing.

Analysis

14. The conduct underlying the Board's revocation of petitioner's license was serious. He violated the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.), and the Board deemed it appropriate to place him on five years' probation. He violated numerous conditions of probation, including the temporary suspension of his license. Petitioner's license was revoked on February 21, 2007, and he has not practiced pharmacy for more than 14 years.

15. Petitioner spent the first few years after his license was revoked focusing on obtaining sobriety from alcohol. He achieved sobriety on July 17, 2009, and has maintained his sobriety ever since. He obtained certification as a drug and alcohol counselor in 2014 and committed himself to helping others battling addiction. He

confirmed his commitment at hearing by describing his plans to work in a retail pharmacy serving detox facilities and residential treatment homes if his license is reinstated.

16. Petitioner's evidence and testimony was credible. He demonstrated insight into the misconduct which led to his license being revoked. He showed remorse for that conduct. When all the evidence is considered, petitioner produced clear and convincing evidence of his ability to return to the practice of pharmacy in a manner consistent with public health, safety, and welfare, subject to the conditions precedent specified below.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Petitioner has the burden of proving his eligibility for reinstatement, and he must do so by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a high probability [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics omitted.)

Applicable Law

2. A pharmacist may petition the Board for reinstatement after three years have elapsed since the effective date of the disciplinary order. (Bus. & Prof. Code, §

4309, subd. (a)(1).) When deciding a petition, the Board may consider factors such as the petitioner's actions since discipline was imposed, the offenses for which discipline was opposed, and the petitioner's rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d)(1), (2) & (4).)

The Attorney General must be given notice of any petition filed, and "shall be afforded an opportunity to present either oral or written argument before the" Board. (Gov. Code, § 11522.)

Conclusion

3. Petitioner met his burden of producing clear and convincing evidence of sufficient rehabilitation to justify reinstatement for the reasons explained in Factual Findings 14 through 16. Therefore, his Petition for Reinstatement is granted.

ORDER

It is hereby ordered that petitioner Cesar B. Cabrera's petition for reinstatement is GRANTED. Upon satisfaction of the following conditions precedent, Pharmacist License Number RPH 41132 shall be reinstated:

1. Petitioner shall take and pass The North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) within one (1) year of the effective date of this Order. Failure to take and pass the examinations within one (1) year of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and Pharmacist License Number RPH 41132 shall remain revoked.

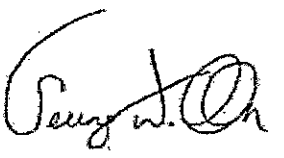
2. Petitioner shall pay the fees in place at the time for these examinations.

3. Petitioner shall pay all applicable application and licensing fees as well as any outstanding costs of investigation and enforcement.

This Decision shall become effective at 5:00 p.m. on July 28, 2021.

It is so ORDERED on June 28, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

Case Summary

Case Number: 09SM01679
OC Pay Number: 5318857
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Convicted
Case Stage:	Entered
Release Status:	Released on Own Recognizance
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/15/2009	23152(a) VC	M	Driving Under the Influence of Alcohol or Drugs	GUILTY	12/09/2009	Pled Guilty	12/09/2009
2	0	01/15/2009	20002(a) VC	M	Hit and run with property damage	GUILTY	12/09/2009	Pled Guilty	12/09/2009
3	0	01/15/2009	14601.2(a) VC	M	Driving when privilege suspended or revoked (DUI)	GUILTY	12/09/2009	Pled Guilty	12/09/2009
4	0	01/15/2009	4060 BP	M	Possess controlled substance without prescription	GUILTY	12/09/2009	Pled Guilty	12/09/2009

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
Retained Attorney		RETAT	Bethune, Lisa		
District Attorney		OCDA	Zimmer, Richard Anthony		
District Attorney		OCDA	Goodman, Kristin R		
District Attorney		OCDA	Brar, Paul Singh		
District Attorney		OCDA	Gold, Cheryl		
District Attorney		OCDA	Carr, Sharon		
District Attorney		OCDA	O'Hara, Kathleen J		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
05/26/2009	Arraignment -	H10	Heard	
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
06/10/2009	Arraignment -	H10	Cancel	

06/10/2009	Arraignment -	H7	Heard	waives statutory time for
07/13/2009	Pre Trial -	H7	Cancel	
07/13/2009	Pre Trial -	H13	Heard	waives statutory time for
08/12/2009	Pre Trial -	H13	Heard	waives statutory time for
08/12/2009	Pre Trial -	H13	Heard	waives statutory time for
09/23/2009	Pre Trial -	H13	Heard	waives statutory time for
09/23/2009	Pre Trial -	H13	Heard	waives statutory time for
11/04/2009	Pre Trial -	H13	Heard	
11/13/2009	Pre Trial -	H10	Heard	waives statutory time for
12/02/2009	Pre Trial -	H13	Heard	waives statutory time for
12/09/2009	Pre Trial -	H13	Heard	waives statutory time for
03/08/2010	Sentencing -	H13	Heard	
03/09/2010	Sentencing -	H13	Heard	waives statutory time for
06/02/2010	Sentencing -	H13	Heard	
06/07/2010	Chambers Work -	HJA	Heard	
06/08/2010	Motion Modification of Probation	H10	Cancel	
06/08/2010	Motion Modification of Probation	H13	Heard	
07/02/2010	Financial Evaluation -	HNBCOL	Cancel	
08/25/2010	Hearing Proof of enrollment	H12	Cancel	
08/25/2010	Hearing Proof of enrollment	H4	Cancel	
08/25/2010	Financial Evaluation -	HNBCOL	Cancel	
08/25/2010	Hearing Proof of enrollment	H10	Heard	
08/26/2010	Hearing Proof of enrollment	H10	Heard	
12/16/2010	Hearing Progress Review	H10	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/26/2009	10000.0	1st Class Bail Bonds, Inc	null	International Fidelity Insurance Company	null	Active	01/26/2009	10000
						Exonerated	03/03/2009	10000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	06/02/2010	5 years Probation	
2	08/26/2010	8 days Jail in lieu of fine	
3	08/26/2010	6 days Jail in lieu of fine	
4	06/02/2010	Restitution	
5	06/02/2010	18 months Multiple Offender Alcohol Program	
6	06/02/2010	90 days Jail	
7	06/02/2010	10 days Jail	

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	5 years	06/01/2015

History:

Status	Status Date	End Date
Active	06/02/2010	06/01/2015
Expired	06/01/2015	06/01/2015

Case Summary

Case Number: 03SF0050
OC Pay Number: 1812831
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Closed
Case Stage:	Entered
Release Status:	
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell Sale or transport	NOT GUILTY	02/05/2003	Dismissed	12/18/2003

2	0	01/08/2003	11352(a) HS	F	of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
3	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
4	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
5	0	01/08/2003	11375(b) (2) HS	M	Possession controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
District Attorney		OCDA	Jacobs, Tammy		
District Attorney		OCDA	Marangi, Stefanie		
District Attorney		OCDA	Selin, Anne		
District Attorney		OCDA	Sullens, Jack		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
02/05/2003	Arraignment -	S2	Heard	
02/19/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
03/19/2003	Pre Trial -	S2	Heard	10 court days
04/30/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
05/29/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
07/23/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
08/07/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
09/04/2003	Pre Trial -	S2	Heard	
10/08/2003	Pre Trial -	S2	Heard	
11/13/2003	Pre Trial -	S2	Heard	
12/04/2003	Pre Trial -	S2	Heard	
12/18/2003	Pre Trial -	S1	Cancel	
12/18/2003	Pre Trial -	S2	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/14/2003	25000.0	Creative Bail Bonds	null	Lexington National Insurance Corporation	null	Active	01/14/2003	25000
						Exonerated	12/18/2003	25000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	12/18/2003	3 years Probation	
2	12/18/2003	90 days Jail	
3	12/18/2003	Restitution	

Probation:

Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	12/17/2006

History:

Status	Status Date	End Date
Active	12/18/2003	12/17/2006
Expired	12/17/2006	12/17/2006

California State Board of Pharmacy
1625 N. Market Boulevard, N219
Sacramento, California 95834

June 3, 2019

To the Reinstatement Committee:

It is my pleasure to provide support of the application for reinstatement for Dr. Cesar Cabrera, Pharm. D. Our families have known each other for over 15 years. We were members at the Cabrera's martial arts school. We also attend the same church and have supported each other's children in spiritual mission trips. During this time I came to know Dr. Cabrera as a professional colleague. I have personally witnessed Dr. Cabrera's de-escalate an agitated patient with his demeanor and professionalism at his previous pharmacist position prior to the revocation. I am fully aware of the details for case numbers: 2949 and 2777 and understand the Board of Pharmacy's disciplinary penalties imposed upon Dr. Cabrera.

Over the period of revocation, I have observed Dr. Cabrera making improvements in his personal and professional struggles and continues to provide the best he can for his family. Dr. Cabrera has attended our church's support group for chemical dependency as well as other outside support and recovery programs.
Professionally, Dr. Cabrera has acquired a certificate as an addiction counselor and has been counseling patients and is currently working as an administrator for an addiction center. His current knowledge in addiction treatment exceeds the knowledge of general practicing pharmacists.

With his specialized knowledge and experience, and my observed performance, I would support the reinstatement of Dr. Cabrera's pharmacist license.
I believe Dr. Cabrera has much to offer and contribute to the care and safety of the public and the profession.

Sincerely,

Mark Chew, Pharm.D.
Chief Pharmacist
Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701
714-560-6129 Fax: ***(714) 437-5767*** Mob: (714) 720-1899

California State Board of Pharmacy
1625 N. Market Blvd., N219
Sacramento, CA. 95834

June 17, 2019

To the Reinstatement Committee:

I am writing this letter of recommendation on behalf of Cesar Cabrera. I have known Cesar personally since 2015 and have worked with him as a colleague since 2016. I am a client advocate/case manager for Milestone Addiction Centers in Costa Mesa and Cesar is my supervisor. It is with much enthusiasm that I recommend and support Cesar Cabrera for reinstatement.

On a personal level, Cesar and I share similar stories as it relates to substance use issues and recovery in the past and he has shared his trials and tribulations that resulted in the loss of his pharmacy license. As a result, we have become very close and we have even attended 12 step meetings on occasion. As a counselor, Cesar has vast knowledge of the addiction field because of his pharmacy background and he is able to connect and build rapport with the clients that need help.

I have seen the growth and transformation of Cesar in his recovery over the years I have known him. He is humble in so many ways and he is grateful for all the things that sobriety has brought in his life. It is with great pleasure that I recommend Cesar for reinstatement.

Sincerely,
Rick Hughes
909-[redacted]

California State Board of Pharmacy
1625 N. Market Boulevard, N219
Sacramento, California 95834

July 13, 2019

To the Reinstatement Committee:

I am writing this letter on behalf of my colleague Cesar Cabrera. I have known Dr. Cabrera for 2 years through Milestone Recovery. He has consistently been a hardworking and highly successful colleague.

Dr. Cabrera has always provided me with a great example of what hard work and dedication looks like. Dr. Cabrera is currently working a fulltime job, maintains his busy schedule, and still finds time to balance his family time and his time for self-care. Since meeting Dr. Cabrera, I have looked up to him and his constant motivation to make improvements to not only his work life and relationships, but also his personal life and relationships. He strives to make others' lives better on a daily basis. When asked for help, Dr. Cabrera always helps without hesitation.

I know Dr. Cabrera to be dependable, reliable and to maintain his integrity. He has exhibited a high level of patience and understanding when dealing with others. Dr. Cabrera has never turned down a challenge and is always willing to work with a team to accomplish goals. My experience with him has been nothing less than uplifting.

It is both my personal and professional opinion that Dr. Cabrera should have his license reinstated. Dr. Cabrera maintains the capacity to help many people change their lives in a positive direction.

Please feel free to contact me with any questions or concerns.

Best regards,



Corine M. Charm, PhD, LMFT #52333

[redacted]

5/27/2019

Tien Minh Vo
10 Amber

Aliso Viejo, CA 92656

California State Board of Pharmacy
1625 N. Market Blvd N219

Sacramento, CA 95834

Dear California State Board of Pharmacy,

It is with great pleasure that I write this letter recommending Cesar Cabrera for reinstatement to practice pharmacy. I am aware that Cesar surrendered his License in 2007 because of his issues with substance abuse. I've known Cesar and his wife for 2 years now and he has been able to overcome that addiction by seeking help at a treatment center. From his stay at the treatment center he was able to stay grounded and humble. Then after successful graduation from the treatment realized that this is the world that Cesar is interested in so he went back to school to receive a certification for Drug and Alcohol studies. From there he used his pharmacy background to help open and develop Detox and residential programs at several recovery centers. Cesar currently serves as the Executive Director at Milestone Addiction Centers. Cesar understands the troubles that addiction causes and nothing makes him happier than to be able to help people who are struggling with this. Since he is so involved with patients Cesar is constantly reminded that he does not want to fall back into the world of addiction and abuse. I truly believe that Cesar has learned from his past mistakes and will not partake in any future faults.

Thank you for taking the time toread my letter. I can be reached at 925-[redacted] or at [redacted]

Sincerely,

Tien Minh Vo

RPH 59546

February 8, 2021

Craig Hitchman
[redacted] Birch Suite [redacted]
Newport Beach, CA. 926600

California State Board of Pharmacy
1625 N. Market Blvd. N219
Sacramento, CA. 95834

To the Reinstatement Committee:
California Board of Pharmacy,

I am writing on behalf of Cesar Cabrera. I have known Cesar Cabrera for the past 2 years and it is with great pleasure to write a letter recommending for his reinstatement to practice pharmacy once again. I have known Cesar as a hard-working individual with dedication to the clients he helps at Inspire Health Center as the Assistant Clinical Director. He is reliable and he is always there to help anyone that is in need.

I am aware of the unfortunate situation Cesar has gone through with his substance use and that he had to surrender his pharmacy license some 14 years ago. I've known Cesar through communication with Inspire Health Centers and through his wife who is a colleague at the pharmacy. Cesar Cabrera went back to school to study and obtain a certification in Drug and Alcohol studies. With the use of his pharmacy background, he has helped open several Detox and Residential treatment centers, his latest being Inspire Health Centers as an Assistant Clinical Director.

I believe Cesar Cabrera will be an asset in the practice of pharmacy by gaining experience in the process of addiction because he will be able to recognize the patient who are struggling with substances and he will be able to offer help. We are in a time where substance use is increasing and causing untimely deaths to many. With Cesar's experience in the field of addiction, he plays a big part in the prevention of this uncanny disease of addiction. It is this reason why I strongly recommend the reinstatement of Cesar as a pharmacist.

Sincerely,

Craig Hitchman
949-[redacted]
craig@ca-rx.com

Case Summary

Case Number: 09SM01679
OC Pay Number: 5318857
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Arrest 6
1/15/2009

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Convicted
Case Stage:	Entered
Release Status:	Released on Own Recognizance
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
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3	0	01/15/2009	14601.2(a) VC	M	Driving when privilege suspended or revoked (DUI)	GUILTY	12/09/2009	Pled Guilty	12/09/2009
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Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
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Retained Attorney		RETAT	Bethune, Lisa		
District Attorney		OCDA	Zimmer, Richard Anthony		
District Attorney		OCDA	Goodman, Kristin R		
District Attorney		OCDA	Brar, Paul Singh		
District Attorney		OCDA	Gold, Cheryl		
District Attorney		OCDA	Carr, Sharon		
District Attorney		OCDA	O'Hara, Kathleen J		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
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05/27/2009	Arraignment -	H10	Heard	waives statutory time for
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
06/10/2009	Arraignment -	H10	Cancel	

06/10/2009 Arraignment -	H7	Heard	waives statutory time for
07/13/2009 Pre Trial -	H7	Cancel	
07/13/2009 Pre Trial -	H13	Heard	waives statutory time for
08/12/2009 Pre Trial -	H13	Heard	waives statutory time for
08/12/2009 Pre Trial -	H13	Heard	waives statutory time for
09/23/2009 Pre Trial -	H13	Heard	waives statutory time for
09/23/2009 Pre Trial -	H13	Heard	waives statutory time for
11/04/2009 Pre Trial -	H13	Heard	
11/13/2009 Pre Trial -	H10	Heard	waives statutory time for
12/02/2009 Pre Trial -	H13	Heard	waives statutory time for
12/09/2009 Pre Trial -	H13	Heard	waives statutory time for
03/08/2010 Sentencing -	H13	Heard	
03/09/2010 Sentencing -	H13	Heard	waives statutory time for
06/02/2010 Sentencing -	H13	Heard	
06/07/2010 Chambers Work -	HJA	Heard	
06/08/2010 Motion Modification of Probation	H10	Cancel	
06/08/2010 Motion Modification of Probation	H13	Heard	
07/02/2010 Financial Evaluation -	HNBCOL	Cancel	
08/25/2010 Hearing Proof of enrollment	H12	Cancel	
08/25/2010 Hearing Proof of enrollment	H4	Cancel	
08/25/2010 Financial Evaluation -	HNBCOL	Cancel	
08/25/2010 Hearing Proof of enrollment	H10	Heard	
08/26/2010 Hearing Proof of enrollment	H10	Heard	
12/16/2010 Hearing Progress Review	H10	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/26/2009	10000.0	1st Class Bail Bonds, Inc	null	International Fidelity Insurance Company	null	Active	01/26/2009	10000
						Exonerated	03/03/2009	10000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	06/02/2010	5 years Probation	
2	08/26/2010	8 days Jail in lieu of fine	
3	08/26/2010	6 days Jail in lieu of fine	
4	06/02/2010	Restitution	
5	06/02/2010	18 months Multiple Offender Alcohol Program	
6	06/02/2010	90 days Jail	
7	06/02/2010	10 days Jail	

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	5 years	06/01/2015

History:

Status	Status Date	End Date
Active	06/02/2010	06/01/2015
Expired	06/01/2015	06/01/2015

H. Dean Steward
ATTORNEY AT LAW

17 Corporate Plaza Drive
Suite 254
Newport Beach, CA 92660
949-481-4900

Arrest 4
6/5/2008
Arrest 5
7/14/2008
Arrest 7
8/16/2010

Aug. 8, 2022

Cesar Cabrera

Via Email

Re: Inquiry from ~~Oregon~~ NEVADA Board of Pharmacy

Dear Cesar-

I've reviewed the items requested by Mr. Hunt of the Board of Pharmacy. You have asked me to address items 2, 4, 5 and 7 of the requests.

Initially, I note that along with attorney (now Superior Court Judge) Gary Pohlson, I represented you on the federal case in Santa Ana, California from 2008 to 2010. In that the case is 12 years old, I have no hard copies of your case material. I do, however, have some electronic documents, plus access to PACER, the federal court docket system.

I have the following responses to the items listed:

2. The 2-6-04 incident was 3-4 years before I began representing you. I have no recall of such an event and no responding documents.

4. On 6-5-08, DEA arrested you and took you to their Orange County offices. You and I spent several hours with the agents and

• Admitted-California & Hawaii • Fellow-American College of Trial Lawyers •
fax: 949-706-9994 • e-mail: deansteward7777@gmail.com

agreed to cooperate and assist them in further investigation. You were released that day and if there was a report generated, it was never shared with you and me.

5. The 7-14-08 incident was our initial appearance in federal court in Santa Ana after arriving at a disposition. You were summoned to court, not arrested. You were admitted to bail after a routine court appearance. I attach the docket entry for that day.

7. On the August 16, 2010 incident, I am unaware of any such occurrence. I believe that was about the time you self-surrendered to serve your sentence. I have checked the PACER data base for the District of Kansas and your name does not appear there. I attached confirmation.

Please let me know if you need any further information.

Sincerely,



H. Dean Steward

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CRIMINAL MINUTES - ARRAIGNMENT

Case Number: 8:08-CR-00167 Recorder: CS 07/14/2008 Date: 07/14/2008

Present: The Honorable Marc L. Goldman, U.S. Magistrate Judge

Court Clerk: Terri Steele Assistant U.S. Attorney: Carmen Luege

United States of America v.	Attorney Present for Defendant(s)	Language	Interpreter
CESAR CABRERA Summons	H. Dean Steward Retained		

PROCEEDINGS: ARRAIGNMENT OF DEFENDANT(S) AND ASSIGNMENT OF CASE.

Defendant is arraigned and states true name is as charged.

Defendant is given a copy of the Information.

Defendant acknowledges receipt of a copy and waives reading thereof.

Defendant's first appearance.
Bond is ordered in the amount of a $100,000.00 See attached copy of the bond. Court orders defendant to report to the U.S. Marshal's Office forthwith for processing.

Waiver of Indictment submitted, accepted by the court and filed.

The Court enters a plea of not guilty on behalf of the defendant to all counts in the Information.

This case is assigned to the calendar of District Judge James V. Selna.
It is ordered that the following date(s) and time(s) are set:
Jury Trial September 9, 2008 at 8:30 a.m.
Status Conference August 25, 2008 at 9:00 a.m.
Defendant and counsel are ordered to appear before said judge at the time and date indicated.

The Judge's Order issued.

Trial estimate: 7 days.

Government counsel moves to seal these proceedings. Request denied. Case ordered unsealed for PIA. Government counsel to file a motion for sealing with the assigned district judge.

cc: Statistics Clerk, ~~PSALA~~ PSASA, ~~USMSA~~

I HEREBY CERTIFY THAT THIS DOCUMENT WAS SERVED BY FIRST CLASS MAIL POSTAGE PREPAID, TO ALL COUNSEL, ~~(OR PARTIES)~~ AT THEIR RESPECTIVE MOST RECENT ADDRESS OF RECORD IN THIS ACTION ON THIS DATE.

DATED: 7-16-08

DEPUTY CLERK

00 : 07

Initials of Deputy Clerk: ts

UNITED STATES OF AMERICA, Plaintiff,

v.

Cesar Cabrera

Defendant/~~Material Witness~~.

CASE NUMBER: SACR08-167

3743

COMPLAINT: | INDICTMENT / (INFORMATION):

VIOLATION OF TITLE: 21 USC & 18 USC | SECTION: 841(a) & 1957

☐ PERSONAL RECOGNIZANCE (Signature only - no dollar amount)
☐ UNSECURED APPEARANCE BOND IN THE AMOUNT OF $_____ RELEASE No. SUMMONS
☑ APPEARANCE BOND IN THE AMOUNT OF $ 100,000
☐ WITH CASH DEPOSIT (AMOUNT OR %) _____
☑ WITH AFFIDAVIT OF SURETY NO JUSTIFICATION (Form CR-4)
By DFT's wife
☐ WITH AFFIDAVIT WITH JUSTIFICATION OF SURETY (Form CR-3)
☐ WITH DEEDING OF PROPERTY
☐ COLLATERAL BOND IN AMOUNT OF (Cash or Negotiable Securities) $_____
☐ CORPORATE SURETY BOND IN AMOUNT OF (Separate Form Required) $_____
☐ ADDITIONAL REQUIREMENTS: _____
☑ BAIL FIXED BY COURT _____

☐ RELEASE TO PRETRIAL ONLY
☐ FORTHWITH RELEASE
☑ ALL CONDITIONS OF BOND SHALL BE MET AND BOND POSTED BY: 7/28/08 *Date*

Deputy Clerk

☐ ALL REQUIREMENTS HAVE BEEN MET: _____ *Deputy Clerk*

PRE-CONDITIONS TO RELEASE

☐ Bail is subject to Nebbia hearing which is a hearing to inquire about the source of the collateral.
☐ The Nebbia hearing can be waived by the government.

ADDITIONAL CONDITIONS OF RELEASE

In addition to the GENERAL CONDITIONS of RELEASE, as specified on other side, the following conditions of release are imposed upon you:

☐ Defendant shall submit to: [ ] Pretrial Supervision. [ ] Intensive Pretrial Supervision.
☐ Surrender all passports to the Clerk of Court, or sign a declaration no later than, _____ and not apply for the issuance of a passport during the pendency of this case.
☐ Travel is restricted to: CD/CA _____
☐ Do not enter premises of any airport, seaport, railroad, or bus terminal which permits exit from the Continental U.S. or area of restricted travel without Court permission.
☐ Reside as approved by PSA and do not relocate without prior permission from PSA. _____
☐ Maintain or actively seek employment and provide proof to PSA.
☐ Maintain or commence an educational program and provide proof to PSA.
☐ Avoid all contact, directly or indirectly, with any person who is or who may become a victim or potential witness in the subject investigation or prosecution, including but not limited to: _____
☐ Not possess any firearms, ammunition, destructive devices, or other dangerous weapons. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.
☐ Not use/possess any identification other than in your own legal name or true name. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the U.S. Marshal.
☐ Not use alcohol.
☐ Not use or possess illegal drugs. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.
☐ Submit to drug [and/or] alcohol testing and outpatient treatment as directed by PSA. You shall pay all or part of the cost for testing and treatment based upon your ability to pay as determined by PSA.
☐ Participate in residential drug [and/or] alcohol treatment as deemed necessary by PSA. You shall pay all or part of the cost for treatment based upon your ability to pay as determined by PSA. [ ] **Release to PSA only.**
☐ Participate in mental health evaluation, and/or counseling and/or treatment as directed by PSA. You shall pay all or part of the costs based upon your ability to pay as determined by PSA.

Defendant Initials CC **Date** 7/14/08

ORIGINAL - YELLOW COPY **PINK- PRETRIAL SERVICES** **WHITE - DEFENDANT COPY**

GPO U.S GOVERNMENT PRINTING OFFICE 2005-785-040

Cesar Cabrera
Defendant/~~Material Witness~~.

CASE NUMBER: SACR08-167

☐ Participate in one of the following home confinement program components and abide by all requirements of the program which [ ] **will** or [ ] **will not** include electronic monitoring or other location verification system. You shall pay all or part of the cost of the program based upon your ability to pay as determined by PSA.

[ ] **Curfew.** You are restricted to your residence every day: [ ] from _____ to _____. [ ] as directed by PSA. [ ] **Release to PSA only.**

[ ] **Home Detention.** You are restricted to your residence at all times except for employment; education; religious services; medical, substance abuse, or mental health treatment; attorney visits; court-ordered obligations; or other activities as pre-approved by PSA. [ ] **Release to PSA only.**

[ ] **Home Incarceration.** You are restricted to your residence at all times except for medical needs or treatment; religious services; and court appearances as pre-approved by PSA. [ ] **Release to PSA only.**

☐ Not possess or have access to, either in the home, the workplace, or any other location, any device which offers Internet access, except as approved by PSA. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

☐ Not associate or have verbal, written, telephonic, or electronic communication with any person who is less than the age of 18 except in the presence of another adult who is the parent or legal guardian of the minor.

☐ Not loiter/be found within 100 feet of any school yard, park, playground, arcade, or other place primarily used by children under the age of 18.

☐ Not be employed by, affiliate with, own, control, or otherwise participate directly or indirectly in conducting the affairs of any daycare facility, school, or other organization dealing with the care, custody, or control of children under the age of 18.

☐ Not view or possess child pornography or child erotica. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property, including computer hardware and software, by Pretrial Services in conjunction with the US Marshal.

☑ Other conditions: See attached Stipulation + Order.

✓ 7/14/08 — *Date*

✓ [signature] — *Defendant/~~Material Witness~~' Signature*

✓ 949-378-3184 — *Telephone Number*

✓ [redacted] Trabuco Canyon, CA 92679 — *City, State And Zip Code*

☐ **Check if interpreter is used:** I have interpreted into the _____ language all of the above conditions of release and have been told by the defendant that he or she understands all of the conditions of release.

_____ *Interpreter's signature* — _____ *Date*

Approved: _____ *United States District Judge / Magistrate Judge* — _____ *Date*

If Cash Deposited: Receipt # _____ For $_____

(This bond may require surety agreements and affidavits pursuant to Local Criminal Rules 46-3.2 and 46-6)

ORIGINAL - YELLOW COPY — PINK- PRETRIAL SERVICES — WHITE - DEFENDANT COPY

G2O U.S.GOVERNMENT PRINTING OFFICE: 2005-785-040

FILED
JUL 14 2008
CLERK, U.S. DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION AT SANTA ANA
BY DEPUTY

THOMAS P. O'BRIEN
United States Attorney
ROBB C. ADKINS
Assistant United States Attorney
Chief Santa Ana Office
CARMEN R. LUEGE
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411 W. Fourth Street
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Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, Plaintiff, v. CESAR CABRERA, Defendant.	No. SA CR 08-167 STIPULATION RE BAIL RELEASE CONDITIONS; AND ORDER UNDER SEAL

United States of America, through its attorney of record, Assistant United States Attorney Carmen R. Luege, and defendant Cesar Cabrera, individually and through his attorney of record, stipulate and agree as follows:

1. Defendant is scheduled to appear for post indictment arraignment on July 14, 2008.

2. Defendant has signed a cooperation plea agreement and will be assisting the Drug Enforcement Administration (DEA) and the Internal Revenue Service (IRS) with an ongoing criminal investigation. As part of his cooperation, defendant may be

required to negotiate drug transactions with the targets of the investigation.

3. Pretrial Services does not supervise defendants who are cooperating with the government, particularly when the cooperation may require that defendant have contact with the targets of the investigation.

THEREFORE, IT IS HEREBY AGREED AND STIPULATED that defendant be released on bail pending trial on the following conditions:

(1) A $100,000 appearance bond with affidavit of surety without justification executed by defendant's spouse.

(2) Defendant shall be subject to intensive supervision by DEA Diversion Investigator (DI) Violeta Willmott and IRS SA Remoun Karlous.

(3) Defendant shall surrender all passports to the SA Remoun Karlous and not apply for the issuance of a passport during the pendency of this case.

(4) Defendant's travel is to be restricted to the Central District of California unless otherwise permitted by DI Willmott or SA Karlous.

(5) Defendant shall not enter a seaport, an airport, or any other terminal that permits exit from the continental United States without DI Willmott's or SA Karlous' permission.

(6) Defendant shall not use or possess any illegal drugs.

(7) Defendant shall be subject to drug/alcohol testing as deemed necessary by DI Willmott or SA Karlous.

DEAN STEWARD
Counsel for Defendant
Cesar Cabrera

7-14-08
Date

ORDER

It is so ordered.

7/14/08
Date

United States District Court Judge

MARC L. GOLDMAN
U.S. MAGISTRATE JUDGE

(8) Defendant shall not possess any kind of firearms or destructive devices.

(9) Defendant shall be subject to searches of his person and/or property by DI Willmott or SA Karlous Relating to and to insure compliance with conditions of bail.

(10) Defendant shall maintain verifiable ~~lawful~~ employment.

(11) Defendant shall participate in mental health counseling and/or treatment as deemed necessary by DI Willmott or SA Karlous. Defendant shall pay all cost of the mental health counseling/treatment.

~~IT IS FURTHER AGREED AND STIPULATED, that if defendant violates any of the conditions set forth above, the bond will be forfeited and an arrest warrant will be issued to place defendant in the custody of the U.S. Marshal pending trial.~~

UNITED STATES ATTORNEY'S OFFICE
FOR THE CENTRAL DISTRICT OF CALIFORNIA

THOMAS P. O'BRIEN
United States Attorney

CARMEN R. LUEGE
Assistant United States Attorney

7/14/2008
Date

I have read this stipulation and carefully discussed every part of it with my attorney. I understand the terms of my conditional release, and I voluntarily agree to comply with those terms.

CESAR CABRERA
Defendant

7/14/08
Date

No information was found that matched the search criteria entered.

PACER Service Center			
Transaction Receipt			
08/08/2022 12:51:03			
PACER Login:	deansteward	**Client Code:**	
Description:	Search	**Search Criteria:**	Last Name: Cabrera First Name: Cesar
Billable Pages:	1	**Cost:**	0.10
Exempt flag:	Not Exempt	**Exempt reason:**	Not Exempt

CLOSED

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA (Southern Division - Santa Ana)
CRIMINAL DOCKET FOR CASE #: 8:08-cr-00167-JVS-1

Case title: USA v. Cabrera

Date Filed: 07/01/2008

Date Terminated: 06/01/2010

Assigned to: Judge James V. Selna

Defendant (1)

Cesar Cabrera
TERMINATED: 06/01/2010

represented by **H. Dean Steward**
H. Dean Steward Law Offices
17 Corporate Plaza Suite 254
Newport Beach, CA 92660
949-481-4900
Fax: 949-706-9994
Email: deansteward7777@gmail.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED
Designation: Retained

Pending Counts

21:841(a) DISTRIBUTION OF HYDROCODONE
(1)

Disposition

Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.

Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years

21:841(a) DISTRIBUTION OF HYDROCODONE (2)	supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.
18:1957(a) ENGAGING IN MONETARY TRANSACTIONS (3)	Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.

Highest Offense Level (Opening)

Felony

Terminated Counts	**Disposition**
None	

Highest Offense Level (Terminated)

None

Complaints	**Disposition**
Defendant in violation of 21:841 and 18:1956	

Plaintiff

USA

represented by **Carmen R Luege**
AUSA - Office of US Attorney
Criminal Division
411 West 4th Street Suite 8000
Santa Ana, CA 92701-4599
714-338-3500

Email: caseview.ecf@usdoj.gov
TERMINATED: 05/14/2009
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Christine S Bautista
AUSA - Office of US Attorney
Criminal Division - US Courthouse
312 North Spring Street 12th Floor
Los Angeles, CA 90012
213-894-8911
Fax: 213-894-0142
Email: USACAC.criminal@usdoj.gov
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
06/02/2008	1	COMPLAINT filed as to Defendant Cesar Cabrera in violation of 21:841 and 18:1956. Approved by Magistrate Judge Arthur Nakazato. (mt) [8:08-mj-00263-DUTY *SEALED*] (Entered: 06/04/2008)
06/30/2008	2	NOTICE OF LODGING filed by Plaintiff USA as to Defendant (Attachments: # 1 Proposed Order)(Luege, Carmen) (Additional attachment(s) added on 7/1/2008: # 2 Not For Public View) (rla). Modified on 7/1/2008 (rla). [8:08-mj-00263-DUTY *SEALED*] (Entered: 06/30/2008)
07/01/2008	3	NOTICE of Manual Filing of Application and Proposed Order filed by Plaintiff USA as to Defendant Cesar Cabrera (Luege, Carmen) [8:08-mj-00263-DUTY *SEALED*] (Entered: 07/01/2008)
07/01/2008	6	INFORMATION filed as to Cesar Cabrera (1) count(s) 1-2, 3. Offense occurred in OC. (mt) (Entered: 07/09/2008)
07/01/2008	7	CASE SUMMARY filed by AUSA Carmen R. Luege as to Defendant Cesar Cabrera; defendants Year of Birth: 1960 (ade) (Entered: 07/09/2008)
07/01/2008	8	MEMORANDUM filed by Plaintiff USA as to Defendant Cesar Cabrera re: Judge Stephen G. Larson. (ade) (Entered: 07/09/2008)
07/01/2008	9	MEMORANDUM filed by Plaintiff USA as to Defendant Cesar Cabrera. re: Magistrate Judge John Charles Rayburn, Jr., Magistrate Judge Jacqueline Chooljian, Magistrate Judge Patrick J. Walsh, Magistrate Judge Jennifer T. Lum, Magistrate Judge Jeffrey W. Johnson. (ade) (Entered: 07/09/2008)
07/07/2008	64	Summons Issued as to Cesar Cabrera (dg) (dv). (Not for Public View Pursuant to the E-Government Act of 2002) (Entered: 07/14/2008)
07/11/2008	13	Summons Returned Executed on 7/8/08 as to Cesar Cabrera (mt) (Entered: 07/29/2008)

07/14/2008	12	STATEMENT OF CONSTITUTIONAL RIGHTS filed by Defendant Cesar Cabrera (rla) (Entered: 07/18/2008)
07/14/2008	14	MINUTES OF POST-INDICTMENT ARRAIGNMENT: held before Magistrate Judge Marc L. Goldman as to Cesar Cabrera (1) Count 1-2,3. Defendant arraigned, states true name: as charged. Attorney: H Dean Steward for Cesar Cabrera, Retained, present. Defendants first appearance. Court orders bail set for Cesar Cabrera (1) $100,000.00, See attached copy of the bond. Court orders defendant to report to the US Marshals Office forthwith for processing. The Court enters a plea of not guilty on behalf of the defendant to all counts as charged in the Information. Case assigned to Judge James V. Selna. Jury Trial set for 9/9/2008 08:30 AM before Judge James V. Selna. Status Conference set for 8/25/2008 09:00 AM before Judge James V. Selna. Defendant and counsel are ordered to appear. The Judges Order issued. Trial estimate: 7 days. Government counsel moves to seal these proceedings. Request denied. Case ordered unsealed for PIA. Government counsel to file a motion for sealing with the assigned district judge. Court Smart: CS 7/14/2008. (mt) (Entered: 07/29/2008)
07/14/2008	15	WAIVER OF INDICTMENT by Defendant Cesar Cabrera before Magistrate Judge Marc L. Goldman (mt) (Entered: 07/29/2008)
07/14/2008	16	DESIGNATION AND APPEARANCE OF COUNSEL; filed by H Dean Steward appearing for Cesar Cabrera (mt) (Entered: 07/29/2008)
07/14/2008	18	DECLARATION RE: PASSPORT filed by Defendant Cesar Cabrera (mt) (Entered: 07/29/2008)
07/30/2008	22	BOND AND CONDITIONS OF RELEASE filed as to Defendant Cesar Cabrera conditions of release: $100,000.00 Appearance Bond with affidavit of surety no justification by defendants wife (see attached bond for details) approved by Magistrate Judge Marc L. Goldman. (mt) (Entered: 08/02/2008)
05/14/2009	31	UNDER SEAL - NOTICE OF REASSIGNMENT of Criminal Case. (nbo) (Entered: 05/28/2009)
06/01/2009	32	SEALED DOCUMENT - STIPULATION Re Continuance of Status Conference. (nbo) (Entered: 06/04/2009)
06/02/2009	33	SEALED DOCUMENT - ORDER (nbo) (Entered: 06/04/2009)
10/16/2009	40	ORDER by Judge James V. Selna: granting 38 Exparte Application to Seal (ade) (Entered: 10/22/2009)
05/24/2010	61	MINUTES OF SENTENCING Hearing held before Judge James V. Selna as to Defendant Cesar Cabrera. Defendant Cesar Cabrera (1), Count(s) 1, 2, 3, Defendant sentenced to 27 months imprisonment on Counts 1-3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that Bureau of Prison conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program. Bond exonerated upon surrender. Defendant advised of right of appeal. (Defendant to surrender not later than 8/16/2010.) Court Reporter: Sharon

		Seffens. (nbo) Modified on 7/7/2010 (nbo). (Entered: 06/08/2010)
06/01/2010	62	JUDGMENT AND COMMITMENT by Judge James V. Selna as to Defendant Cesar Cabrera (1), Count(s) 1, 2, 3, Defendant sentenced to 27 months imprisonment on Counts 1-3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that Bureau of Prisons conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program. (nbo) (Entered: 06/08/2010)
06/04/2010	60	*SEALED DOCUMENT* Re: SENTENCING MEMORANDUM (dg) (Entered: 06/08/2010)
07/07/2010	63	NOTICE OF CLERICAL ERROR, as to Defendant Cesar Cabrera: Due to clerical error the incorrect filed date was used on Sentencing Minute Order 61 . The docket entry will be corrected to reflect the correct filed date. (nbo) (Entered: 07/07/2010)

PACER Service Center

Transaction Receipt

08/05/2022 16:35:12

PACER Login:	cesarcabrera	**Client Code:**	
Description:	Docket Report	**Search Criteria:**	8:08-cr-00167-JVS End date: 8/5/2022
Billable Pages:	5	**Cost:**	0.50

Case Summary

Case Number: 03SF0050
OC Pay Number: 1812831
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Arrest 1
1/8/2003

Arrest 2
2/6/2004

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Closed
Case Stage:	Entered
Release Status:	
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
2	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
3	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
4	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
5	0	01/08/2003	11375(b)(2) HS	M	Possession controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
District Attorney		OCDA	Jacobs, Tammy		
District Attorney		OCDA	Marangi, Stefanie		
District Attorney		OCDA	Selin, Anne		
District Attorney		OCDA	Sullens, Jack		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
02/05/2003	Arraignment -	S2	Heard	
02/19/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
03/19/2003	Pre Trial -	S2	Heard	10 court days
04/30/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
05/29/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
07/23/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
08/07/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
09/04/2003	Pre Trial -	S2	Heard	

10/08/2003	Pre Trial -	S2	Heard
11/13/2003	Pre Trial -	S2	Heard
12/04/2003	Pre Trial -	S2	Heard
12/18/2003	Pre Trial -	S1	Cancel
12/18/2003	Pre Trial -	S2	Heard

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/14/2003	25000.0	Creative Bail Bonds	null	Lexington National Insurance Corporation	null	Active	01/14/2003	25000
						Exonerated	12/18/2003	25000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	12/18/2003	3 years Probation	
2	12/18/2003	90 days Jail	
3	12/18/2003	Restitution	

Probation:

Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	12/17/2006

History:

Status	Status Date	End Date
Active	12/18/2003	12/17/2006
Expired	12/17/2006	12/17/2006

Case Number: POM8PK01595-01

Defendant Name: CABRERA, CESAR

Violation Date: *January 11, 2008*

Filing Date: March 13, 2008

Courthouse: Pomona Courthouse South

Arrest 3
1/11/2008

CASE INFORMATION

Count	Charge Section	Charge Statute	Plea	Disposition	Disposition Date
01	23152(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008
02	14601.1(A)	Vehicle Code	Not Guilty	Dismissed or Not Prosecuted	07/11/2008
03	20002(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008
04	12500(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008

EVENTS

Upcoming Scheduled Events

None

Past Events

Date	Time	Location	Dept/Room Number	Events
March 20, 2008	08:30 AM	Pomona Courthouse South	003	ARRAIGNMENT
April 17, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING

April 18, 2008	08:30 AM	Pomona Courthouse South	003	BENCH WARRANT HOLD
May 30, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
July 2, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
July 11, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
April 29, 2009	08:00 AM		CLK	DOCKET LINE ENTRY
April 29, 2009	08:30 AM		CLK	DOCKET LINE ENTRY
May 5, 2009	09:00 AM	Pomona Courthouse South	003	COURT CONSIDERATION
July 14, 2009	08:00 AM		CLK	DOCKET LINE ENTRY
August 7, 2009	08:30 AM	Pomona Courthouse South	002	BENCH WARRANT HEARING
August 30, 2010	08:00 AM		CLK	DOCKET LINE ENTRY
August 30, 2010	08:30 AM	Pomona Courthouse South	002	POSSIBLE VIOL. OF PROBATION
October 1, 2010	08:00 AM		CLK	DOCKET LINE ENTRY
October 1, 2010	08:30 AM	Pomona Courthouse South	002	MODIFICATION OF PROBATION
September 30, 2020	09:00 AM		CLK	DOCKET LINE ENTRY
September 16, 2021	08:00 AM		CLK	DOCKET LINE ENTRY

BAIL

No Information Found

SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

Sentencing Information			
SENTENCING DATE:	July 11, 2008		
For Count(s):	01	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$400.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE A 3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING PROGRAM.			
LICENSE RESTRICTION/SUSPENSION:			

Sentencing Information

SENTENCING DATE:	July 11, 2008		
For Count(s):	03	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$100.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

Sentencing Information			
SENTENCING DATE:	July 11, 2008		
For Count(s):	04	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	

BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$100.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 22, 2021

CERTIFIED MAIL

Cesar B. Cabrera
[redacted]Via Navarra
Mission Viejo, CA 92691

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

Dear Mr. Cabrera:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 7-8 of the Decision.

Effective July 22, 2021, your petition for reinstatement of Pharmacist License No. RPH 41132, is granted. Upon satisfaction of the following conditions, your pharmacist license shall be reinstated:

a. Take and pass the California Pharmacist Jurisprudence Examination (CPJE) and Northern American Pharmacist Licensure Examination (NAPLEX) within one (1) year of the effective date of this decision. Failure to take and pass the examinations within one (1) of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent to re-licensure and your pharmacist license shall remain revoked.
b. You shall pay all costs of the examinations required by the Board.
c. You are required to be fingerprinted as part of the re-licensure process. Live scan information can be found on the Board's website as part of the pharmacist licensure and examination application packet. Please submit a copy of the completed live scan form with a copy of this letter. Upon written notice by the Board indicating fulfillment of these conditions, your license will be fully reinstated. In addition, upon successful passing the examinations you shall pay the licensing fee of $527.00 ($505 renewal fee, $22 CURES fee).

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

Anne Sodergren
Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

cc: Kristina Jarvis, DAG
Adam B. Brown, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Cesar B. Cabrera [redacted]Via Navarra Mission Viejo, CA 92691	7019 2970 0002 2050 1357
Adam B. Brown, Esq. 3848 W. Carson Street, Suite 206 Torrance, CA 90503	7019 2970 0002 2050 1364

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on June 22, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 22, 2021, at Sacramento, California.

Susan Cappello, Enforcement Manager

BEFORE THE
CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement of:

CESAR B. CABRERA, Petitioner

Agency Case No. 2949

OAH No. 2021030370

DECISION

This matter was heard on March 18, 2021, before a quorum of the California State Board of Pharmacy (Board), Department of Consumer Affairs, by WebEx. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Adam B. Brown of the Law Office of Brown & Brown represented petitioner Cesar B. Cabrera, who was present throughout the hearing.

Evidence was received, the record closed, and the matter submitted for written decision on March 18, 2021.

SUMMARY

Petitioner seeks reinstatement of his license to practice pharmacy, which was revoked because he violated the conditions of his probation. When all the evidence is considered, petitioner established that he has been sufficiently rehabilitated to justify reinstating his license after he completes the licensing examinations and pays the outstanding costs he owes the Board. Therefore, his petition is granted.

FACTUAL FINDINGS

License History

1. The Board issued petitioner Pharmacist License Number RPH 41132 on August 18, 1987.

PRIOR ACCUSATION

2. On July 27, 2004, a former Executive Officer of the Board signed an Accusation seeking to discipline petitioner's license because he was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist – possession for sale of hydrocodone. Petitioner signed a stipulated settlement placing his license on probation for five years. Conditions of probation included: 1) a 90-day license suspension; 2) reimbursing the Board $6,300 for its costs of investigation and enforcement; 3) completing a rehabilitation program; and 4) abstain from drugs and alcohol.

3. The Board adopted the stipulated settlement on February 4, 2005. Petitioner's five-year probation period began March 5, 2005.

PETITION TO REVOKE PROBATION

4. On April 21, 2006, a former Executive Officer of the Board filed a Petition to Revoke petitioner's probation. The Petition to Revoke alleged that petitioner: 1) practiced pharmacy while his license was suspended; 2) failed to reimburse the Board for its costs of investigation and enforcement; 3) failed to comply with the requirements of a rehabilitation program by being terminated from the Pharmacist Recovery Program (PRP), testing positive for alcohol, returning to work without having a worksite monitor agreement, working at a facility with a relative, failing to enter inpatient chemical dependency treatment, returning to work after relapse, returning to work after being suspended by the PRP, and failing to comply with his PRP contract; and 4) tested positive for alcohol.

5. Petitioner signed a stipulated settlement revoking his license. The Board issued a Decision and Order adopting the stipulated settlement on January 22, 2007, and the effective date of petitioner's license revocation was February 21, 2007.

Petition for Reinstatement

6. On November 26, 2019, petitioner signed a Petition for Reinstatement, which the Board received three months later.

7. Petitioner has been sober from alcohol since July 17, 2009. He obtained his sobriety by attending a 28-day residential treatment program at Hoag Hospital Addiction Treatment, completing an intensive outpatient program at Pacific Hills Treatment, participating in group therapy at Addiction Treatment for Health Care Professionals, and completing a nine-month/500-hour residential treatment program at Residential Drug Abuse Program. Petitioner continues to attend Alcoholics Anonymous meetings to help maintain his sobriety.

8. Petitioner obtained his drug and alcohol counselor certificate from Saddleback College in 2014, and has been working in the recovery field since then. He has worked as a Case Manager/Certified Counselor at Sobertec, LLC, a Case Manager/Behavioral Technician at SoCal Detox, LLC, and the Clinical Director/Program Director for Beachside Recovery, LLC.

9. Petitioner was the Executive Director of Milestone Addiction Centers from August 2016 to June 2019. He was responsible for overseeing the day-to-day operations of a 52-bed residential treatment center in Costa Mesa, California. He has been the Assistant Clinical Director and Compliance Officer for Inspire Health Center since June 2019. Inspire Health Center is a residential drug and alcohol treatment facility in Newport Beach, California. He is responsible for overseeing the clinical aspect of the treatment program and assisting with administrative duties. Additionally, he helps develop, initiate, maintain, and revise policies and procedures to ensure the program remains in compliance with the Joint Commission on Accreditation of Health Care Organizations and state licensing requirements.

10. Petitioner discovered a new passion working with those addicted to drugs and/or alcohol. He estimated the number of people he has counseled since 2014 to be "in the hundreds." He explained that working with others battling addictions keeps him "grounded." If his license is reinstated, he intends to continue serving those in recovery by working at a retail pharmacy that serves detox facilities and residential treatment homes.

11. Petitioner completed 62.5 hours of continuing education between June 14, 2017, and February 5, 2021. However, only 30.5 hours were Board-approved programs, all of which were completed on February 4 and 5, 2021. At hearing,

petitioner explained the remaining 32 hours were completed as part of the requirements for maintaining his drug and alcohol counselor certificate.

12. Petitioner submitted four letters of recommendation that were subsequently verified by Board staff – two from licensed pharmacists and two from citizens. Although the two licensed pharmacists were aware of petitioner's disciplinary history, neither of the citizens were. However, all four authors wrote in favor of reinstating petitioner's license.

13. At hearing, petitioner recognized that his license could be reinstated on a probationary basis, and unhesitatingly expressed his willingness to comply with any terms and conditions imposed by the Board. He explained he did not understand his obligation to reimburse the Board for its costs of investigation and enforcement prior to his license being revoked, but now recognizes his obligation to do so. He owed $3,137.50 as of the date of hearing.

Analysis

14. The conduct underlying the Board's revocation of petitioner's license was serious. He violated the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.), and the Board deemed it appropriate to place him on five years' probation. He violated numerous conditions of probation, including the temporary suspension of his license. Petitioner's license was revoked on February 21, 2007, and he has not practiced pharmacy for more than 14 years.

15. Petitioner spent the first few years after his license was revoked focusing on obtaining sobriety from alcohol. He achieved sobriety on July 17, 2009, and has maintained his sobriety ever since. He obtained certification as a drug and alcohol counselor in 2014 and committed himself to helping others battling addiction. He

confirmed his commitment at hearing by describing his plans to work in a retail pharmacy serving detox facilities and residential treatment homes if his license is reinstated.

16. Petitioner's evidence and testimony was credible. He demonstrated insight into the misconduct which led to his license being revoked. He showed remorse for that conduct. When all the evidence is considered, petitioner produced clear and convincing evidence of his ability to return to the practice of pharmacy in a manner consistent with public health, safety, and welfare, subject to the conditions precedent specified below.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Petitioner has the burden of proving his eligibility for reinstatement, and he must do so by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a high probability [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics omitted.)

Applicable Law

2. A pharmacist may petition the Board for reinstatement after three years have elapsed since the effective date of the disciplinary order. (Bus. & Prof. Code, §

4309, subd. (a)(1).) When deciding a petition, the Board may consider factors such as the petitioner's actions since discipline was imposed, the offenses for which discipline was opposed, and the petitioner's rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d)(1), (2) & (4).)

The Attorney General must be given notice of any petition filed, and "shall be afforded an opportunity to present either oral or written argument before the" Board. (Gov. Code, § 11522.)

Conclusion

3. Petitioner met his burden of producing clear and convincing evidence of sufficient rehabilitation to justify reinstatement for the reasons explained in Factual Findings 14 through 16. Therefore, his Petition for Reinstatement is granted.

ORDER

It is hereby ordered that petitioner Cesar B. Cabrera's petition for reinstatement is GRANTED. Upon satisfaction of the following conditions precedent, Pharmacist License Number RPH 41132 shall be reinstated:

1. Petitioner shall take and pass The North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) within one (1) year of the effective date of this Order. Failure to take and pass the examinations within one (1) year of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and Pharmacist License Number RPH 41132 shall remain revoked.

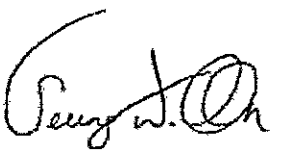
2. Petitioner shall pay the fees in place at the time for these examinations.

3. Petitioner shall pay all applicable application and licensing fees as well as any outstanding costs of investigation and enforcement.

This Decision shall become effective at 5:00 p.m. on July 28, 2021.

It is so ORDERED on June 28, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

ERRATA

RECEIVED
FEB 2 0 2019
Brown & Brown

Corrections to Stipulated Revocation of License and Order and Exhibit A Accusation/Petition to Revoke Probation No. 2949

Stipulated Revocation of License and Order and Exhibit A, the Accusation/Petition to Revoke Probation No. 2949, contains references to Pharmacist License No. RPH 49485 in the underlying disciplinary action entitled "In the Matter of the Accusation against Cesar B. Cabrera" which, pursuant to a decision of the Board of Pharmacy effective May 27, 2005, revoked Respondent's Pharmacist License but stayed revocation in favor of probation for five (5) years. Those references mistakenly use Pharmacist License No. RPH 49485 rather than Pharmacist License No. RPH 41132. This clerical error is hereby corrected as part of the Board's Stipulated Revocation of License and Order. This Errata page shall become part of Respondent's disciplinary history with the Board. For the purposes of correcting the record, the following changes are hereby made to the Stipulated Revocation of License and Order and Exhibit A:

Stipulated Revocation of License and Order:

Page 1, Line 17: Substitute "41132 " for "49485"
Page 2, Line 4: Substitute "41132 " for "49485"
Page 3, Line 24: Substitute "41132 " for "49485"

Exhibit A

Page 1, Line 15: Substitute "41132 " for "49485"
Page 1, Line 23: Substitute "41132 " for "49485"
Page 6, Line 6: Substitute "41132 " for "49485"
Page 6, Line 7: Substitute "41132 " for "49485"

BILL LOCKYER, Attorney General
of the State of California
MARGARET A. LAFKO
Supervising Deputy Attorney General
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
110 West "A" Street, Suite 1100
San Diego, CA 92101

P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2105
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER OF AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. 49485 Respondent.	Case No. 2949 OAH No. L 2006070432 **STIPULATED REVOCATION OF LICENSE AND ORDER**

In the interest of a prompt and speedy resolution of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy (Board), the parties hereby agree to the following Stipulated Revocation of License and Order which will be submitted to the Board for approval and adoption as the final disposition of the Petition.

PARTIES

1. Patricia F. Harris (Complainant) is the Executive Officer of the Board of Pharmacy. She brought this action solely in her official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by James M. Ledakis, Deputy Attorney General.

2. CESAR B. CABRERA (Respondent) is represented in this proceeding by attorney, Donald Brown, whose address is 3848 Carson Street, Suite 206, Torrance, CA 90503.

3. On or about August 18, 1987, the Board issued Pharmacist License No. RPH 49485 to Respondent. The License was in full force and effect at all times relevant to the charges brought in Petition No. 2949 and will expire on December 31, 2006, unless renewed.

JURISDICTION

4. The Petition to Revoke Probation was filed before the Board, and is currently pending against Respondent. The Petition and all other statutorily required documents were properly served on Respondent on April 12, 2006. Respondent timely filed his Notice of Defense contesting the Petition. A copy of Petition No. 2949 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Petition No. 2949. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Revocation of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Petition; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

/

/

/

CULPABILITY

8. Respondent understands that the charges and allegations in Petition No. 2949, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

9. For the purpose of resolving the Petition without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Petition and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to order the Revocation of his Pharmacist License without further process.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties understand and agree that facsimile copies of this Stipulated Revocation of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Pharmacist License No. 49485, issued to Respondent CESAR B. CABRERA is revoked and accepted by the Board.

14. The Revocation of Respondent's Pharmacist License and the acceptance of the revoked license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's

ENDORSEMENT

The foregoing Stipulated Revocation of License and Order is hereby respectfully submitted for consideration by the Board.

DATED: December 6, 2006

BILL LOCKYER, Attorney General
of the State of California

JAMES M. LEDAKIS
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2005800300
Stipulated Revocation.wpd

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER OF AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. 49485 Respondent.	Case No. 2949 OAH No. L 2006070432

DECISION AND ORDER

The attached Stipulated Revocation of License and Order is hereby adopted by the Board, as its Decision in this matter.

This Decision shall become effective on February 21, 2007.

It is so ORDERED January 22, 2007.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By William Powers
WILLIAM POWERS
Board President

license history with the Board.

15. Respondent shall lose all rights and privileges as a pharmacist in California as of the effective date of the Director's Decision and Order.

16. Respondent shall cause to be delivered to the Board all his licenses on or before the effective date of the Decision and Order.

17. Respondent understands and agrees that if he ever applies for licensure or petitions for reinstatement in the State of California, the Board shall treat it as a new application for licensure. Respondent must comply with all the laws, regulations and procedures for licensure in effect at the time the application or petition is filed, and all of the charges and allegations contained in Petition No. 2949 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the application or petition.

ACCEPTANCE

I have carefully read the above Stipulated Revocation of License and Order and have fully discussed it with my attorney, Donald Brown. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Revocation of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 12/5/06.

CESAR B. CABRERA (Respondent)

I have read and fully discussed with CESAR B. CABRERA the terms and conditions and other matters contained in this Stipulated Revocation of License and Order. I approve its form and content.

DATED: NOV 30 2006.

DONALD BROWN
Attorney for Respondent

BILL LOCKYER, Attorney General
of the State of California
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
110 West "A" Street, Suite 1100
San Diego, CA 92101

P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2105
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmicist No. RPH 49485 Respondent.	Case No. 2949 **PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Patricia F. Harris (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board of Pharmacy.

2. On or about August 18, 1987, the Board issued Pharmacist No. RPH 49485 to CESAR B. CABRERA (Respondent). Said license will expire on December 31, 2006, unless renewed.

3. In a disciplinary action entitled "In the Matter of the Accusation Against Cesar B. Cabrera," Case No. 2777, the Board issued a decision, effective March 5, 2005, in which Respondent's Pharmacist license was revoked. However, the revocation was stayed and Respondent's pharmacist license was placed on probation for a period of five (5) years with

certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4300 of the Code states:

> (a) Every license issued may be suspended or revoked.
>
> . . . .
>
> (d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions.

6. Section 4301 of the Code states:

> The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:
>
> . . . .
>
> (f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

7. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

8. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender, cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

Facts:

9. On January 8, 2003, respondent was arrested by the Orange County Sheriff's Department for possession for sale of Hydrocodone, which he admitted stealing from

his employer in Long Beach, California. On December 18, 2003, respondent pled guilty to felony possession for sale of Hydrocodone. He was sentenced to serve 90 days in jail, pay $400.00 in restitution, complete a one year outpatient drug treatment, and given three years probation.

10. On July 27, 2004, the Board filed an Accusation against respondent for a conviction substantially related his licensure as a pharmacist.

11. On December 27, 2004, respondent signed a stipulated settlement placing his license on five years probation with suspension and other terms and conditions.

12. On February 4, 2005, the Board adopted the stipulated agreement with respondent to be effective March 5, 2005. On March 8, 2005, respondent appeared at his probation conference to review all the terms and conditions of his probation, including his suspension from pharmacy practice from March 5, 2005 through June 4, 2005.

13. As part of the Pharmacists Recovery Program Treatment Contract, respondent agreed to be bound by the terms of the program. As part of his recovery, respondent agreed to the following:

a. Abstain from the use of alcohol and all other mind altering drugs;
b. Return to work as a pharmacist up to 24 hours per week;
c. Not work in a pharmacy where a family member is employed;
d. Be supervised 75% of each work week by another licensed pharmacist;
e. Not supervise others, act a Pharmacist in Charge, Manager or preceptor to interns or new employees;
f. Report all relapses to Maximus and cease practice upon relapse;
g. Understand that he could be terminated from the PRP for failure to comply with the contract.

14. On June 27, 2005 and July 6, 2005, respondent tested positive for alcohol. On July 6, 2005, respondent denied alcohol use and denied knowing that the PRP Program prohibited alcohol use. Finally, he admitted to drinking. Maximus verbally suspended respondent from the practice of pharmacy and told him to leave work.

15. Maximus advised respondent that he did not have a work-site monitor in place and that he had not completed the work-site monitor paperwork. Respondent was advised that his current work place, Home Care Pharmacy in Riverside, violated his PRP contract because his wife was the Pharmacist in Charge. Later, respondent was notified in writing that he

returned to work at Home Care Pharmacy without notification to Maximus; continued to work at Home Care Pharmacy where his wife was the Pharmacist in Charge, which was in conflict with his PRP contract; and that continued violations could result in his termination from the PRP Program due to non-compliance. Respondent was ordered to enter an inpatient residential chemical dependency treatment program for 30 days treatment.

16. On July 8, 2005, respondent was working at Home Care Pharmacy, and was the only pharmacist present. There were two pharmacy technicians present. The Board confronted respondent with working in violation of his probation, and working in violation of his suspension. Respondent had a key to the pharmacy.

17. Maximus notified the Board that respondent had been terminated from the Pharmacists' Recovery Program effective July 13, 2005 for these violations:

a. Tested positive for alcohol on June 27, 2005 and July 5, 2006;
b. Returned to work without a work site monitor agreement in place with a licensed pharmacist;
c. Returned to work where a relative worked;
d. Failed to enter inpatient chemical dependency treatment;
e. Returned to work after relapse;
f. Returned to work after suspension by Maximus;
g. Non compliance with PRP Contract.

18. On July 14, 2005, the Board sent respondent a letter informing him that his license was suspended due to his termination from the PRP program. Respondent was advised not to enter any pharmacy during his suspension and not to practice pharmacy.

19. On August 11, 2005, the Board advised respondent that he failed to reimburse the Board its costs per the Board decision.

20. On October 6, 2005, the Board inspected Home Care Pharmacy and discovered that respondent was the only pharmacist on duty at the store. Respondent was confronted by the Board, but he had no excuses for working in violation of the Board's prior order suspending him for 90 days. Respondent worked on the following dates in violation of the 90 day suspension: March 7, 10, 21, 2005; April 13, 16, 2005; May 16, 20, 26, 31, 2005; and June 3, 2005.

FIRST CAUSE TO REVOKE PROBATION

(Suspension Period)

21. At all times after the effective date of Respondent's probation, Condition No. 1 stated: Respondent shall be suspended from the practice of pharmacy for a period of 90 days.

22. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 1, as set forth in paragraphs 9 through 20 above, that is, he continued to work during his 90 day suspension.

SECOND CAUSE TO REVOKE PROBATION

(Reimbursement of Board Costs)

23. At all times after the effective date of Respondent's probation, Condition No. 7 stated: Respondent shall reimburse the Board its costs.

24. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 7, as set forth in paragraphs 9 through 20 above.

THIRD CAUSE TO REVOKE PROBATION

(Rehabilitation Program)

25. At all times after the effective date of Respondent's probation, Condition No. 15 stated: Respondent shall comply with the terms of the Pharmacists' Recovery Program.

26. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 15, as set forth above in paragraphs 9 through 20.

FOURTH CAUSE TO REVOKE PROBATION

(Abstain from Drugs and Alcohol)

27. At all times after the effective date of Respondent's probation, Condition No. 17 stated: Respondent shall not use alcohol or drugs.

28. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 17, as set forth in paragraphs 9 through 20.

/

/

PRAYER

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

1. Revoking the probation that was granted by the Board of Pharmacy in Case No. 2777 and imposing the disciplinary order that was stayed thereby revoking Pharmacist license no. RPH 49485 issued to CESAR B. CABRERA;

2. Revoking or suspending Pharmacist license no. RPH 49485, issued to CESAR B. CABRERA;

3. Taking such other and further action as deemed necessary and proper.

DATED: 4/21/06

P. J. Harris

PATRICIA F. HARRIS
Executive Officer
Board of Pharmacy
State of California
Complainant

SD2005800300
Petition to Revoke Probation.wpd

California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PETITION FOR REINSTATEMENT OF LICENSE TO PRACTICE PHARMACY REVOKED BY ADMINSTRATIVE ACTION

Section 4309 of the Business and Professions Code states that a licensee may petition the Board of Pharmacy for the reinstatement of his or her license if they meet the following requirements:

1. Three years has elapsed from the effective date of the decision ordering disciplinary action; or
2. Two years has elapsed since a petition was previously filed pursuant to section 4309 of the Business and Professions Code and the petitioner was afforded a hearing; or
3. A petitioner is not currently under sentence or on court-imposed probation or parole for any criminal offense. **IF YOU ARE NO LONGER ON CRIMINAL PROBATION, YOU MUST SUBMIT PROOF OF TERMINATION OF CRIMINAL PROBATION;** and
4. There is currently no accusation or petition to revoke probation pending against the petitioner with the board.

If you meet the above requirements, you may petition the board by completing and submitting the attached petition form. When completing your petition, please refer to the attached "Guidelines for Petitions for Reinstatement, Reduction of Penalty, and Early Termination of Probation." These guidelines outline the rehabilitation criteria the board has determined a petitioner should meet when petitioning for license reinstatement.

The petition form **must** be accompanied by **two** or more verifiable letters of recommendations addressed to the board from holders of licenses issued by the Board of Pharmacy, and by **two** or more letters of recommendations from citizens. The letters must be within the last year from the date you are submitting your petition. Each author must indicate in their letter that they have personal knowledge of the disciplinary penalty imposed by the board and your activities since the disciplinary penalty was imposed. The board suggests that letters of recommendation include facts that demonstrate an author's personal knowledge of the subject's penalty and the petitioner's activities. Examples of activities may include employment, community service, volunteer work, etc. A board representative may contact you or anyone who has submitted a letter on your behalf.

Also, required is documentation of **30 hours of Board approved continuing education** (acquired within the last two years from the date your application is received by the board). Photocopies of the certificates of completion should be sent and the original certificates retained for your records.

Submit the petition with the required documents to the address above, to the attention of the enforcement unit. The petition will be processed and evaluated for scheduling at the next available board meeting. Please be advised that you should allow **90** days for the processing of your petition, and the petition set for hearing. Below is a schedule of board meeting dates with the cut-off date for submission of a petition.

You will be notified in writing of the hearing date. At the hearing, you will be afforded the opportunity to present both oral and written evidence of your rehabilitation; and you may, but need not be, represented by counsel. In deciding the case, the board will take into consideration the petition, all recommendations, and any oral or written evidence. The board will be represented by the Attorney General's Office and an administrative law judge will preside over the hearing.

BOARD MEETING DATES	CUT-OFF DATES	LOCATION
January 24 - 25, 2017	November 24, 2016	Glendale
May 3 - 4, 2017	February 3, 2017	TBD
July 25 - 26, 2017	April 25, 2017	TBD
November 7 - 8, 2017	August 7, 2017	TBD

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GUIDELINES FOR PETITIONS FOR REINSTATEMENT, REDUCTION OF PENALTY OR EARLY TERMINATION OF PROBATION

In petitioning for reinstatement and early termination of probation under Business and Professions Code section 4309 or reduction of penalty under Government Code section 11522, the petitioner has the burden of demonstrating any rehabilitative or corrective measures he or she has taken since the revocation action and, that he or she has the necessary and current qualifications and skills to safely engage in the practice of pharmacy within the scope of current law, and accepted standards of practice. In reaching its determination the board considers various factors including the following:

(a) The original violation(s) for which action was taken against the petitioner's license including:

1. The type, severity, number, and length of violations.
2. Whether the violation involved intentional, negligent or other unprofessional conduct.
3. Actual or potential harm to the public, patients, or others.
4. The length of time since the violation(s) was committed.

(b) Prior disciplinary and criminal actions also taken against the petitioner by the board, and state, local or federal agency or court including:

1. The petitioner's compliance with all terms of probation, parole, previous discipline or other lawfully imposed sanctions including any order of restitution.
2. Whether the petitioner is currently on or has been terminated from probation or other lawfully imposed sanction.
3. The petitioner's legal and regulatory history to and since the violation(s).

(c) The petitioner's attitude toward his or her commission of the original violation(s) and his or her attitude in regard to compliance with legal sanctions and rehabilitative efforts.

(d) The petitioner's documented rehabilitative efforts including:

1. Efforts to maintain and/or upgrade professional skills and knowledge through continuing education or other methods.
2. Efforts to establish safeguards to prevent repetition of the original violation(s) including changes or modifications in policies, structure, systems, or methods of behavior applicable to the petitioner's pharmacy practice.
3. Service to community or charitable groups.
4. Voluntary restitution to those affected by the original violation(s).
5. Use of appropriate professional medical or psychotherapeutic treatment.
6. Participation in appropriate self-help and/or rehabilitation groups.
7. Use of appropriate peer review mechanisms.
8. Participation in professional pharmacy organizations or associations.

(e) Assessment of petitioner's rehabilitative and corrective efforts including:

1. Whether the efforts relate to the original violation(s).
2. The date rehabilitative efforts were initiated.
3. The length, time, and expense associated with rehabilitative efforts or corrective actions.
4. The assessment and recommendations of qualified professionals directly involved in the petitioner's rehabilitative efforts or acting at the request of the board, including their description of the petitioner's progress and their prognosis of the petitioner's current ability to practice pharmacy.
5. The petitioner's reputation for truth, professional ability and good character since the commission of the original violation(s).
6. The nature and status of ongoing and continuing rehabilitative efforts.

In addition, the board may consider other appropriate and relevant matters not listed in the above guidelines.

Please note that all statements to be introduced at hearing must be made in person or pursuant to Government Code section 11514 (evidence by affidavit). All other statements not made in person or pursuant to Government Code section 11514 must be under oath and will be considered only as administrative hearsay.

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STATE AND CONSUMER SERVICES AGENCY
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GOVERNOR EDMUND G. BROWN JR.

PETITION FOR REINSTATEMENT OF CERTIFICATE TO PRACTICE PHARMACY REVOKED THROUGH ADMINISTRATIVE DISCIPLINARY ACTION

Pursuant to section 4309 of the Business and Professions Code, a person whose certificate, license, permit, registration or exemption has been revoked or suspended may petition the Board to reinstate the certificate, license, permit, registration or exemption after a period of not less than three years has elapsed from the date of the revocation or suspension.

In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the board may investigate and consider all activities of the petitioner since the disciplinary action was taken, the offense for which discipline was imposed, activity during the time the certificate, license, permit, registration or exemption was in good standing and the petitioner's general reputation for truth, professional ability and good character.

Please print or type

1. Name	2. Date of Birth	3. California License Number

4. Residence Address — Street and Number — City — State — Zip Code

5. Telephone Number

Hm ( ) _____

Wk ( ) _____

6. Are you licensed in any other state? yes ☐ no ☐

State	Date of Issuance	Status of License

7. University, College or School of Pharmacy you attended.

Name of School	Dates Attended		Graduation Date	Degree
	From	To		

8. List years, location, and type of practice for 5 years prior to the revocation of your California License.

Dates		Location	Type of Practice
From	To		

9. If your license is restored, what type of pharmacy to you intend to practice?

_____

_____

10. Are you or have you ever been addicted to the use of narcotics or hypnotics? Yes ____ No ____

11. Are you or have you ever been habitually intemperate in the use of alcohol or other drugs? Yes ____ No ____

12. Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypontic drug addiction? Yes ____ No ____

13. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs). Yes ____ No ____

14. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) Yes ____ No ____

15. Have you ever had disciplinary action taken against your pharmacist license in this state or any other state? Yes ____ No ____

If the answer to any questions, 10 through 15, is yes you must attach a statement of explanation giving full details.

ON AN ATTACHED SHEET OF PAPER ANSWER THE FOLLOWING QUESTIONS

16. List the date of revocation of your license and explain fully the cause of the disciplinary action.

17. Explain fully why you feel your license should be restored.

18. Describe fully your activites and occupation since the date of the revocation of your license; include dates, employers, and locations.

19. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature of programs, and current status. You may include any community service or volunteer work.

20. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.

21. List all pharmaceutical literature you have studied during the last year.

22. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.

23. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____ Signature _____

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 445-5014, 400 R Street, Sacramento, California 95814-6237. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are

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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSTRUCTIONS FOR FILING A PETITION

These instructions should be followed when filing a petition with the Board of Pharmacy to reinstate your pharmacist license after it has been revoked or to reduce a Board-imposed penalty.

The burden of proof is on you to establish clear and convincing evidence that you are entitled to have your petition granted under California law. **It is your responsibility**, as the petitioner, to provide the Board with sufficient evidence to establish that it will be safe for consumers if your petition is granted. You must show that you are sufficiently rehabilitated and competent to safely practice pharmacy.

PROCESS FOR FILING A PETITION

Q. How do I file a petition with the Board of Pharmacy?

A. Filing a petition with the Board of Pharmacy is a two-step process:

1. Submit the following items to the Board.
   - The attached petition form completed and signed.
   - Documents to support your current competence and rehabilitation.

2. Appear at the hearing before the Board to present evidence of your rehabilitation and competency.

EVIDENCE

Evidence is the information that you submit to substantiate your request, including documentation and testimony.

Q. How can I support that my evidence is authentic and valid?

A. You should submit original, dated signed evidence if at all possible. Documents should be on official letterhead whenever appropriate, such as letters from employers, health care professionals and other official sources. Any letters or statements should contain the following "Penalty of Perjury" statement at the end: "I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct." The statement should be signed and dated by the writer.

Q. What kinds of evidence are appropriate to present?

A. The following documents are examples of appropriate evidence, which may be helpful in demonstrating your rehabilitative efforts and competency. Documents should be recent and dated. The list is not intended to be comprehensive, and you are not limited to these examples. You should submit evidence that is relevant to the violation that led to the discipline of your license and your subsequent rehabilitation.

- Written statements from employers and persons in positions of authority who have on-the-job knowledge of your work performance. For probationers and out-of-state licensees who have practiced pharmacy subsequent to their disciplinary action, the statements should report on your current competency. (Include Penalty of Perjury statement.)

- Performance evaluation(s) from your current and recent employers.

- Letters from counselors regarding your participation in rehabilitation or recovery program, where appropriate. These should include a description of the program, frequency of sessions, diagnosis and prognosis in relation to safety to practice, current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and credentials of counselor, and any other relevant information he or she can provide.

- Letters describing your participation in support groups, e.g. Alcoholics Anonymous, Narcotics Anonymous, Pharmacist Support Groups, etc... Where appropriate. Letters should include dates and frequency of attendance and documentation of attendance such as sign in-sheets. (Include Penalty of Perjury statement.)

- Laboratory analyses or drug screen reports, where appropriate.

- Physical and/or mental examination or assessment report by a licensed physician, psychiatrist, or psychologist related to your rehabilitation and safety to practice. If your license was revoked as a result of impairment due to mental or physical illness, the law requires competent evidence of the absence or control of the condition, which caused the action taken by the board.

- Certificates of completion or transcripts of courses related to pharmacy, which you may have completed since your license was disciplined.

- Letters or proof of community and volunteer work or other activities, which may be appropriate or relevant to demonstrating rehabilitation from the acts which, led to discipline. (Include Penalty of Perjury statement.)

Q. Must these documents be original documents?

A. Yes, original documents should be submitted as evidence with the petition packet. (Always keep a copy of these originals for your records.) All documents that are submitted with the petition packet must be clear and readable.

Q. Will the board contact people who submit documents on my behalf?

A. Yes, the board reserves the right to contact individuals who submit documents on your behalf to verify the information. A list of names, addresses, and phone numbers for everyone submitting documents on you behalf must be included with your petition packet.

HEARING

The Board hears the petitioner in a formal administrative hearing that resembles a court proceeding. At your hearing you have an opportunity to present evidence of your rehabilitation and competency.

Q. How is the hearing conducted?

A. An Administrative Law Judge will preside over the hearing proceedings. The Members of the Board of Pharmacy will hear and rule on your petition. You will sit at a table in front of the Board Members and the Administrative Law Judge. A Deputy Attorney General (DAG) from the Office of the California Attorney General will represent the State. The DAG will make a preliminary statement outlining all disciplinary actions, which have been taken against your license, and describe the documents you have submitted into evidence. The DAG may ask you questions about your violation and discipline, and efforts you have undertaken to rehabilitate yourself.

Q. What will I be expected to do?

A. You will be sworn under oath by the judge who will ask you to state in your own words what you have done to rehabilitate yourself and to maintain current pharmacy knowledge and skills. **Be prepared to make an oral presentation at this point, which includes such a statement.** The Board Members, the Administrative Law Judge and the Deputy Attorney General may ask questions to clarify your statement or elicit additional information regarding your rehabilitation and current competency.

Q. May I be represented by an attorney at the hearing?

A. Yes, but it is not required. You may represent yourself or an attorney may represent you.

Q. May I have persons come to speak on my behalf?

A. Yes, However, their testimony and yours should be directed specifically toward your pharmacy competence and/or rehabilitation. You may choose to bring family members or friends for support even if they do not testify.

Q. May I submit documents at the time of the hearing?

A. It is preferable and to your advantage to make every effort to submit all relevant documents with your petition 90 days prior to your hearing. This gives the Board Members a reasonable amount of time to review and study them beforehand. If you do submit something at the hearing, you must bring dated original documents. Please be aware that submitting documents at the last minute often causes delays in the processing and may result in a continuance in order to provide the Board Members with an opportunity to fully evaluate your documentation.

Q. How is the date and place for my hearing decided?

A. Enclosed is a schedule of Board meetings, dates and final filing dates for petitions. Petitions are scheduled during the closed session portion of each Board meeting. If the docket for petitions is not already filled, you will be scheduled for the Board meeting that you request.

Q. When will I know the exact date, time, and location for the hearings?

A. Approximately ten days prior to the Board meeting you will receive a formal "NOTICE OF PETITION HEARING" stating the date, time, and place at which you are to appear. Several cases may be scheduled on the hearing docket and it is not possible to know how long each case will last. Therefore, you need to be prepared to remain throughout the day depending on the number and length of cases and in which order they are scheduled.

THE BOARD'S DECISION

Q. When will I be notified of the Board's decision regarding my petition?

A. The Board's decision to grant or deny your petition will be mailed to you within approximately six weeks. The decision is not final until this legal document is mailed to you.

Q. If the Board does not grant my petition, may I petition again?

A. Yes. You may petition again one year after the effective date of the Board's decision to deny your petition. However, if you apply after one year has elapsed, it is at the board's discretion whether a hearing will be held.

BILL LOCKYER, Attorney General
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Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR BURGUILLOS CABRERA, R.P.H. [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. RPH 41132 Respondent.	Case No. 2777 OAH No. L-2004080434 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. Patricia F. Harris (Complainant) is the Executive Officer of the Board of Pharmacy has brought this action solely in her official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by James M. Ledakis, Deputy Attorney General.

2. Respondent Cesar Burguillos Cabrera, R.P.H. (Respondent) is represented in this proceeding by attorney Donald Brown, whose address is 3848 Carson Street, Suite 206 Torrance, CA 90503.

3. On or about August 18, 1987, the Board of Pharmacy issued Pharmacist License No. RPH 41132 to Cesar Burguillos Cabrera, R.P.H. (Respondent). The License was in full force and effect at all times relevant to the charges brought in Accusation No. 2777 and will expire on December 31, 2004, unless renewed.

JURISDICTION

4. Accusation No. 2777 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 4, 2004. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 2777 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 2777. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 2777, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Director may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 41132 issued to Respondent Cesar Burguillos Cabrera, R.P.H. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. **Actual Suspension**. Pharmacist license number RPH 41132, issued to Respondent Cesar Burguillos Cabrera, R.P.H. is suspended for a period of ninety (90) days.

During suspension, Respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the Board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall Respondent manage, administer, **or** be a consultant to any licensee of the Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and devices or controlled substances.

Respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or an exemptee for any entity licensed by the Board. Subject to the above restrictions, Respondent may continue to own or hold an interest in any pharmacy in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

1. **Obey All Laws.** Respondent shall obey all state and federal laws and regulations substantially related to or governing the practice of pharmacy.

Respondent shall report any of the following occurrences to the Board, in writing, within 72 hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state and federal agency which involves Respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distribution or billing or charging for any drug, device or controlled substance.

2. **Reporting to the Board.** Respondent shall report to the Board quarterly. The report shall be made either in person or in writing, as directed. Respondent

shall state under penalty of perjury whether there has been compliance with all the terms and conditions of probation. If the final probation report **is not** made as directed, probation shall be extended automatically until such time as the final report is made and accepted by the Board.

3. **Interview with the Board.** Upon receipt of reasonable notice, Respondent shall appear in person for interviews with the Board upon request at various intervals at a location to be determined by the Board. Failure to appear for a scheduled interview without prior notification to Board staff shall be considered a violation of probation.

4. **Cooperation with Board Staff.** Respondent shall cooperate with the Board's inspection program and in the Board's monitoring and investigation of Respondent's compliance with the terms and conditions of his probation. Failure to comply shall be considered a violation of probation.

5. **Notice to Employers.** Respondent shall notify all present and prospective employers of the decision in case number 2777 and the terms, conditions and restrictions imposed on Respondent by the decision. Within 30 days of the effective date of this decision, and within 15 days of Respondent undertaking new employment, Respondent shall cause his direct supervisor, pharmacist-in-charge and/or owner to report to the Board in writing acknowledging the employer has read the decision in case number 2777.

If Respondent works for or is employed by or through a pharmacy employment service, Respondent must notify the direct supervisor, pharmacist-in-charge, and/or owner at every pharmacy of the and terms conditions of the decision in case number 2777 advance of the Respondent commencing work at each pharmacy.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist, whether the Respondent is considered an employee or independent contractor.

6. **No Preceptorships, Supervision of Interns, Being Pharmacist-in-Charge (PIC), or Serving as a Consultant.** Respondent shall not supervise any intern pharmacist or perform any of the duties of a preceptor, nor shall Respondent be the

pharmacist-in-charge of any entity licensed by the Board unless otherwise specified in this order.

7. **Reimbursement of Board Costs.** Respondent shall pay to the Board its costs of investigation and prosecution in the amount of $6,300. Respondent may make arrangements with his probation monitor to make payments over the course of his probation, but all payments must be made in full per agreement as a condition of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of his responsibility to reimburse the Board its costs of investigation and prosecution.

8. **Probation Monitoring Costs.** Respondent shall pay the costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board at the end of each year of probation. Failure to pay such costs shall be considered a violation of probation.

9. **Status of License**. Respondent shall, at all times while on probation, maintain an active current license with the Board, including any period during which suspension or probation is tolled.

If Respondent's license expires or is canceled by operation of law or otherwise, upon renewal or reapplication, Respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

10. ***License Surrender while on Probation/Suspension.*** Following the effective date of this decision, should Respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may tender his license to the Board for surrender. The Board shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, Respondent shall relinquish his pocket license to the Board within 10 days of notification by the Board that the surrender is accepted. Respondent may not reapply for any license from the Board for three years from the effective

date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

11. **Notification of Employment/Mailing Address Change.** Respondent shall notify the Board in writing within 10 days of any change of employment. Said notification shall include the reasons for leaving and/or the address of the new employer, supervisor or owner and work schedule if known. Respondent shall notify the Board in writing within 10 days of a change in name, mailing address or phone number.

12. **Tolling of Probation.** Should Respondent, regardless of residency, for any reason cease practicing pharmacy for a minimum of 40 hours per calendar month in California, Respondent must notify the Board in writing within 10 days of cessation of the practice of pharmacy or the resumption of the practice of pharmacy. Such periods of time shall not apply to the reduction of the probation period. It is a violation of probation for Respondent's probation to remain tolled pursuant to the provisions of this condition for a period exceeding three years.

"Cessation of practice" means any period of time exceeding 30 days in which Respondent is not engaged in the practice of pharmacy as defined in Section 4052 of the Business and Professions Code.

13. **Violation of Probation.** If Respondent violates probation in any respect, the Board, after giving Respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order which was stayed. If a petition to revoke probation or an accusation is filed against Respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be extended, until the petition to revoke probation or accusation is heard and decided.

If Respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over Respondent, and probation shall automatically be extended until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty which was stayed.

14. **Completion of Probation.** Upon successful completion of probation, Respondent's license will be fully restored.

15. **Rehabilitation Program - Pharmacists Recovery Program (PRP).** Within 30 days of the effective date of this decision, Respondent shall contact the Pharmacists Recovery Program for evaluation and shall successfully participate in and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the Board. The costs for PRP participation shall be borne by the Respondent.

If Respondent is currently enrolled in the PRP, said participation is now mandatory and is no longer considered a self-referral under Business and Professions Code section 4363, as of the effective date of this decision. Respondent shall successfully participate in and complete his current contract and any subsequent addendums with the PRP. Probation shall be automatically extended until Respondent successfully completes his treatment contract. Any person terminated from the program shall be automatically suspended upon notice by the Board. Respondent may not resume the practice of pharmacy until notified by the Board in writing. The Board shall retain jurisdiction to institute action to terminate probation for any violation of this term.

16. **Random Drug Screening.** Respondent, at his own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or a drug screening program approved by the Board. The length of time shall be for the entire probation period and the frequency of testing will be determined by the Board. At all times Respondent shall fully cooperate with the Board, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances. Failure to submit to testing as directed shall constitute a violation of probation. Any confirmed positive drug test shall result in the immediate suspension of practice by Respondent. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

17. **Abstain from Drugs and Alcohol Use.** Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the Board, Respondent shall provide documentation from the licensed practitioner that the prescription was legitimately issued and is a necessary part of the treatment of the Respondent.

18. **No Ownership of Premises.** Respondent shall not own, have any legal or beneficial interest in, or serve as a manager, administrator, member, officer, director, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within 90 days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the Board.

19. **Tolling of Suspension.** If Respondent leaves California to reside or practice outside this state, for any period exceeding 10 days (including vacation), Respondent must notify the Board in writing of the dates of departure and return. Periods of residency or practice outside the state - or any absence exceeding a period of 10 days shall not apply to the reduction of the suspension period. Respondent shall not practice pharmacy upon returning to this state until notified by the Board that the period of suspension has been completed.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Donald Brown. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 12/21/04

CESAR BURGUILLOS CABRERA, R.P.H.
(Respondent)

12/17/2004 10:07 Dept. of Justice → 9131079206891

I concur with this stipulated settlement.

DATED: DEC 2 9 2004.

DONALD BROWN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: January 3, 2005.

BILL LOCKYER, Attorney General
of the State of California

JAMES M. LEDAKIS
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2004800487
80045735.wpd

12/17/2004 10:07 Dept. of Justice → 9131079206891 NO.431 D011

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR BURGUILLOS CABRERA, R.P.H. [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. RPH 41132 Respondent.	Case No. 2777 OAH No. L-2004080434

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, as its Decision in this matter.

This Decision shall become effective on March 6, 2005.

It is so ORDERED February 4, 2005.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
STANLEY W. GOLDENBERG
Board President

BILL LOCKYER, Attorney General
of the State of California
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
110 West "A" Street, Suite 1100
San Diego, CA 92101

P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2105
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 License No. RPH 41132 Respondent.	Case No. 4777 **ACCUSATION**

Complainant alleges:

PARTIES

1. Patricia F. Harris (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about August 18, 1987, the Board of Pharmacy issued Original Pharmacist License Number RPH 50646 to CESAR B. CABRERA (Respondent). Said license will expire on December 31, 2004, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Pharmacy (Board), under the authority of the following sections of the Business and Professions Code (Code).

4. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use, except veterinary drugs that are labeled as such, and includes the following:

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

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

". . .,

5. Section 4300 of the Code states:

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

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

". . .,

6. Section 4301 of the Code states:

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

". . .,

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

. . . ,

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

. . . ,

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(p) Actions or conduct that would have warranted denial of a license.

. . . ,"

7. Section 4059 of the Code states, in pertinent part, that a person may not furnish any dangerous drug except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian.

8. Section 4060 of the Code states:

"No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician, podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer.

"Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician assistant to order his or her own stock of dangerous drugs and devices."

9. Section 118, subdivision (b), of the Code provides that the suspension/expiration/surrender/cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS DEFINED:

11. "Tylenol with Codeine No. 4," is also known generically as a combination drug containing Acetaminophen and not more than 1.8 grams of Codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts. It is a Schedule III controlled substance as designated by California Health and Safety Code section 11056(e)(2).

12. "Diazepam" also known as "Valium" is a Schedule IV drug as classified by Health & Safety Code Section 11057(d)(9).

13. "Dyazide," a brand name for triamterene, is unsafe for self-medication, and is a dangerous drug as defined by California Business and Professions Code section 4022.

14. "Fastin, 30 mg.," is a brand name for phentermine hydrochloride which is a Schedule IV controlled substance as designated by California Health and Safety Code section 11057(f)(4).

15. "Glucophage", also known generically as "Metformin" is a dangerous drug as defined by California Business and Professions Code section 4022.

16. "Hydrocodone" is a Schedule III drug as classified by Health & Safety Code section 11056(e)(4).

17. "Carisoprodol" is the generic form of Soma and is a dangerous drug as defined under Business & Professions Code section 4022.

STATEMENT OF FACTS:

18. On January 8, 2003, Long Beach Police Officer P.R. stopped his patrol car to assist a stranded motorist, Respondent, on the side of the road. Respondent told the officer that he hit a mud puddle and his engine died. Officer P.R. called a tow truck for respondent.

19. During a routine license check, Officer P.R. discovered that Respondent was driving on a suspended drivers license and expired license plates. Incident to Respondent's arrest, Officer P.R. observed in plain view a medium sized pill bottle, with no label, in an open soft sided brief case in Respondent's car. Respondent told the officer that the pills were Soma (a dangerous drug) and that he did not have a prescription for them in his possession. Officer P.R. requested permission to search his car and Respondent consented. Officer P.R. took into custody $1,850 in cash, 1000 tablets of Acetaminophen with Codeine #3, 174 tablets of Hydrocodone 10/325, 270 tablets of Vicodin ES 7.5/750, 141 tablets of Hydrocodone/APAP, 100 tablets of Soma, 700 tablets of Diazepam, 97 tablets of Metformin Hydrochloride, 24 tablets of Hyzaar and a small bottle of 10 tablets of generic Soma.

20. Officer P.R. asked Respondent if he had a prescription for all the aforementioned drugs and Respondent replied "no". Respondent told Officer P.R. that he took the drugs from Wards Pharmacy in Long Beach, California, where he worked part time.

Respondent was arrested for driving on a suspended license and drug possession.

21. On December 18, 2003, Respondent pled guilty to two felony counts and one misdemeanor count for possession of drugs with intent to sell as follows: 1) Felony possession for sale of Hydrocodone with Acetaminophen, 2) Felony possession for sale of Acetaminophen with Codeine, and 3) misdemeanor possession for sale of Diazepam.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Acts Involving Moral Turpitude)

22. Respondent is subject to disciplinary action under section 4301(f) for unprofessional conduct involving moral turpitude in that on December 18, 2003, he pled guilty to two felony counts and one misdemeanor count related to possession of drugs with intent to sell.

23. Complainant incorporates by reference paragraphs 18 through 21.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Violation of Law)

24. Respondent is subject to disciplinary action under section 4301(j) for violation of statutes related to controlled substances in that Respondent was convicted of two counts of violating Health & Safety Code section 11351 and one count of violating Health & Safety Code section 11375 in the Superior Court for the County of Orange, State of California.

25. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Conviction of Crime Substantially Related to his Duties as a Pharmacist)

26. Respondent is subject to disciplinary action under section 4301(l) for conviction of crimes substantially related to his duties as a pharmacist in that Respondent pled guilty to two felony counts of possession and one misdemeanor count of possession of drugs with intent to sell resulting in a conviction for violation of Health & Safety Code sections 11351 and 11375.

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27. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Engaging in Conduct Warranting Denial of a License)

28. Respondent is subject to disciplinary action under section 4301(p) for engaging in conduct that would have warranted the denial of his license in that he was convicted of two felonies and one misdemeanor for possession of drugs with intent to sell.

29. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

PRAYER

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

1. Revoking or suspending RPH License No. 41132, issued to CESAR B. CABRERA;

2. Ordering CESAR B. CABRERA to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 7/23/04

P. F. Harris

PATRICIA F. HARRIS
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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20A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHOUPONG Middle: _____ Last: LI

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Home Address: [redacted] VIA COMO

City: RENO State: NV Zip: 89511

Telephone: [redacted] Email: [redacted]@hotmail.com

Degree: MD Practitioner License #: 22911 Specialty: FAMILY MEDICINE

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): SHOUPING LI, MD

Practice Address: 50 E HASKELL ST Suite #: A

City: WINNEMUUCA State: NV Zip: 89445

Telephone: 7756230550 Fax: 7756235989 Email: [redacted]@hotmail.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
SEE ENC. DOC			

Criminal Action:	State:	Date:	Case #:	County:	Court:
SEE ENC. DOC					

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SHOUPING LI
Print Name (First, Last)

10 28 2022
Date

Original Signature (electronic, copies or stamps not accepted)

10 28 2022
Date

Board Use Only: Date Processed: _____ Amount: 200.00 CK-2929

Statement

I have been a physician over 35 years. Last decade, I practiced rural medicine as an employed family physician/cardiologist at Humboldt county district hospital, which is one of the most remote hospitals in the lower 48, critical access hospital. I've specifically enjoyed my practice employed at a hospital clinic without worrying about financial and administrative issues, because treating patients is what I love doing. I've never been in trouble until this government federal investigation involving the nationwide opioid crisis 3 year ago. I feel that I was the center of a perfect storm. The idea that I engaged in conduct which could have been harmful to the patients I love treating is devastating to me

Needless to say training did not prepare me for the particularities of this practice environment. Specifically, the opioid crisis was not a major health issue during my residency; pain management at that time was informal and rudimentary. As you know, pain was recognized as the fifth vital sign in the 1990's by JACO, thus giving it equal status with heart rate, respiratory rate, and temperature, all of which I had learned.

Pain management physicians, physiatrists, even orthopedic service were absent in my part of the state until recently, any visit required a 400 mile return trip to Reno.

On arrival, my colleagues' advice was to do the best you can with what you have. As an employed physician I was required to see all comers at beginning. I did not have the luxury of tailoring my practice and excluding complicated patients and indigent patients. In any event I felt it to be my vocation to care for all no matter how difficult or desperate their circumstances. Medically underserved area is difficult to recruit and keep quality physicians here. In fact, I was a longest employed physician in this hospital history. The patients are always waiting for physicians. Last a few of years, I have to stop to take new patients except cardiology consultations. There are no any differences for me to see patients with cold, sore throat and patient with chronic pain managements. My compensation was fixed and not related to RVUs (relative value units). But I did receive bonuses called annual longevity bonus at the end of each contract year. The hospital set up my contract and compensation mainly based on my work ethic and tried to keep me to work in the rural area as long as they can.

My practice included local emergency room shifts and acute in patients care except my busy clinic office. Of note, only my clinic office patients were involved in my guilty plea. I never shied from difficult cases and provided a degree of cardiac care that has been essential to the residents of Humboldt County.

Pain management was not my focus and caring for the patients involved in last 3-year period was compassionate and not, repeat not mercantile. My principle for pain management at my office, I did not start any new opioid prescription for chronic pain opioid management unless cancer pain patients. All opioid chronic pain management I had was took over from previous pain managements because those patients had difficult for a long travel to get the prescriptions 2nd to financial restraints or travel difficulty. The pain management is a part

of whole care in my office patients. I would have preferred not to have to have followed with these unfortunate patients but refusing to see them would, in my opinion, have been unethical cruel and impossible given the term of my contract.

My charts have been reviewed by the government's expert and my own witness, it may sound significant but recent implementation of new in fact first EMR in the hospital clinic where I work may have resulted in perceived deficiencies. My medical expert is of the opinion that they could be more extensive but do compare to other practices of similar profile in Nevada, above the average. I have well documented all visits for pain management.

Fear of reprimand has resulted in all primary care physicians in Winnemucca refusing to prescribe opioid for chronic pain patients.

24 of my patients were referred to pain management MDs in Reno late after this investigation. I note that prescribing patterns differ little to mine.

Suicide is a major problem in this part of Nevada. There is active hospital sponsored lay outreach programs ongoing because of the recent spike in suicide not only related but other causes including self-inflicted gunshot injuries and alcohol related morbidity. This may have skewed any statistical information.

The patients involved in this matter were part of my office practice for years, in fact many of their families continue with me as their primary provider after the investigation. To my knowledge, there are not any civil lawsuit filed against me to date. These patients had already been previously prescribed opiates by other MDs for significant medical issues including less than favorable outcomes status post back surgery. With few alternatives and responding to their subjective complaints relieved by their medications I continued to treat as best I could. Chronic severe pain untreated can also result in depression and worse.

Granted I may not have paid enough attention to epidemiological and political interest in the opioid epidemic but I can only reiterate that my energy was directed day to day care of my family practice patient, emergency room and my cardiology services.

Remembering that this is an underserved community and I was seeing a high volume of patients, consulting for cardiology, monitoring supervising and interpreting all cardiac stress test, performing newborn echocardiograms, director of respiratory service as well as the cardiac rehab program, my continuing education may not have included up to date pain management.

I have tried to update my knowledge and never stopped learning from online CME course and medical textbooks since Feb 2019 when I stopped my clinical practice. I have completed CME course – "Best Practices and Tools for Prescribing Controlled Substances" 3 days CME course. I completed 262 CME credits, including over 60 for pain management last two years. Wish I had chronic pain opioid management class and CME credits a few of years ago.

I deeply learned a life changing lesson from my mistake and I accepted full responsibilities for my action. I chose plead to avoid a long legal trials although my defense attorneys believe my case is very triable. I tried to put this matter behind and look forwards.

I love the rural community and community needs my unique services (family practice, cardiology and rural emergency service) I have provided last decade. There always are seriously shortage quality physicians in this rural area, especially during Covid 19 pandemic and after. I have changed and will continue to change and improve as a physician.

Fortunately, I have a chance to back practice Humboldt County again. As anyone who practice in such remote rural area, Controlled substance prescriptions definitely need in some cases and special time to achieve optimal care. But I have absolutely no intention to do chronic pain opioid management. I have faithfully and consistently used Nevada PMP program as you can tell my record.

Thank you for your consideration. Please let me know if you need any more documents.

Sincerely,

Shouping Li, MD

10/28/2022

Enl. Explanation and supporting documents for section 5.

Explanation and supporting documents for Section 5.

Briefly, I was charged with one count of Distribution of Controlled Substances, Schedule II, in the United State District Court, District of Nevada, on January 23, 2019 (case #3.19-cr-0009). On February 5, 2019, I entered a plea of guilty to the charge pursuant to plea negotiations. I was sentenced on August 26, 2019, to twelve months and one day in Federal Prison followed by a period of three years of supervised release and was fined $125,000. I self-surrendered to Herlong FCI prison camp in California on October 7, 2019. I was granted an early release to home confinement on April 8, 2020, and officially completed my prison sentence on August 13, 2020. My 3 year term supervised release was early terminated by the court on May 5th , 2022.

9/16/2022- NV State Board of Medical Examiners granted my NV medical doctor license-conditions (motion approved unanimously by 9 members) (conditions 2nd to off practice over 2 years.)

EVENT CHRONOROLGY

July 10 2018 FBI interview at HGH (HUMBOLDAT GEN HOSPITAL).

JULY 20 2018 target letter

Feb 5 2019 pleaded guilty –one single count –overprescribing opioid med schedule II hydrocodone and oxycodone) from August 2015- February 2018.

Feb 5 2019 stop practice.

July 20, 2019 voluntarily surrender of NV pharmacy CS 15391 license.

Aug 15 2019 voluntarily surrender DEA license.

Aug 26 2019 United states district court Reno, NV—sentence 12 months and 1-day imprisonment.

Oct 7 2019 self-surrender to Herlong FCI prison camp, CA. (Of note 3 month early that the court recommended time December 31 2020 to the prison).

Dec 6 2019 NV medical board revoked NV medical doctor license.

April 8 2020 good contact early release to home confinement.

(Of note, actually 6 months' prison camp).

Aug 13 2020 officially complete the prison sentence time.

Aug 14 2020 supervised release (probation), expected 3 years till Aug 14, 2023.

May 5th, 2022 probation early terminated by the court (15 months early).

September 29-2022 new NV medical license was granted.

Oct 1, 2022 starting private practice in Winnemucca, NV at Dr. Stringham office .

Attached to this explanatory answer are the following documents:

- Notice Letter from U.S. DOJ 7/20/18
- Judgment
- Early termination of supervised 5/5/22
- 3-day course CME of controlled substances.
- NSBME-complaint settlement
- Letter of DEA surrender
- NVBOP –Voluntary surrender and disciplinary action.

Shouping Li, MD

10/28/2022

U.S. Department of Justice

United States Attorney's Office
District of Nevada

Dayle Elieson
United States Attorney

501 Las Vegas Boulevard South
Suite 1100
Las Vegas, Nevada 89101

Phone (702)388-6336
Fax (702)388-6296

July 20, 2018

Dr. Shouping Li, M.D.
[redacted] Frontier Street
Winnemucca, NV 89445-6161

Re: *United States v. Shouping Li, M.D.*

Dear Dr. Li:

As a result of investigations conducted by the Federal Bureau of Investigation and Health and Human Services – Office of the Inspector General, it appears that you have violated Title 21, United States Code, Section 841, Distribution of Controlled Substances and Title 18, United States Code, Section 1347, Health Care Fraud.

If you are interested in resolving this matter short of criminal indictment, please have your attorney contact me at (702) 388-5069. If you want but cannot afford an attorney, you may contact Ms. Jennifer Cotter, as the U.S. Federal District Courthouse in Reno, Nevada at (775) 686-5835.

If you or your attorney do not contact me to discuss pre-indictment resolution prior to the close of business on July 27, 2018 this matter will proceed in the ordinary course of prosecution.

Sincerely,

DAYLE ELIESON
United States Attorney

Kilby Macfadden
Assistant United States Attorney

AO 245B (Rev. 02/18) Judgment in a Criminal Case
Sheet 1

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA
v.
SHOUPING LI

JUDGMENT IN A CRIMINAL CASE

Case Number: 3:19-CR-9-MMD-CBC

USM Number: 55340-048

Michael Cristalli and Crane Pomerantz
Defendant's Attorney

THE DEFENDANT:

☑ pleaded guilty to count(s) 1 of the information

☐ pleaded nolo contendere to count(s)
which was accepted by the court.

☐ was found guilty on count(s)
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
21 USC §841(a)(1) & (b)(1)(C)	Distribution of Controlled Substances (Schedule II)	2/28/2018	1

The defendant is sentenced as provided in pages 2 through 7 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s)

☐ Count(s) ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

8/26/2019
Date of Imposition of Judgment

Signature of Judge

MIRANDA M. DU, U.S. DISTRICT JUDGE
Name and Title of Judge

8/27/2019
Date

DEFENDANT: SHOUPING LI
CASE NUMBER: 3:19-CR-9-MMD-CBC

IMPRISONMENT

The defendant is hereby committed to the custody of the Federal Bureau of Prisons to be imprisoned for a total term of:

12 months and one day.

☑ The court makes the following recommendations to the Bureau of Prisons:

FCI Herlong, CA or any low level facility as close to the Northern Nevada area as possible.

☐ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at ☐ a.m. ☐ p.m. on

☐ as notified by the United States Marshal.

☑ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☑ before 12 p.m. on 12/31/2019

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on to

a , with a certified copy of this judgment.

UNITED STATES MARSHAL

By

DEPUTY UNITED STATES MARSHAL

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

* * *

UNITED STATES OF AMERICA, Plaintiff, v. SHOUPING LI, Defendant.	Case No. 3:19-cr-00009-MMD-CLB ORDER

Before the Court is Defendant Shouping Li's motion for early termination of supervised release. (ECF No. 32 ("Motion").) The government opposes (ECF No. 34) the Motion and Probation recommends against granting the Motion. The Court agrees with Li and will grant the Motion.

Li pled guilty to one count of distribution of controlled substances in violation of 21 U.C.S. §§ 841(a)(1) and (b)(1)(C). (ECF No. 11.) The Court sentenced Li to 12 months and one day followed by three years of supervised release and required him to pay a $125,000.00 fine. (ECF No. 27.) Li commenced supervised release on August 13, 2020. Probation reports that Li has paid his financial obligations, has been compliant with all conditions of supervised release, is employed and has a stable home.

18 U.S.C. § 3583(e)(1) provides that the Court may, after considering the relevant § 3553(a) factors, terminate supervise release at any time after Defendant has completed one year of supervised release. The Court must be satisfied that early termination is warranted by Defendant's conduct and the interest of justice.

The government raises two primary objections. First, the government argues that Li's compliance with conditions of release is rather ordinary since everyone on supervised release is expected to comply. (ECF No. 34 at 4.) But accepting the government's argument would result in no early termination being granted. Second, the government

argues that early termination of supervised release would undermine the purposes of sentencing because the Court varied downward significantly and would remove the conditions that safeguard Li's ability to harm others. (*Id.* at 5.) That the Court varied downward does not necessarily mean Li cannot seek early termination of supervised release. As for the condition that limit Li's ability to work in the medical profession unless directly supervised by a licensed physician and from engaging in any business of prescribing opioid medication, the Court finds Li's compliance during the approximately 21 months of supervised release assures that he will not likely reoffend.

There is no question that Li's offense was serious. However, Li had no prior criminal history. Li has demonstrated that he has reintegrated into the community and presents no identifiable threat to public safety. Under these circumstances, the Court finds that Li's conduct and the interest of justice counsel early termination of supervised release.

It is therefore ordered that Defendant Shouping Li's motion for early termination of supervised release (ECF No. 32) is granted.

DATED THIS 5th Day of May 2022.

MIRANDA M. DU
CHIEF UNITED STATES DISTRICT JUDGE

University of Nevada, Reno
School of Medicine

CERTIFICATE OF COMPLETION

The University of Nevada, Reno School of Medicine certifies that

PARTICIPANT NAME:	Shouping Li MD
LICENSE NUMBER:	

has participated in the following educational activity:

COURSE TITLE:	Best Practices & Tools for Prescribing Controlled Substances
CONTACT HOURS:	22.00
DATES:	April 26-28, 2019
LOCATION:	Las Vegas, NV
LEARNING FORMAT:	Live activity

Melissa O'Brien

Melissa O'Brien, MS
Director, CME

The University of Nevada, Reno School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity was designated for 22.00 hours of *AMA PRA Category 1 Credits™*.

This program meets the Nevada State Board of Medical Examiners' requirement for 2 hours of training related to ethics, pain management, or addiction care during each licensure period.

This program meets the Nevada State Board of Medical Examiners' requirement for 2 hours of training related to the misuse and abuse of controlled substances, the prescribing of opioids, or addiction during each licensure period.

This program meets the Nevada State Board of Medical Examiners' requirement for 2 hours of training related to suicide prevention, intervention and detection every 4 years.

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against SHOUPING LI, M.D., Respondent.	**Case Nos. 19-32638-1**

FILED
DEC - 9 2019
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel for the Board and attorney for the IC, and Shouping Li, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Lyn E. Beggs, Esq., of the Law Offices of Lyn E. Beggs, PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on July 18, 2007 (License No. 12382).

2. On February 11, 2019, in Case No. 19-32638-1, the IC filed a formal Complaint charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(c), Illegal Dispensing of Controlled Substances (Count I), one (1) violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct (Count II), and one (1) violation of NRS 630.301(9), Disreputable Conduct (Count III).

[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

///

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Reno, Nevada 89521
(775) 688-2559

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint, violation of NRS 630.306(1)(c), Illegal Dispensing of Controlled Substances.

b. Respondent's license shall be immediately revoked. Pursuant to NRS 622A.410(1), Respondent may not apply for reinstatement of his medical license for a period of two (2) years from the date of the Board's acceptance of this Agreement as an Order of the Board.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matters, which imposition of costs and expenses shall be effective upon the Board's acceptance, adoption and approval of this Agreement, the current amount being $1,062.32 not including any costs that may be necessary to finalize this Agreement. This Board order for the payment of costs shall be immediately stayed, until which time as Respondent reapplies for licensure, at which time, Respondent is ordered to pay the aforementioned costs and fees within sixty (60) days.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

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f. The remaining counts of the Complaint, and any other claims arising therefrom, or from Investigative Case Nos. 19-18576 and 19-18507 shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts,

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Reno, Nevada 89521
(775) 688-2559

approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the cases shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada, if any, pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

Dated this 8 day of October, 2019.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

Dated this 2nd day of October, 2019.

Law Offices of Lyn E. Beggs, PLLC

By: _____
Lyn E. Beggs, Esq.
Attorneys for Respondent

Dated this 28 day of sept, 2019.

_____
Shouping Li, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

IT IS HEREBY ORDERED that the foregoing Settlement Agreement (19-32638-1) is approved and accepted by the Nevada State Board of Medical Examiners on the 6th day of December, 2019, with the final total amount of costs due of $1,062.32.

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

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UNITED STATES DEPARTMENT OF JUSTICE

DRUG ENFORCEMENT ADMINISTRATION

IN THE MATTER OF SHOUPING LI, M.D.	Docket No. 19 - 25 Chief Administrative Law Judge John J. Mulrooney, II

AGREEMENT TO VOLUNTARY SURRENDER REGISTRATION BL8898770 EFFECTIVE AUGUST 15, 2019

The Assistant Administrator of the Drug Enforcement Administration issued an Order to Show Cause ("OTSC") dated May 14, 2019, seeking to revoke the DEA Certificate of Registration BL8898770 of Shouping Li, M.D. ("Respondent"). Respondent timely requested a hearing to preserve all applicable rights and to indicate DR. Li's willingness to surrender his DEA Registration voluntarily.

Therefore, in connection with resolving all administrative matters regarding Dr. Shoupine Li and the OTSC, Dr. Shouping Li voluntarily surrenders DEA Registration BL8898770, effective August 15, 2019. DEA Registration BL8898770 shall continue under its current terms until

[continued on next page]

August 15, 2019. Pursuant to 21 C.F.R. 1301.52(a), DEA Registration BL8898770 issued to Shouping Li, M.D. shall terminate on August 15, 2019. Dr. Shouping Li is represented by counsel, Crane Pomerantz, and fully understands the effect of this voluntary surrender.

Respondent Signature:

shouping li

Dr. Shouping Li

Dated: 6/14/19

Counsel for Respondent:

Crane M. Pomerantz

Dated:

FILED
JUL 17 2019
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-087-CS-S**
	)	
Petitioner,	)	
v.	)	**VOLUNTARY SURRENDER OF**
	)	**REGISTRATION IN LIEU OF**
SHOUPING LI, MD,	)	**HEARING AND OTHER**
Certificate of Registration No. CS15391,	)	**DISCIPLINARY ACTION**
	)	
Respondent.	/	

I, SHOUPING LI, MD, Certificate of Registration No. CS15391, wish to voluntarily surrender my Nevada Certificate of Registration No. CS15391 in lieu of appearing before the Nevada State Board of Pharmacy (Board) at a formal disciplinary hearing in July 2019. To that end, I voluntarily and knowingly admit as follows:

1. I was registered with the Board at the time of the conduct described in the *Notice of Intended Action and Accusation* (Accusation) on file in this matter and as referenced herein. I am therefore subject to the Board's jurisdiction.

2. On February 5, 2019, I executed a plea agreement under Fed. R. Crim. P. 11(c)(1)(A) and (B) (Plea Agreement) with the United States Attorney's Office for the District of Nevada, and entered in United States District Court for the District of Nevada, in D. Nev. case no. 3:19-cr-00009-MMD-CBC.

3. On or about June 13, 2019, the Board filed the Accusation pursuant to NRS 639.233B.127(3), NRS 622A.300(1) and NRS 639.241, alleging five (5) causes of action against me, each relating to unprofessional and illegal conduct in prescribing dosages and amounts of Oxycodone and Hydrocodone to patients outside the usual course of my professional practice and without a legitimate medical purpose, as detailed in the Plea Agreement.

4. If this matter proceeded to a hearing, I admit that sufficient admissible evidence exists that the prosecutor could present to the Board in the form of testimony from witnesses and through documentary evidence to prove the facts alleged in the Accusation.

5. Based on those facts, the Board could conclude that the violations alleged in the Accusation occurred.

6. In lieu of appearing at a hearing where the prosecutor could prove the State's case against me and where the Board may take other and/or additional disciplinary actions against me, I hereby voluntarily surrender my Nevada Certificate of Registration No. CS15391.

7. In addition to this Voluntary Surrender, I agree to pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter. I agree to pay these reasonable attorney's fees and costs by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Voluntary Surrender.

8. The factual allegations in the Accusation, if proven at a hearing, would constitute unprofessional conduct pursuant to NAC 639.945(1)(i) and NAC 639.945(1)(o), and subject me to disciplinary action pursuant to NRS 639.210(4) and NRS 639.255, as alleged in the First and Second Causes of Action.

9. Additionally, the factual allegations in the Accusation, if proven at a hearing, would constitute violations of 21 U.S.C. § 841(a)(1) and (b)(1)(c), and subject me to disciplinary action pursuant to NRS 453.236(1)(d) and NRS 453.241(1), as alleged in the Third Cause of Action.

10. Additionally, the factual allegations in the Accusation, if proven at a hearing, would constitute violations of 21 U.S.C. § 841(a)(1) and (b)(1)(c), and subject me to disciplinary

action pursuant to NRS 639.210(6), (11) and/or (12), and NRS 639.255, as alleged in the Fourth Cause of Action.

11. Additionally, the factual allegations in the Accusation, if proven at a hearing, would constitute violations of, or attempts to violate, assist or abet in the violation of or conspiracy to violate NRS 453.381(1) and/or 21 CFR § 1306.04, and subject me to disciplinary action pursuant to NRS 639.210(12) and NRS 639.255, as alleged in the Fifth Cause of Action.

12. I have read this Voluntary Surrender and I fully understand and acknowledge its facts and terms.

13. I am aware of, understand, and have been advised of the effect of this Voluntary Surrender.

14. I am aware that I have certain constitutional rights, including:

a. I have the right to hire an attorney to represent me in this proceeding;

b. I have the right to demand a hearing on the charges against me, and I can require the Board Staff to prove the allegations;

c. I have the right to cross-examine the witnesses against me;

d. I have the right to call witnesses to provide evidence in my own behalf; and

e. I have other rights accorded to me under NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), NRS Chapter 639 (Nevada Pharmacy Act), and Chapter 639 of the Nevada Administrative Code.

15. I am aware of the foregoing rights, and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting this Voluntary Surrender of my Nevada Certificate of Registration No. CS15391 in lieu of a hearing and other and/or additional disciplinary action.

16. I understand this Voluntary Surrender is considered a disciplinary action pursuant to NRS 233B.121(6), and as such will become part of my permanent record.

17. I understand that as a disciplinary action this this Voluntary Surrender is a public record in accordance with NRS 639.255(5).

18. I understand that as a disciplinary action this Voluntary Stipulation is reportable to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60, and to other national repositories that record disciplinary action taken against licensees or certificate holders, or to any agency of another state which regulates the practice of pharmacy.

19. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as evidence against me to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

20. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

21. I understand that this Voluntary Surrender is effective the day it is accepted by the Board, however, I agree to immediately cease and desist from prescribing any controlled substance in the State of Nevada.

22. I will immediately return my Nevada Certificate of Registration, No. CS15391, with this signed Voluntary Surrender of License In Lieu of Other Disciplinary Action, to the extent I have that certificate/registration in my possession.

23. If at any time I seek to obtain a new license or registration with the Board, I may be required to appear before the Board, which may ask me questions regarding my application, the allegations in this action, and/or any other circumstances surrounding the voluntary surrender of my registration.

I, SHOUPING LI, MD, Certificate of Registration No. CS15391, by affixing my signature below, agree with the foregoing facts and representations, and therefore choose to voluntarily surrender my Nevada Certificate of Registration No. CS15391.

SIGNED this ___ day of July 2019.

SHOUPING LI, MD,
Certificate of Registration No. CS15391

*****FOR NOTARY USE ONLY*****

State of Nevada

County of Washoe

On this 15th **day of** July **20** 19

Shouping Li
personally appeared before me and proved to me through satisfactory evidence of identification to be the person whose name is signed on the preceding document in my presence.

JAIME SANTOS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-15-2022
Certificate No: 18-2776-2

Notary Public

05/15/2022
My Commission Expires

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby accepts the voluntary surrender of SHOUPING LI, MD, Certificate of Registration No. CS15391, in Case No. 19-087-CS-S, in lieu of a hearing and other or additional discipline. The Board hereby orders that the terms of the foregoing voluntary surrender be made effective upon execution below.

17 July 2019
Dated

Jason Penrod, President
Nevada State Board of Pharmacy

FILED
JUN 13 2019
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-087-CS-S**
Petitioner,	)	
v.	)	
	)	**NOTICE OF INTENDED ACTION**
SHOUPING LI, MD,	)	**AND ACCUSATION**
Certificate of Registration No. CS15391,	)	
	)	
Respondent.	/	

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Shouping Li, MD (Li), held a Nevada Controlled Substance Registration, Certificate No. CS15391, issued by the Pharmacy Board.

FACTUAL ALLEGATIONS

II.

On February 5, 2019, Li executed a plea agreement under Fed. R. Crim. P. 11(c)(1)(A) and (B) (Plea Agreement) with the United States Attorney's Office for the District of Nevada, and entered in United States District Court for the District of Nevada, in D. Nev. case no. 3:19-cr-00009-MMD-CBC.

III.

In Section II(A) of the Plea Agreement, Li pled guilty to one count of distribution of a controlled substance in violation of 21 U.S.C. § 841(a)(1) and (b)(1)(c).

IV.

In Section III of the Plea Agreement, the elements of Li's criminal violation are specified as:

> First, beginning on a date unknown but in no event later that October 2017 and continuing through on or about February 2018, the defendant knowingly distributed Schedule II substances, to wit: Oxycodone and Hydrocodone;
>
> Second, the defendant knew that the controlled substances were Oxycodone and Hydrocodone or some other prohibited drug;
>
> Third, the defendant distributed the controlled substances outside the usual course of professional practice and not for a legitimate medical purpose; and
>
> Fourth, the defendant intended to distribute the controlled substances outside the course of his professional practice.

V.

In Section IV(E) of the Plea Agreement, Li admits to the following facts:

> 1. The defendant, SHOUPING LI (LI), was a licensed physician who, since 2007, practiced medicine in Nevada under Nevada License Number 12382, specializing in family medicine with a concentration in cardiovascular diseases. LI held the position of Vice Chief of Staff for the Humboldt County General Hospital IN Winnemucca, Nevada.
>
> 2. As part of his medical practice, he prescribed Schedule II Controlled Substances, including Oxycodone and Hydrocodone, under Drug Enforcement Administration ("DEA") license number BL8898770.
>
> 3. Defendant know that under the Controlled Substances Act, Title 21, United States Code, Section 841(a) et seq., and Title 21, Code of Federal Regulations, Section 1306.04, a prescription for a Schedule II controlled

substances was lawful only when written for a legitimate medical purpose by a practitioner acting in the usual course of his or her professional practice.

4. Between approximately August 2015 and February 2018, defendant prescribed dosages and amounts of Oxycodone and Hydrocodone, to patients outside the usual course of his professional practice and without a legitimate medical purpose.

5. Defendant did so with intent to prescribe Oxycodone and Hydrocodone, to patients outside the usual course of his professional practice and without a legitimate medical purpose.

6. Several patients who were actively being seen as patients by the Defendant passed away.

7. All of the foregoing occurred in the State and Federal District of Nevada and elsewhere.

APPLICABLE LAW

VI.

A practitioner may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. NRS 453.381(1); 21 CFR § 1306.04.

VII.

Performing any duties as the holder of a license or registration issued by the Board in an incompetent, unskillful or negligent manner constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(i).

VIII.

Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(o).

IX.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

X.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

XI.

Conviction of a violation of any law or regulation of the Federal Government related to controlled substances is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(6).

XII.

Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

XIII.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

XIV.

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose, Li performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

By prescribing controlled substances to patients with whom he did not have a bona fide therapeutic relationship, Li engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

THIRD CAUSE OF ACTION

XVI.

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose in violation of 21 U.S.C. § 841(a)(1) and (b)(1)(c), and by his conviction thereof, Li committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

FORTH CAUSE OF ACTION

XVII.

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose in violation of 21 U.S.C. § 841(a)(1) and (b)(1)(c), and by his conviction thereof, Li is subject to discipline pursuant to NRS 639.210(6), (11) and/or (12), and NRS 639.255.

FIFTH CAUSE OF ACTION

XVIII.

By prescribing controlled substances to patients outside the usual course of his professional practice and without a legitimate medical purpose, Li violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

XIX.

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

Signed this 13th day of June, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-087-CS-S**
	)	
Petitioner,	)	
v.	)	**STATEMENT TO THE**
	)	**RESPONDENT**
SHOUPING LI, MD,	)	**NOTICE OF INTENDED ACTION**
Certificate of Registration No. CS15391,	)	**AND ACCUSATION**
	)	**RIGHT TO HEARING**
Respondent.	/	

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

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 17, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

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

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of June, 2019.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 19-087-CS-S**
	)	
Petitioner,	)	
v.	)	**ANSWER AND NOTICE**
	)	**OF DEFENSE**
SHOUPING LI, MD,	)	
Certificate of Registration No. CS15391,	)	
	)	
Respondent.	/	

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

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

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

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

DATED this ___ day of June, 2019.

SHOUPING LI, MD

Shouping Li, MD
50 E Haskell St, STE A
Winnemucca, NV 89445
Phone 775 623 0550

Feb 22., 2023

To Mr. Mark Sedar
COO
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, STE 206
Reno, Nevada 89521

Re: Shouping Li, MD March 9th Appearance Board

Dear Mr. Mark Sedar

I am planning to personally appear in March 9th BOP board meeting at Las Vegas.

Please review and share to the board members with additional support information I provide.

If you have any further questions, please feel free to contact me. Cell [redacted]

Sincerely,

Shouping Li, MD

Charles Stringham, MD
50 E Haskell Street, Suite A
Winnemucca, NV 89445
775.623.0550

February 20, 2023

Dear Nevada State Board of Pharmacy,

RE: Shouping Li, MD

I am writing this letter in support of the application presented by Dr. Shouping Li for Controlled Substance License/Registration from the Nevada State Board of Pharmacy.

I have practiced in Winnemucca for 27 years and have known Dr. Li for more than ten of those years as collegial medical staff at Humboldt General Hospital.

During the past six months, I have acted as Dr. Li's Nevada Medical Examiners approved preceptor and have reviewed his medical records on a regular basis. I find Dr. Li to be competent, trustworthy, and reliable.

If you have any further questions, please feel free to contact me.

Sincerely,

Charles A. Stringham, MD
Internist

consultation with potential biomarkers of neurological injury/disease (genetic testing, imaging studies of the brain, etcetera) is recommended."

PHYSICAL EXAMINATION: The patient's a cooperative gentleman who is alert. Speech is fluent. Blood pressure 134/70.

The patient was alert and oriented x3. He recalled 3/3 objects at five minutes. A mini mental status test was performed and he scored 30/30.

HEENT: Exam revealed him to be normocephalic and atraumatic. Pupils are equal, round, and reactive. EOMs are full. Visual fields are full. Optic disks are flat.

NEUROLOGIC: His gait and station are unremarkable. Romberg testing is negative. He has no drift and no dysmetria. Motor testing revealed normal bulk, tone, and strength throughout. Sensory testing is intact to pin and vibration. Reflexes are symmetric and normoactive throughout with downgoing toes and cranial nerves are unremarkable.

IMPRESSION: Dr. Shouping Li is a 61-year-old gentleman who is a family practitioner practicing in Winnemucca, Nevada, who had his license suspended in 2019 as a result of narcotics prescribing issues. He now has obtained a conditional license where he is able to practice under a preceptorship. As a result of neuropsychological testing results he was advised to obtain an evaluation by a neurologist. He did well on mini mental status testing in the office scoring 30/30 on an MMSE. He has a normal neurologically evaluation. He presents with a coherent history and normal neurologic evaluation. I would suggest he have laboratory studies to look for metabolic issues and that he have a brain MRI scan primarily to look for small vessel disease. I'll see him back in a month likely for a telephone visit.

G. Kim Bigley, M.D.
GKB:scs33
cc: Shouping Li, M.D., [redacted] Via Como, Reno, NV 89511

Dictated but not read to expedite

NL Brain MRI Scan

Patient Name:
Shouping, Li
MRN:
1300848
Date of Birth: [redacted]

Exam requested by:

G Bigley
MD
75 Pringle
#910
Reno
Nevada
89502

CLINICAL INDICATION: R41.3 Other Amnesia.

TECHNIQUE: Multiple acquisition parameters were performed to evaluate the brain utilizing the Siemens Aera 1.5T MRI. No IV contrast was administered.

COMPARISON: None.

FINDINGS:
Midline structures are intact. Vascular flow voids at the base of brain are patent. No intra or extra-axial fluid collections. Chronic mucosal thickening is present in the bilateral maxillary, bilateral ethmoid, and left frontal sinuses. Mastoid air cells are clear. No white matter lesions are identified. No masses, midline shift, or mass effect. There is no evidence of restricted diffusion to suggest the presence of acute infarct.

IMPRESSION:
Essentially unremarkable MRI of the brain without contrast.

Thank you for referring your patient to RDC SIERRA ROSE

Dictating Radiologist: Sekhon, Vijay S, MD 11/9/2022 8:57 AM

Transcribed by: EJ 11/9/2022 9:34 AM

Electronically Signed by: Sekhon, Vijay S, MD 11/9/2022 4:27 PM

Name: Shouping li | DOB [redacted] | MRN: 4985924 | PCP: Pcp Pt States None | Legal Name: Shouping li

Test Results

Test	Ordered By	Date ▼
COMP METABOLIC PANEL	Physician G Kim…	Oct 17, 2022
TSH	Physician G Kim…	Oct 17, 2022
VITAMIN B12	Physician G Kim…	Oct 17, 2022
CBC WITH DIFFERENTIAL	Physician G Kim…	Oct 17, 2022
FASTING STATUS	Physician G Kim…	Oct 17, 2022
ESTIMATED GFR	Physician G Kim…	Oct 17, 2022

There are no more test results available.

MyChart® licensed from Epic Systems Corporation © 1999 - 2023

ALL Lab results within Normal Limit

SC;

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Wednesday, February 1, 2023

Shouping Li, MD
[redacted] Via Como
Reno, NV 89511

Dear Shouping Li, MD:

We are in receipt of your application for a license/registration from the Nevada State Board of Pharmacy. After reviewing the application, you are required to personally appear before the Board at a regularly scheduled meeting for their consideration of approval. Your appearance has been scheduled for Thursday, 3/09/2023, 9:00 AM PST or soon thereafter.[1]

Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:

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

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. If you do not appear at the meeting and have not contacted the Board prior to the meeting, the Board may take action on the application in your absence. The person(s) appearing should be thoroughly knowledgeable of and capable of explaining all information contained in the application and submitted in support of the application. During the hearing you will be asked to waive your right to the required 21-day notice

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

Sincerely,

Mark Sedar
Chief Operating Officer

---

[1] Please note that the Board meeting will commence Wednesday; however, the meeting will continue, if necessary, on Thursday until the Board concludes its business. The full meeting agenda is available at www.notice.nv.gov and www.bop.nv.gov.

20B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Ida Middle: _____ Last: Washington

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted] Smokemont Court

City: Las Vegas State: Nevada Zip: 89129

Telephone: [redacted] Email: maxidaaa@ameritech.net

Degree: MD Practitioner License #: NV13905 Specialty: Internal Medicine

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Veterans Administration

Practice Address: 6900 N Pecos Rd Suite #: _____

City: North Las Vegas State: Nevada Zip: 89086-4400

Telephone: _____ Fax: _____ Email: ida.washington@va.gov

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
discliplined 2022	nevada	4/7/22	21-224-CS-S

Criminal Action:	State:	Date:	Case #:	County:	Court:
		N/A			

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ida Washington
Print Name (First, Last)

12/5/2022
Date

Ida Washington
Original Signature (electronic, copies or stamps not accepted)

12/5/22
Date

Board Use Only: Date Processed: _____ Amount: 200.00 CC

12-12-22

Department of Pharmacy

1. I am applying for a new state of Nevada controlled substance license as my previous license has been expired since 2018 and I was disciplined by the department for writing 2 controlled substances during that time. A copy of the stipulation and order is enclosed. My previous CS number is CS19355. I would like to keep the same number.

2. Enclosed is my DEA certificate

3. I have a Nevada PMP account confirmed by phone. It is inactive as my CS license has expired. PDMP aware will provide you this information when you request.

4. I am employed by the Veterans Administration and my personal DEA address is listed at that hospital, but I do not physically work at that site as I am exclusively telehealth

5. I do not plan to write controlled substances in the state of Nevada but the VA requires that I comply with all necessary licensing requirements in my state.

6. I spoke to your office and was asked to provide the above information. I please request that you email or call me when you have received/processed this request and if any further information is needed. I previously submitted an application but was sent to the wrong address.

Sincerely,

Ida Washington, MD

Email: maxidaaa@ameritech.net

Phone [redacted]

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW4066824	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	05-16-2021

WASHINGTON, IDA
VETERANS ADMINISTRATION
6900 N PECOS RD
NORTH LAS VEGAS, NV 890864400

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW4066824	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	05-16-2021

WASHINGTON, IDA
VETERANS ADMINISTRATION
6900 N PECOS RD
NORTH LAS VEGAS, NV 890864400

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

FILED
APR 14 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD,** **Certificate of Registration No. CS19355,** **Respondent.**	**Case No. 21-224-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and Respondent IDA WASHINGTON, MD, Certificate of Registration No. CS19355, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 10, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

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

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

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew her Certificate of Registration No. CS19355, which expired on October 31, 2018, in violation of NRS 639.210(13); and

B. While Respondent held an expired Nevada Controlled Substance Registration, she wrote three (3) prescriptions for controlled substances for Nevada patients after October 31, 2018, in violation of NRS 453.226(1), NRS 453.236(l), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

7. Those violations are plead with particularity in the Accusation and are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Ida Washington, MD, Certificate of Registration No. CS19355, shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

B. Pay Seven-Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. In the event Respondent applies for renewal of her Certificate of Registration No. CS19355, or for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a

hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 1, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

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

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

13. Upon approval of this Stipulation by the Board, Respondent shall pay the $5,000.00 in agreed upon fines by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," in five (5) equal payments of ONE THOUSAND DOLLARS ($1,000.00) to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. The first payment shall be received within thirty (30) days of the effective date of this Order, with each of the four remaining payment installments due in thirty (30) day increments thereafter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the $750.00 in agreed upon attorney's fees and costs by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

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

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

AGREED:

Signed this 7 **day of** April **2022.**

Ida Washington, MD

IDA WASHINGTON, MD
Certificate of Registration No. CS19355

Signed this 7th **day of** April **2022.**

PETER K. KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Ida Washinton, MD, Certificate of Registration No. CS19355, in Case No. 21-224-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 14 day of April 2022.

Helen Park, President
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL
Dr. Ida Washington
1000 S. Rainbow Blvd.
P.O. Box 98978
Las Vegas, Nevada 89193

CEASE-AND-DESIST ORDER: Case No. 21-224-CS-S

Controlled Substance Registration CS19355 – Expired 10/31/2018

Dr. Ida Washington:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration. If you have already renewed or obtained new controlled substance registration, please disregard this CEASE-and-DESIST.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

FILED
FEB 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD,** **Certificate of Registration No. CS19355,** **Respondent.**	**Case No. 21-224-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Ida Washington, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS19355, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS19355, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS19355, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

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

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD** **Certificate of Registration No. CS19355,** **Respondent.**	**CASE NO. 21-224-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

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

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, April 13, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

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

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of February, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IDA WASHINGTON, MD** **Certificate of Registration No. CS19355,** **Respondent.**	**CASE NO. 21-224-CS-S** **ANSWER AND NOTICE OF DEFENSE**

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

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

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

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

DATED this _____ day of _____, 2022.

_____

IDA WASHINGTON, MD

21

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable $150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

☒ Dangerous Drugs AND Controlled Substances

☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: Vincent Middle: P. Last: Alexis

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Watercreek Dr.

City: N. Las Vegas State: NV Zip: 89032

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: NV 1109

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Relief Veterinary Services

Practice Address: 1401 Watercreek Dr Suite #:

City: N. LV State: NV Zip: 89032

Telephone: 725 251-8369 Fax: — Email: Winstrol.41a Yahoo.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
	TX	2013	Unknown

Criminal Action:	State:	Date:	Case #:	County:	Court:
	NY	12-4-13	13CR-00155-FJS	Unknown	USDC N. NY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vincent Alexis DVM

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-4-2023

Date

Board Use Only Received: 1-9-23 Amount: 150.00 CK - 142

STATE OF NEVADA
NEVADA BOARD OF PHARMACY
RENO, NEVADA

Vincent P. Alexis, DVM Applicant, v. Nevada Board of Pharmacy Respondent.	Date: January 4, 2023 Nevada Veterinary Lic. No. 1109 Nevada Controlled Substance No. CS32984 DEA No. FA1174856

VINCENT P. ALEXIS, DVM
HEREBY PROVIDES ANSWERS TO APPLICATION
QUESTION #2, IN REGARD TO HIS
DECEMBER 2013 FELONY CONVICTION
DOCKET #13-CR-00155-GTS, N.D. NEW YORK

Affidavit of Applicant: Vincent P. Alexis
Via 28 U.S.C. Section 1746, States as Follows:

[1] On December 4, 2013, Dr. Alexis was convicted of one count of Attempted Travel in Interstate & Foreign Commerce to Engage in Illicit Sexual Conduct, a Class B Felony.

[2] On July 23rd & 24th of 2011, Dr. Alexis was forced to sign a confession under duress by former Syracuse special agent Sean Boutot.

[3] This confession was then immediately used against Dr. Alexis, and quickly events unfolded which made it impossible for him to mount a proper defense.

[4] Dr. Alexis is factually, actually, & legally innocent. Unfortunately, he was unable to appeal his conviction due to Ineffective Assistance of Counsel, multiple Constitutional Rights violations, and due to a prolonged, life-threatening, illness (sepsis & bilateral, multifocal, lung abscesses) which struck shortly after his sentencing.

[5] For more thorough details, please see:

I. USA v. Alexis, #13-CR-00155-GTS (N.D. New York);

II. USA v. Alexis, #18-1622 (Dr. Alexis's attempt to obtain a copy of the Grand Jury Minutes) USCA (2nd Circuit);

III. Dr. Alexis's Petition for Commutation/Pardon/Clemency/Reduction of Prison Sentence, Office of the Pardon Attorney/President Donald Trump, February 9. 2019. Case File # C285151;

IV. Nevada State Board of Veterinary Medical Examiners Board Meeting Minutes, April 22, 2021;

V. Dr. Alexis's Petition for License Reinstatement to the Nevada State Board of Veterinary Medical Examiners, April 18, 2019. Please note that the State Board reinstated Dr. Alexis's license to practice veterinary medicine in the State of Nevada on August 19, 2021.

Signed under 28 U.S.C. §1746,
Under penalties of perjury the above
& the following to be true, correct,
& complete. Pro-se.

Respectfully Submitted by:



Vincent P. Alexis, DVM
1401 Watercreek Dr.
N. Las Vegas, NV 89032

STATE OF NEVADA
NEVADA BOARD OF PHARMACY
RENO, NEVADA

Vincent P. Alexis, DVM Applicant, v. Nevada Board of Pharmacy Respondent.	Date: January 4, 2023 Nevada Veterinary Lic. No. 1109 Nevada Controlled Substance No. CS32984 DEA No. FA1174856

VINCENT P. ALEXIS, DVM HEREBY PROVIDES ANSWERS TO APPLICATION QUESTION #3, IN REGARD TO HIS JANUARY 2013 TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS ACTION AGAINST HIS LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF TEXAS

Affidavit of Applicant: Vincent P. Alexis, DVM
Via 28 U.S.C. Section 1746,
States as Follows:

[1] In January of 2013, the Texas Board of Veterinary Medical Examiners found Vincent P. Alexis, DVM (hereinafter referred to as Dr. Alexis) guilty of working for a non-DVM owned hospital in the State of Texas.

[2] In a separate action, "Texas Attorney General Opinion #GA-0064 states that under Section 53.021 of the Occupational Code, a license holder's license is revoked by operation of law upon the license holder's imprisonment following a felony conviction..." (Exhibit: 2). Dr. Alexis's Texas license was "Automatically revoked by operation of law on December 4, 2013."

[3] The attached Exhibits (Exhibits: 1-8), and Affidavits, will explain the above circumstances (many of which were unfair and poorly handled by the Texas Board of Veterinary Medical Examiners) more clearly.

Signed under 28 U.S.C. §1746,
Under penalties of perjury the above
& the following to be true, correct,
& complete. Pro-se.

Respectfully Submitted by:

Vincent P. Alexis, DVM
1401 Watercreek Dr.
N. Las Vegas, NV 89032

Exhibits

1) Vincent P. Alexis, DVM v. State of Texas Secretary of State & Texas Board of Veterinary Medical Examiners, Petition, 7 pages, November 1, 2018.
2) Texas Board of Veterinary Medical Examiners, Order, 1 page, February 18, 2014.
3) Vincent P. Alexis, DVM Petition for License Reinstatement to the Nevada State Board of Veterinary Medical Examiners, 12 pages, April 18, 2019.
4) Vincent P. Alexis, DVM Addendum to Petition for License Reinstatement to the Nevada State Board of Veterinary Medical Examiners, 4 pages, September 14, 2020.
5) Vincent P. Alexis License Reinstatement Verification, 1 page, August 19, 2021.
6) Vincent P. Alexis, DVM Proof of active licensure, 1 page, January 4, 2023.
7) Vincent P. Alexis, DVM NV Controlled Substance Registration, 1 page.
8) Vincent P. Alexis, DVM DEA License, 1 page.

State of Texas
Secretary of State
Travis County
Austin, Texas

Exhibit: 1

Vincent P. Alexis, DVM Petitioner, v. State of Texas Secretary of State, Texas Board of Veterinary Medical Examiners Respondants.	Texas DVM Lic. # 11628 November 1, 2018

Affidavit of Petitioner: Alexis, in support of complaint against the Texas Board of Veterinary Medical Examiners, signed under 28 U.S.C. §1746 under penalties of perjury the above & the following to be true, correct, & complete. Pro-se.

PETITIONER: ALEXIS RESPECTFULLY REQUESTS THAT THE TEXAS SECRETARY OF STATE VACATE THE JANUARY 2013 GUILTY VERDICT HANDED DOWN BY THE TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS AGAINST ALEXIS FOR A PRACTICE ACT VIOLATION, BECAUSE OF HIS WORKING FOR A NON-DVM OWNED ANIMAL HOSPITAL.

Background

[1] In January of 2011, Dr. Alexis signed on as a relief veterinarian with Relief Services for the Veterinary Practitioner (RSVP), operating out of Denton, Texas.

[2] Dr. Alexis was routinely called upon by RSVP to work fill-in (relief) shifts at various Texas animal hospitals. His work with/for RSVP lasted through April of 2013.

[3] Dr. Alexis was called upon to work throughout Texas, while residing fifteen minutes East of Austin. His work called upon him to commute as far North as Dallas/Ft. Worth, & as far South as Harlingen.

Exhibit: 1

[4] It was common for Dr. Alexis to receive a work assignment just days before the shift (that's the nature of relief work, as you cannot easily predict when a hospital's staff veterinarian becomes ill, or cannot work their shift).

[5] When RSVP asked Dr. Alexis to cover a shift, he always agreed to do so. He quickly became one of RSVP's "go to" veterinarians, & took pride in his work ethic and availability.

[6] In 2011, RSVP placed Dr. Alexis at two different non-DVM owned animal hospitals - one in Houston, & one in LaMarque. No incidents or concerns arose from his relief work at these hospitals.

[7] Approximately three days after Christmas 2011, Dr. Alexis was asked to work at Furry Friends Animal Hospital (FFAH), located in Harlingen, Texas. This relief work was to last approximately one month, & was scheduled to begin on the first work-day of 2012.

[8] A few days into the first week of work at FFAH, the receptionist (Alina Scovell) mentioned to Dr. Alexis that the Texas State Board of Veterinary Medical Examiners (TXBVME) had visited the hospital, un-announced, in mid-November, 2011. They met with Christine (Chris) Morris, the owner, & with Dr. Hayes, another RSVP veterinarian who was providing coverage.

[9] Ms. Scovell elaborated that at that meeting, the TXBVME informed Ms. Morris & Dr. Hayes that the Board believed that the operation of FFAH was illegal/in violation of TXBVME practice laws, since the hospital was not "owned by a veterinarian." The TXBVME stated that they would issue a decision, within 10 days, by certified mail.

Exhibit: 1

[10] Obviously, Dr. Alexis was concerned to hear about the State Board's visit, & their concerns about the legality of Ms. Morris's venture. He spoke about this with Ms. Morris & she assured Dr. Alexis that her attorney had contacted the TXBVME, & that "Everything was in order." Furthermore, Ms. Morris was quick to point out that the TXBVME never did send the certified mailing instructing her to cease & desist operation of FFAH.

[11] Later that same day, Ms. Morris called her attorney. She wanted to assure Dr. Alexis that he would be able to practice at her hospital without concerns, so she asked him to speak with her attorney. Dr. Alexis did speak to Ms. Morris's attorney at that time. He informed Dr. Alexis that Ms. Morris & FFAH were in full compliance with all TXBVME rules & regulations, & that the TXBVME never did send a certified mailing or issue a cease & desist order.

[12] Ms. Scovell, who as the only receptionist received all the mail, also verified to Dr. Alexis that there was no certified mailing sent to FFAH from the TXBVME, after that mid-November 2011 visit/meeting.

[13] After speaking with Ms. Scovell, Ms. Morris, & her attorney, Dr. Alexis obtained Dr. Hayes' phone number & called him. Dr. Hayes verified that the TXBVME had visited the hospital, unannounced, in mid-November 2011. He also verified to Dr. Alexis that there was no certified mailing sent to FFAH from the TXBVME, after that visit. Dr. Hayes further commented that he hadn't heard from the TXBVME at all since mid-November.

Exhibit: 1

[14] Dr. Alexis also discussed this concern with Monica Hughes at RSVP. She informed Dr. Alexis that they had no knowledge of any TXBVME action or concerns regarding FFAH.

[15] Since RSVP had provided services to FFAH, without concerns, prior to his coverage, & since Ms. Morris, her attorney, Ms. Scovell, & Dr. Hayes all verified that the TXBVME never did issue a cease & desist order, Dr. Alexis continued to provide relief services to FFAH. He had made a commitment to RSVP and to FFAH (a one doctor practice) & its clients, and had no reason to abruptly cancel his coverage.

[16] Ms. Morris had been looking for a full-time staff veterinarian, without success. For this reason, she turned to RSVP for coverage, & in early February 2012 she asked Dr. Alexis to extend his stay. Dr. Alexis agreed to stay for up to one year, so that Ms. Morris would have more time to hire a staff veterinarian.

[17] Approximately eight weeks later, while working at FFAH, Dr. Alexis received a phone call from his brother (& attorney) Drew L. Alexis. Drew informed Dr. Alexis that he had just received a phone call from the TXBVME's attorney. That attorney informed Drew that FFAH was operating illegally, & that Dr. Alexis needed to immediately stop working there. Drew was told by the TXBVME that they wanted to stop Ms. Morris, & that they "Had no interest in pursuing charges against Dr. Alexis, as long as he cooperated & left the practice right away." The TXBVME did not contact Dr. Alexis directly (either by U.S. mail or by phone).

Exhibit: 1

[18] Dr. Alexis agreed to leave the practice. He immediately informed Drew Alexis, RSVP, & Ms. Morris of his intention to comply with the TXBVME order.

[19] Dr. Alexis was now faced with a few acute problems:

[A] Dr. Alexis had just finished up with an OHE (spay) surgery on a dog who was in dystocia & unable to give birth. The queen & her pups needed his care. Dr. Alexis was not willing to depart from Harlingen until these patients were doing well.

[B] Dr. Alexis was not willing to leave behind the controlled drugs which he had ordered under his DEA license (there were no controlled drugs in the hospital upon Dr. Alexis's arrival).

[20] Within 48 hours, Dr. Alexis departed Harlingen & headed North for his home. He took all of the controlled drugs which he had ordered/purchased with him. He did not take any other biologicals or pharmaceuticals which were stocked at FFAH - Dr. Alexis did not purchase/own these items, & therefore had no legal right to remove the items from the premesis (to do so would have been grand theft).

[21] Dr. Alexis is unsure if a cease & desist order was issued to Ms. Morris & FFAH. It does appear, however, that FFAH did not close when the TXBVME ordered Dr. Alexis to leave on/about mid/late April 2012.

Exhibit: 1

[22] Many months later, Dr. Alexis received notice (by U.S. mail) that the TXBVME was pursuing charges against him. The charges included:

[A] Violations of a Practice Act by working for a non-DVM owned hospital.

[B] Violations resulting from Dr. Alexis's decision to leave behind the biologicals/pharmaceuticals which were stocked at FFAH when he departed (see points 19 & 20 above).

[23] On/about January 2013 Dr. Alexis & his San Antonio attorney Keith O'Connell met with the TXBVME in Austin. At that hearing, Dr. Alexis was found **Guilty** of a Practice Act Violation, stemming from his relief work at Furry Friends Animal Hospital from January 3, 2012 through mid/late April 2012.

Conclusion

[24] The TXBVME did not perform their duty in a timely & appropriate manner. The TXBVME was clearly aware of Ms. Morris & her venture, Furry Friends Animal Hospital, in **mid-November 2011.** Nevertheless, the TXBVME failed to act in 2011. The Board waited five full months before taking appropriate action, in **mid/late April 2012.**

Exhibit: 1

[25] Had the TXBVME performed their duty in a timely manner, RSVP would have been aware of their concerns. In turn, Dr. Alexis would also have been aware of the TXBVME's concerns, & never would have agreed to provide relief services at Furry Friends Animal Hospital.

Relief Requested

[26] Dr. Alexis is requesting, for the above stated reasons, that the **Guilty** verdict handed down by the TXBVME in January of 2013, for the above mentioned Practice Act Violation, be **Vacated.** The TXBVME was well aware of Ms. Morris & her illegal venture in mid-November 2011. A five month delay in acting is unconscionable, & is a clear failure by the Texas Board of Veterinary Medical Examiners to protect its veterinarians & the public from unscrupulous business owners like Ms. Morris.

Signed under 28 U.S.C. §1746,
Respectfully Submitted by
Petitioner/Affiant:

Vincent P. Alexis, DVM
3905 Lemon Ave
Long Beach, CA 90807

Exhibit: 2

TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS

DOCKET NO. 2013-123

ORDER PERTAINING TO REVOCATION OF

LICENSE NO. 11628

WHEREAS, the Texas Board of Veterinary Medical Examiners (Board) finds that on December 4, 2013, VINCENT ALEXIS, D.V.M., formerly of Elgin, Texas, License No. 11628, was convicted by the United States District Court for the Northern District of New York, of Attempted Travel in Interstate and Foreign Commerce to Engage in Illicit Sexual Conduct, a Class B felony, and sentenced to confinement in the Institutional Division of the Texas Department of Criminal Justice; and

WHEREAS, under current law, VINCENT ALEXIS, D.V.M., began his imprisonment upon the date of his conviction; and

WHEREAS, Texas Attorney General Opinion No. GA-0064 states that under Section 53.021 of the Occupations Code, a license holder's license is revoked by operation of law upon the license holder's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision;

THEREFORE, the Board FINDS that:

1. License No. 11628 issued to VINCENT ALEXIS, D.V.M., was automatically revoked by operation of law on December 4, 2013.

2. VINCENT ALEXIS, D.V.M., may apply for re-licensure in the same manner as a person applying for a new license and shall be subject to the requirements of Board Rule 575.22 relating to license reinstatement.

The Board ORDERS that:

A copy of this Order shall be mailed by first class mail to VINCENT ALEXIS' last known mailing address as reflected in the Board's records on this date.

RATIFIED and ADOPTED THIS THE 18th DAY OF FEBRUARY, 2014, BY AN AFFIRMATIVE VOTE OF THE BOARD.

Bud. E. Alldredge, Jr., D.V.M., President

Exhibit: 3

Remit to:

State of Nevada Board of Veterinary Medical Examiners
4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502
(775) 688-1788 phone / (775) 688-1808 fax

Reinstatement of License to Practice Veterinary Medicine in the State of Nevada $200.00

PERSONAL INFORMATION

Name: Vincent Alexis
Address: [redacted] Lemon Ave
City: Long Beach State: CA Zip: 90807
Telephone: [redacted]

Social Security Number: [redacted]
Date of Birth: [redacted]
Place of Birth: White Plains, New York
Other Name(s) used: N/A
Email: None

Are you a citizen of the U.S. ☒ Yes ☐ No *If not you must provide proof that you are lawfully entitled to remain and work in the U.S.*

CONTINUING EDUCATION HOURS COMPLETED IN THE LAST 12 MONTHS

Name: _____ Date Attended: _____
Continuing Education Hours obtained: _____ Location: _____

** PLEASE PROVIDE A COPY OF THE CE DOCUMENTS

List of State(s) you are licensed in or have been licensed in:

State	License Number	Date Issued
Nevada	1109	1997
Colorado	5835	May, 1994
New York	7242	August 1995
Utah	6959488-2801	March 2008
Texas	11628	

Are you a Board Certified Diplomate? ☐ Yes ☒ No If so, what is your specialty? _____

EMPLOYER IN NEVADA

Employer Name: Dr. Ylarde, East Charleston Animal Hosp Starting Date: Fall 2019
Address: 601 E. Charleston City: Las Vegas State: NV Zip: 89104

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Exhibit: 3

1. **Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners?** ..... **Yes:** X **No:** _____
   If yes, when? 1997
2. **Have you ever been charged, arrested or convicted of a felony or gross misdemeanor?** ..... **Yes:** X **No:** _____
3. **Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of veterinary medicine?** ..... **Yes:** X **No:** _____
4. **Have you ever surrendered a professional license?** (Revoked). **Yes:** X **No:** _____
5. **Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety?** ..... **Yes:** _____ **No:** X
6. **Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety?** ..... **Yes:** _____ **No:** X
   If yes, please answer the following questions.
7. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?** ..... **Yes:** _____ **No:** _____
8. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?** ..... **Yes:** _____ **No:** _____

**If your answer is yes to any of the above questions, please attach a signed statement of explanation. Copies of any documents that identify the circumstances or contain a court order, agreement, or other disposition are required.*

Please Attach
Photo Here

**Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.
**Failure to provide any of the requested information or falsifying information will result in the application being rejected.

Exhibit 3

WAIVER FORM

I hereby authorize the Nevada State Board of Veterinary Medical Examiners, its agents, servants, and employees, to conduct such investigations of my business, professional, social and moral background, qualifications and reputation as it or its members or any of them deem necessary, proper or desirable.

This authorization is given in connection with my application for a license to practice as a Veterinarian in the State of Nevada and to enable the said Nevada State Board of Veterinary Medical Examiners to give intelligent and proper consideration to such application.

No liability of any sort or kind shall attach to the said Nevada State Board of Veterinary Medical Examiners, its members, agents, servants, employees or anyone furnishing them information about me or my past activities, because or by reason of the use of this authorization.

I Vincent Alexis, being first duly sworn, depose and state that I am the person referred to by said name of Vincent Alexis in the above and annexed questions, answers, and statements. I have read all of said questions, answers and statements, and know the contents thereof. I hereby certify under penalty of perjury that the information furnished in this document is true and correct.

Dated this 18th day of April, 2019

Signature of Applicant

State of New Jersey, County of Burlington

Dated this 18th day of April, A.D., 2019. personally appeared before me, a Notary Public in and for the County of Burlington known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seat at my office in the County of Burlington, the day and year in this Certificate first above written. S. Boyd

SHONDEL A. BOYD
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 8/9/2023

CHILD SUPPORT INFORMATION

Professional or occupational licenses, certified, or permits may be denied or restricted if back child support is owed by the person holding the license. Any license by the State of Nevada Board of Veterinary Medical Examiners is subject to this new requirement mandated by the federal government of all states including Nevada.

Please mark the appropriate response
(failure to mark one of the three will result in denial of the application)

X I am not subject to a court order for the support of a child.

____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature

April 18, 2019
Date

Exhibit: 3

STATE OF NEVADA
BOARD OF VETERINARY MEDICAL EXAMINERS
RENO, NEVADA

Vincent P. Alexis, DVM Applicant, v. Nevada State Board of Veterinary Medical Examiners Respondent.	Date April 18, 2019 Nevada License #1109

VINCENT P. ALEXIS, DVM HEREBY PROVIDES ANSWERS TO APPLICATION QUESTION #2, IN REGARDS TO HIS DECEMBER 2013 FELONY CONVICTION DOCKET #13-CR-00155-GTS, N.D.NY/SYRACUSE

Affidavit of Applicant: Vincent P. Alexis
via 28 U.S.C. §1746, States as Follows:

[1] On December 4, 2013 Alexis was convicted of one count of Attempted Travel in Interstate & Foreign Commerce to Engage in Illicit Sexual Conduct, a Class B Felony.

[2] On July 23rd & 24th of 2011, Alexis was forced to sign a confession under duress by Syracuse Special Agent Sean Boutot.

[3] This confession was then immediately used against Alexis, and quickly events unfolded which made it impossible for him to mount a proper defense.

Exhibit: 3

[4] Alexis is factually, actually, & legally innocent. Unfortunately, he was unable to appeal his conviction due to Ineffective Assistance of Counsel, & due to a prolonged, life-threatening, illness (sepsis & bilateral, multifocal, lung abscesses) which struck shortly after his sentencing.

[5] For more thorough details, please see:

A) USA v. Alexis, #13-CR-00155-GTS (N.D.NY/Syracuse).

B) USA v. Alexis, #18-1622 (Alexis's attempt to obtain a copy of the Grand Jury Minutes), USCA (2nd Circuit).

C) Alexis's Petition for Commutation/Pardon/Clemency/or Reduction of Prison Sentence, Office of the Pardon Attorney/President Donald Trump, February 9, 2019. Case File #C285151.

Signed under 28 U.S.C. §1746,
under penalties of perjury the above & the
following to be true, correct, & complete. Pro-se.

Respectfully Submitted By:
Applicant/Affiant

_____

Vincent P. Alexis, DVM
19213-052
FCI Fort Dix
Box 2000
J.B. MDL, NJ 08640

Exhibit 3

STATE OF NEVADA
BOARD OF VETERINARY MEDICAL EXAMINERS
RENO, NEVADA

Vincent P. Alexis, DVM Petitioner, v. Nevada State Board of Veterinary Medical Examiners Respondent.	Date_____ Nevada License #1109

VINCENT P. ALEXIS, DVM REQUESTS THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS REINSTATE HIS LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF NEVADA (#1109) TO ACTIVE STATUS, ON A PROVISIONAL BASIS, FOR THE FOLLOWING CONSIDERATIONS, & WITH THE FOLLOWING STIPULATIONS APPROVED BY THE BOARD

Affidavit of Petitioner: Vincent P. Alexis, hereinafter referred to as Alexis, via 28 U.S.C. §1746, states as follows:

Background

[1] Alexis was issued Nevada license #1109, a license to practice veterinary medicine in the State of Nevada, in 1997.

[2] Alexis practiced veterinary medicine in Nevada, on a full-time basis, from 1997-2011, with no State Board actions against him during those 15 years.

[3] Alexis practiced veterinary medicine in New York State from 1994-1997, with no State Board actions against him during those 3 years.

[4] Alexis practiced veterinary medicine in the State of Utah for 5 months during 2008, with no State Board actions against him during that time.

[5] Alexis practiced veterinary medicine in the State of Colorado for 4 months during 1994, with no State Board actions against him during that time.

[6] Alexis practiced veterinary medicine as a relief veterinarian in the State of Texas from 2011-April 2013. Alexis did receive a State Board incident/sanction, resulting in discipline in 2013 (please see Exhibit:1 for a thorough explanation of this issue).

[7] Alexis has been incarcerated since April of 2013, & has been unable to participate in CE conferences/meetings.

[8] Alexis understands the importance of a veterinarian's responsibility to obtain regular CE in order to expand his/her knowledge and to stay updated on current topics & developments.

[9] Alexis has, from 1994 through 2012, religiously attended CE conferences. During this time period, he has amassed twice as many CE credits as required by the states in which he is/was licensed.

Exhibit: 3

[10] Alexis will attend the first available CE conference upon his return to Nevada. He will also immediately complete the maximum amount of online CE, which has been approved by the Board. A second CE conference will be attended within 3-5 months of Alexis's first conference. With this course of action, Alexis should quickly amass enough CE credits to cover 2019 & 2020.

Status of State Licenses

[11] **Colorado**
License #5835

Alexis did not renew his Colorado license. The license expired in/around 2012 (Alexis is unsure of the precise date).

[12] **Utah**
License #6959488-2801

Alexis did not renew his Utah license. Alexis is unsure of the date when the license expired.

[13] **New York**
License #7242

Alexis did not renew his New York license. The license expired in/around 2013 (Alexis is unsure of the precise date).

Exhibit:3

[14] **Texas License #11628**

"Texas Attorney General Opinion #GA-0064 states that under §53.021 of the Occupations Code, a license holder's license is revoked by operation of law upon the license holder's imprisonment following a felony conviction..." (Exhibit:2). Alexis's Texas license was "Automatically revoked by operation of law on December 4, 2013."

[15] Alexis has requested a "Letter of Good Standing" from New York, Colorado, Utah, & Texas be sent to the Nevada Board of Veterinary Medical Examiners.

Discussion

[16] Alexis is asking for help & understanding, as he strives to put his life, and career, back on track.

[17] Alexis will almost certainly be restricted from traveling outside of the Southern Nevada region for an extended period of time, upon his release from Fort Dix. This will clearly limit his CE options to Las Vegas Conferences (such as Western States), and online CE.

[18] Obviously, it's extremely important that Alexis is able to earn a living immediately upon his release from Fort Dix. This, clearly centers around his ability to practice veterinary medicine in Nevada.

[19] So, Alexis has an obvious dilemma - there might be a significant delay before Alexis has the required amount of CE credits for the Nevada Board of Veterinary Medical Examiners to reinstate his license to practice veterinary medicine.

Relief Requested

[20] WHEREFORE, for the above stated reasons, Dr. Alexis respectfully requests that the Nevada Board of Veterinary Medical Examiners reinstates his license to practice veterinary medicine in Nevada immediatley upon receipt of his application and the $200 fee.

[21] Dr. Alexis will (at the first opportunity approved by U.S. Probation) immediately complete the maximum amount of online CE, which has been approved by the Board.

[22] Dr. Alexis will attend the first available CE conference upon his return to Nevada.

[23] A second CE conference will be attended within 3-5 months of the first conference (with the approval of U.S. Probation).

[24] With this course of action, Dr. Alexis should quickly amass enough CE credits to cover the Board's requirement for his license reinstatement.

Exhibit:3

Conclusion

[25] Dr. Alexis has a proven history of 15 years of active, full-time, practice in Nevada with no state disciplinary actions. During that time, one client filed a complaint against Dr. Alexis. The Board quickly dismissed that sole complaint (Dr. Alexis had not treated the dog in question, an employee of Paw Prints Animal Hospital/Alexis Veterinary Services, LLC [Dr. Paguyo] had treated the client's pet and apparently missed its splenic neoplasia).

[26] Dr. Alexis is asking for help & understanding, as he strives to put his life, and career, back on track. He has employment waiting for his return to Las Vegas, with Dr. Julie Ylarde at East Charleston Animal Hospital.

[27] Dr. Alexis has been accepted into a Las Vegas release program called Hope for Prisoners (Exhibit:5). This program will provide support, so that he can have the best chance of success in the future.

[28] Other than the one charge that resulted in his incarceration, Dr. Alexis has had no prior criminal history/arrests/convictions. He's a first-time, non-violent, offender, and is no threat to anyone, (Exhibits:3 & 4).

[29] Dr. Alexis would like very much to move forward with life. There's a lot that he has to offer to the pets, people, & wildlife of Southern Nevada.

Exhibit: 3

Signed under 28 U.S.C. §1746,
under penalties of perjury the above
& the following to be true, correct,
& complete. Pro-se.

Respectfully Submitted By
Petitioner:

Vincent P. Alexis, DVM
19213-052
FCI Fort Dix
Box 2000
J.B. MDL, NJ
08640

Certificate of Service

I, Vincent Alexis, hereby certify
that I have sent a copy of this
Petition
via United States Mail/Postage Prepaid
on this ___ day of April, 2019
to the following:

Nevada Board of Veterinary Medical Examiners
4600 Kietzke Lane
Building O-265
Reno, Nevada
89502

Vincent P. Alexis, DVM

Exhibit:4

STATE OF NEVADA
BOARD OF VETERINARY MEDICAL EXAMINERS
RENO, NEVADA

VINCENT P. ALEXIS, DVM Petitioner,	)	ADDENDUM
v.	)	Date: September 14, 2020
NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS Respondent.	)	Nevada License # 1109

PETITIONER, VINCENT P. ALEXIS DVM, HEREBY SUBMITS AN ADDENDUM TO HIS APRIL 18, 2019 PETITION TO THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS FOR REINSTATEMENT OF HIS LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF NEVADA

Affidavit of Applicant Vincent P. Alexis DVM,
Via 28 U.S.C §1746, States as Follows:

General Background

[1] On April 18, 2019, Petitioner: Vincent P. Alexis, DVM submitted a Petition for license reinstatement with the Nevada State Board of veterinary Medical Examiners.

Exhibit:4

[2] Today, Dr. Alexis submits an addendum to that Petition. The purpose of this addendum is to update the State Board of events which transpired since the initial submission, and to provide additional letters of reference in support of Dr. Alexis's Petition for license reinstatement.

Factual Statement

[3] Dr. Alexis attended the February, 2020 Western States Veterinary Conference, and completed 5 hours of online continuing education. He now has 38 Continuing Education credits.

[4] Dr. Alexis was released from FCI Fort Dix on September 18, 2019 and returned to Las Vegas, Nevada.

[5] Dr. Alexis is now under the authority of U.S. Probation Officer Steven M. Goldner {300 Las Vegas Blvd. South, Suite 1200, Las Vegas, Nevada 89101, (702) 591-0895}.

Exhibit: 4

[6] Dr. Alexis graduated into the Hope for Prisoners program in January of 2020. This program offers an amazing amount of support for people returning to society. The program has a record-low recidivism rate (approximately 7%), which is far below the national average (approximately 90%).

[7] The evidence before The Board shows that Dr. Alexis has taken many positive steps, and has done everything asked and required of him, since July of 2011. Dr. Alexis has served his debt to society. Dr. Alexis has been patient throughout this license reinstatement process (having applied 18 months ago). Dr. Alexis poses no threat to society. In fact, he is an asset to society.

Relief Requested

[8] Dr. Alexis respectfully requests that The Nevada Board of Veterinary Medical Examiners reinstitute his license to practice veterinary medicine (Lic. No. 1109).

Exhibit: 4

CERTIFICATION

Pursuant to the provisions of 28 Section 1746(2),
I hereby declare under the penalty of perjury that the foregoing
Is true and correct.

Respectfully Submitted,

_____

VINCENT P. ALEXIS, DVM
1401 Watercreek Drive
N. Las Vegas, Nevada 89032

VERIFICATION

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as to matters alleged on information and belief, and as to those, I believe them to be true. I certify under the penalty of perjury that the foregoing is true and correct.

Executed at North Las Vegas, Nevada, on September 14, 2020.

Exhibit: 5

Active Licensure

From: Jennifer Pedigo (vetbdinfo@vetboard.nv.gov)

To: winstrol.41@yahoo.com

Cc: dalexis@alexislawfirm.com; louisling@me.com

Date: Thursday, August 19, 2021, 02:53 PM PDT

Good afternoon Dr. Alexis,

I went ahead and made your license active per our conversation. Your license number is 1109 and your license information is now searchable on the license verification page at https://nvvetboard.nv.gov



nvvetboard.nv.gov - Nevada Board of Veterinary Medical Examiners

Search This Site Search All Sites Close State Agencies State Jobs ADA Assistance. Home

nvvetboard.nv.gov

We will go ahead and send a new wall certificate out to East Charleston so you have a new copy. You can also log in to the licensee portal using the email address above and print on-demand wallet cards as well.

Please let me know if you have any questions and I will be in touch if I hear anything from Mr. Stark or his office.

Thank you,
Jennifer Pedigo
Executive Director

Nevada State Board of Veterinary Medical Examiners

LICENSE CARD

This is to certify that
Vincent Alexis
holds

status as a
Veterinarian
in the state of Nevada in accordance with Nevada Revised Statutes Chapter 630.

License #
1109

Issue Date:
January 08, 1997

Expiration Date:
June 30, 2023

For the most up-to-date information about this licensee please visit our online licensee lookup at medboard.nv.gov.

PLEASE NOTIFY THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY

Exhibit: 6

Nevada State Board Of Pharmacy

Exhibit: 7

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/05/2022
Amount: $ 210.00
License #: CS32984

VINCENT P. ALEXIS
1401 Watercreek Dr
North Las Vegas NV 89032

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Controlled Substance
Effective Date:11/01/2022
Expires:10/31/2024

VINCENT P. ALEXIS
1401 Watercreek Dr
North Las Vegas NV 89032

License #
CS32984
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Controlled Substance

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

License Type: Controlled Substance
License #: CS32984
Effective Date:11/01/2022
DEA #: FA1174856/22N33N4&5

Expires: 10/31/2024
STATUS: Active

VINCENT P. ALEXIS
1401 Watercreek Dr
North Las Vegas NV 89032

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Exhibit: 8

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1174856	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	02-11-2022

ALEXIS, VINCENT PAUL
LOCUM TENENS
1401 WATERCREEK DRIVE
NORTH LAS VEGAS, NV 89032-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1174856	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N.4.5	PRACTITIONER	02-11-2022

ALEXIS, VINCENT PAUL
LOCUM TENENS
1401 WATERCREEK DRIVE
NORTH LAS VEGAS, NV 89032-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

orm DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51

January 4, 2023

Dr. Vincent P. Alexis
1401 Watercreek Dr.
N. Las Vegas, NV 89032
(725) 251-8369
Winstrol.41@Yahoo.com

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

To Whom It May Concern:

Enclosed, please find my Application for Veterinary Authority to Dispense Drugs. I am a Southern Nevada Relief Veterinarian. The location of my shifts varies because of the nature of relief work. I will be practicing veterinary medicine at Homestead Animal Hospital (Pahrump, Nevada) and at Paradise Pet Hospital (Las Vegas, Nevada). Other shifts (and shift locations) will inevitably occur as well.

Please contact me if you have any questions or concerns. Thank you so much for your time and help in this matter.

Vincent Alexis, DVM
NV Lic. No. 1109

January 26, 2023

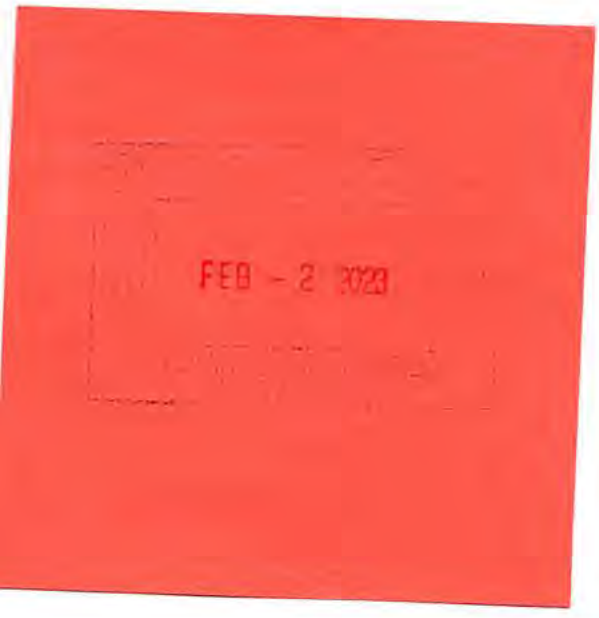
Vincent Alexis, DVM
[redacted]Watercreek Dr.
N. Las Vegas, NV 89032
[redacted]

Nevada State Board of Pharmacy
J. David Wuest
Executive Secretary
985 Damonte Ranch Pkwy, Stuite 206
Reno, NV 89521

Mr. Wuest:

Enclosed, please find a copy of the Court document which lists the final orders/dispensations from the court (N.D. New York). I believe this document supplies you with the needed information. If not, please be certain to contact me and let me know. I have seen hundreds of documents over the past 12 years, and I am not certain as to exactly which document you need.

Thank you for your time and help in this matter.



Sincerely,

Vincent Alexis, DVM
NV Lic. No. 1109
NV CS No. CS32984
DEA Lic. No. FA1174856

AO 245B NNY(Rev. 09/12) Judgment in a Criminal Case
Sheet 1

UNITED STATES DISTRICT COURT

Northern District of New York

UNITED STATES OF AMERICA
V.

VINCENT ALEXIS

JUDGMENT IN A CRIMINAL CASE

Case Number: DNYN513CR000155-001

USM Number: 19213-052

David M. Hoovler
111 Main Street, P.O. Box 509
Chester, New York 10918
(845)469-7577
Defendant's Attorney

THE DEFENDANT:

X pleaded guilty to count(s) 1 of the Information on April 26, 2013.

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18 U.S.C. §§ 2423(b) & (e)	Attempted Travel in Interstate and Foreign Commerce to Engage in Illicit Sexual Conduct	07/23/11	1

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed in accordance with 18 U.S.C. § 3553 and the Sentencing Guidelines.

☐ The defendant has been found not guilty on count(s) _____

X Indictment 5:12-CR-439 X is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

December 4, 2013
Date of Imposition of Judgment

Hon. Glenn T. Suddaby
U.S. District Judge

December 9, 2013
Date

JAK

AO 245B NNY(Rev 10/05) Judgment in a Criminal Case
Sheet 2 — Imprisonment

DEFENDANT: Vincent Alexis
CASE NUMBER: DNYN513CR000155-001

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of:

97 months

X The court makes the following recommendations to the Bureau of Prisons:

The defendant receive mental health and sex offender treatment when and if eligible.

X The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ ☐ a.m. ☐ p.m. on _____.

☐ as notified by the United States Marshal.

☐ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on _____.

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

at _____, with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

David Wuest

From: David Wuest
Sent: Monday, January 23, 2023 3:45 PM
To: [redacted]
Cc: Yenh Long
Subject: Nevada Board of Pharmacy

Dr. Alexis.

Thank you for your time on the phone last week.

In order to proceed with processing your application to dispense drugs in Nevada, we will need the supporting documentation regarding your disclosures listed on page 2 of the application. Under Section 4: Personal and Professional History you answered in the affirmative to questions #2 and #3. You have supplied a detailed summary of your disclosures, but Board staff needs the final orders/dispensations from the courts and/or licensing boards. We need the court order (criminal court) and/or administrative order (regulatory board – i.e., Texas, Nevada...) for each of your disclosures. You have included as "exhibit 2" the December 4, 2013 order from the Texas Board of Veterinary Medical Examiners.

Alternatively, we can place you on the next (April) Board Meeting.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

775-850-1440 ext 112

22

Kristopher Mangosing

To: David Wuest
Subject: RE: new pharmacy application questions

From: Gunn, Nicolle <Nicolle.Gunn@uhsinc.com>
Sent: Thursday, January 12, 2023 10:09 AM
To: David Wuest <dwuest@pharmacy.nv.gov>
Cc: Jackson, Andrew <andrew.jackson@uhsinc.com>
Subject: new pharmacy application questions

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

Good Morning Dave,

My name is Nicolle Gunn and I manage the ER at Valley Vista, an Extension of Centennial Hills Hospital. We have a new FED opening on West Craig Rd in Las Vegas in a few months and I am currently filling out the application for that. With the newest application form, I reached out to corporate legal in terms of how to fill out the application in re to ownership type and furnish the forms to me. I know on prior application forms, it did not have a checklist of applicable documents based on business type, but now I see that personal history record application are required for non-publicly traded, partnerships, sole owners. I know that our parent company Universal Health Services IS publicly traded which does not require this, but I believe our corporate/owner of the FED is Valley Health System, LLC, which is non-publicly traded. I reached out to legal, but since they are referencing old forms, they are telling me to fill it all out. I am waiting for another response, but in the meantime, I am wondering how to go about completing just the application. I have filled out the main application plus the designated representative application for myself and is ready to mail it to reach the deadline to be on the March agenda, but I just want to make sure it is correct that the personal application form are to be done by the top 4 shareholders that they can mail from corporate. Thank you so much for your assistance.

Nicolle Gunn
[redacted](cell)

Nicolle Gunn, PharmD | nicolle.gunn@uhsinc.com | Office 702-629-1522 | Cell 702-285-5275
Centennial Hills Hospital Medical Center | 6900 North Durango Drive, Las Vegas, NV 89149| www.centennialhillshospital.com

UHS of Delaware, Inc. Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution of this information is prohibited, and may be punishable by law. If this was sent to you in error, please notify the sender by reply e-mail and destroy all copies of the original message.

23

February 2, 2023

Dear NV State Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) services to patients as an HIV Community Pharmacist employed by St. Rose Dominican, Dignity Health. The program serves participants in the Ryan White HIV/AIDS Programs and Ending HIV Epidemic to incorporate pharmacists into patient-centered team-based care. I would like to request an appearance before the Board at the March 2023 meeting for review of services provided. The pharmacy services are provided at alternate sites than a licensed pharmacy, I am including the following details as requested per NAC 639.403 sections (a) through (k):

(a) The name of the pharmacist:
KayLynn Bowman, PharmD, MS, MEd

(b) A description of the services that the pharmacist intends to provide at the site;
MTM pharmacy services and HIV Case Management Services provided to patients with chronic disease states including, but not limited to, HIV/AIDS, Diabetes, High Blood Pressure, High Cholesterol and Congestive Heart Failure. Services will include collection of patient demographics, social history, health history, medical conditions, allergies, immunization history, available lab work data, medication and non-medication history.

Services Provided Include:
Poly-pharmacy, medication optimization, medication adherence are addressed during each visit. Pharmacist consultations as requested. Group health education and risk reduction classes are provided to eligible participants and medication adherence monitoring is provided by the pharmacist to eligible participants. St. Rose Dominican, Dignity Health Ryan White Programs consist of Flip the SCRIPT (Supportive Care Recognizing Individualized Prescribed Treatment), Health Benefit Take Charge (HBTC), Positive Lifestyle and Nutrition Program, Positive Self-Management Program (PSMP), the Rapid stART Learning Collaborative in Southern Nevada, and Ending HIV Epidemic Programs. Additional St. Rose Dominican, Dignity Health Wellness programs include Disease Management and Prevention, Diabetes Lifestyle Training and Nutrition Services and working with community health programs.

(c) The location at which the pharmacist will provide the services;
St. Rose Dominican, Dignity Health and Wellness Centers:
Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074
West Center: 7220 S. Cimarron Rd, Suite 195, Las Vegas, NV 89113
Henderson Center: 98 E. Lake Mead, Suite 301, Henderson, NV 89015
North Las Vegas Neighborhood Hospital Wellness Center: 1550 W. Craig Rd, Ste 250, NLV, NV 89032
West Flamingo Neighborhood Hospital Wellness Center: 9880 W Flamingo Rd, Ste 220, LV, NV 89147
Blue Diamond Neighborhood Hospital Wellness Center: 4855 Blue Diamond Rd Ste 220, LV, NV 89139
Ryan White Eligible Locations:
UMC Wellness Center, 701 Shadow Ln, Las Vegas NV 89016

Nevada Aids Research (NARES), 701 Shadow Ln Suite 200, Las Vegas NV 89016
Huntridge Family Clinic, 1820 E Sahara Ave, Las Vegas, NV 89104
Southern Nevada Community Health Center, 280 S. Decatur Blvd, Las Vegas, NV 89107
Community Counseling Center (CCC), 714 E. Sahara Ave, Las Vegas, NV 89104
Services are provided in person, zoom and telephonic. Calls are made from home business address and home business phone as previously requested by the Board and included as part of this request.

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
Patients at risk for, or living with, HIV and other chronic disease states, including diabetes, and high blood pressure, and patients that are located in urban and rural underserved areas. Patients identified from underserved populations, enrollment in Ryan White and/or Rapid stART programs. Patients referred by Dignity Health Medical Group, Community Partners and Dignity Health Programs for diabetes, high blood pressure, high cholesterol, congestive heart failure, breast cancer and other chronic care disease states.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
St. Rose Dominican, Dignity Health and Wellness Centers, Ryan White eligible organizations and Rapid stART program organizations working together to end the HIV epidemic. Additional patient referrals for Medication Management referred by community partners and Dignity Health Chronic Disease programs.

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;
Patient intake forms and paper charts, CareWare6, RWise, electronic health records information, Dignity Health Wellness program participant information, LexiComp, Ovid, Global RPh, Up to Date, Pharmacist's Letter, and other evidence-based sources of medical information.

(g) The days and hours during which the pharmacist intends to provide the services;
Pharmacist services are available by appointment Monday through Friday during office hours 8am to 5pm and evenings and weekends based on program availability.

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;
The pharmacist is available by appointment only, all referrals are submitted to the pharmacists and appointments are made for MTM services. The pharmacist will be available during office hours from 8am to 5pm based on appointments. When not available, patients will be provided contact information or leave a message for followup. In the case of an emergency, the patient will be directed to emergency services.

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided,

including, without limitation, paper and electronic records stored as per St. Rose Dominican Dignity Health HIPAA policy and procedures.

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and

The services provided are not affiliated with a licensed pharmacy.

(k) A description of the business plan for the services provided.

No business plan is needed since the services are provided as part of the HIV Community Pharmacist job description through St. Rose Dominican, Dignity Health, Department of Medical Home Disease Management job function.

Please contact me if any additional information is needed.

Thank You,

KayLynn Bowman, PharmD, MS, MEd
Nevada Pharmacy License 17134
email: [redacted]@gmail.com

24

State of Nevada
Executive Department

EXECUTIVE ORDER 2023-003

Order Freezing the Issuance of New Regulations and Requiring a Review of Existing Regulations by All Executive Branch Agencies, Departments, Boards and Commissions

WHEREAS, state regulations should protect workers, consumers and the environment, while promoting entrepreneurship and economic growth; and

WHEREAS, state regulations can become outdated, result in unintended consequences, create conflicts or impose an unnecessary burden on citizens, businesses or government entities; and

WHEREAS, it is in the best interest of the state of Nevada that its regulatory environment be concise, transparent, stable, balanced, predictable and thoughtfully constructed; and

WHEREAS, Nevada's current regulatory structure is too often unfocused and inefficient, contains regulations that are obsolete and includes regulations that are unnecessarily onerous, thereby limiting the economic potential of the State; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides that, "The Supreme Executive Power of this State shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada;

NOW, THEREFORE, by the authority vested in me as Governor by the Constitution and laws of the State of Nevada, it is hereby ordered as follows:

SECTION 1
Every executive branch department, agency, board and commission shall undertake a comprehensive review of the regulations subject to its enforcement. On or before, May 1, 2023 each department, agency, board and commission shall provide a report to the Governor's office detailing how the regulation subject to its enforcement can be streamlined, clarified, reduced or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth.

SECTION 2:
As part of its report, every executive branch department, agency, board and commission shall provide a list of not less than ten (10) regulations recommended for removal, ranking them in descending order of priority.

SECTION 3:
Prior to submitting their respective reports, every executive branch department, agency, board and commission shall hold a public hearing, after having provided reasonable notice consistent with Chapter 233B of the Nevada Revised Statutes, to key industry stakeholders, to: (i) vet their recommended changes; (ii) solicit input as to the merits of those changes and (iii) identify other regulatory changes stakeholders feel are worthy of consideration. Stakeholder input shall be reflected in the summary of findings and recommendations included in each submitted report.

SECTION 4:
Unless specifically exempt from this Executive Order as set forth in Section 5, no new regulations shall be proposed, approved or acted on by any executive branch agency, department, board or commission until such time as this Executive Order is rescinded.

SECTION 5:

The following regulations are not subject to the suspension set forth in Section 4:

(a) Regulations that affect public health;
(b) Regulations that affect public safety and security;
(c) Regulations that are necessary in the pursuit of federal funds and certifications;
(d) Regulations that affect the application of powers, functions and duties essential to the operation of the executive branch agency, department, board or commission at issue;
(e) Regulations that affect pending judicial deadlines; and
(f) Regulations necessary to comply with federal law.

Until the suspension of this Executive Order, each executive branch department, agency, board and commission that intends to continue with the enactment of a proposed regulation under an exception to the freeze set forth in Section 4 shall submit a report to the Governor's office identifying which exemption the proposed regulation falls within and detailing the problem the regulation addresses or the value to the public of the regulation, how the regulation addresses the problem or the benefits provided by the regulation, why alternate forms of regulation are insufficient to address the problem and whether other regulations currently address the problem.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 12th day of January, in the year two thousand twenty-three.

Governor

Secretary of State

Deputy

Select Language ▼

Section 508 WCAG 2.0 ADA Compliance In Progress

ONE HUNDRED ONE NORTH CARSON STREET
CARSON CITY, NEVADA 89701
OFFICE: (775) 684-5670
FAX NO.: (775) 684-5683

555 EAST WASHINGTON AVENUE, SUITE 5100
LAS VEGAS, NEVADA 89101
OFFICE: (702) 486-2500
FAX NO.: (702) 486-2505

Office of the Governor

MEMORANDUM

January 23, 2023

TO: State Agencies, Boards and Commissions
FROM: The Office of Governor Joe Lombardo
SUBJECT: Executive Order 2023-003

Executive Order 2023-003 – Initial Instructions
In compliance with Governor Lombardo's Executive Order (EO) 2023-003, please find the following initial instructions for compliance with EO 2023-003.

Executive Order:
https://gov.nv.gov/Newsroom/ExecOrders/2023/Executive_Order_2023-003/

Instructions:

- Permanent regulations that have already been adopted at the agency/board/commission level and were submitted to the Legislative Counsel Bureau (LCB) for adoption by the Legislative Commission prior to the issuance of EO 2023-003 may proceed for adoption. Similarly, temporary regulations that have already been adopted and have been sent or are eligible to be sent to the Secretary of State's Office may proceed accordingly.
- All scheduled workshops must be canceled (or put on hold pending an exemption approval by the Office of the Governor – see below for more information).
- All adoption hearings must be cancelled (pending an approval of an exemption).
- Any language drafted by the agency that is intended to be sent to the LCB must remain on hold (pending approval of an exemption).
- Pursuant to sections 4 and 5 of this Executive Order, certain regulations that impact public health, public safety, federal funds, etc., may be exempt pursuant to sections 4 and 5 of EO 2023-003. Before proceeding, submit a written request for an exemption to Governor Lombardo's general counsel, Chris Nielsen, via email at cgnielsen@gov.nv.gov. Please identify the regulation number, if applicable, the stage of the regulation process, and an explanation as to which exemption criteria you believe the regulation falls within. No regulation may proceed without express, written approval from the Office of the Governor.
- Please Note: A separate "Agency Reporting Form" will be sent out that must be used by agencies, boards and commissions when completing the tasks outlined by EO 2023-003.

Please contact Madeline Burak (mburak@gov.nv.gov) and Tim Robb (trobb@gov.nv.gov) with any general questions or concerns.

Informational Report – Executive Order 2023-003

Pursuant to Executive Order 2023-003, a report must be submitted with the following information:

Section 1 - Comprehensive Review of Regulations
Every executive branch department, agency, board and commission shall undertake a comprehensive review of the regulations subject to its enforcement. On or before, May 1, 2023 each department, agency, board and commission shall provide a report to the Governor's office detailing how the regulation subject to its enforcement can be streamlined, clarified, reduced or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth.

The report must include for **each** regulation identified in the comprehensive review that can be streamlined, clarified, reduced, or otherwise improved to ensure that the regulation provide for the general welfare of the State without unnecessarily inhibiting economic growth:

1. The citation of the regulation with clear indication of the proposed modification in blue italics and matters to be omitted in red and bracketed.
2. A clear and concise explanation on why such change should occur.
3. Information for each public meeting held to discuss the proposed regulation change, as mandated by Section 3 of Executive Order 2023-003, which must include:
    a. The date of the meeting(s) and number of persons who attended;
    b. Information for each person who provided public oral or written comment or testimony on the regulation:
        i. Name of person;
        ii. Name of entity or organization represented and address (if applicable);
        iii. Contact telephone number;
        iv. Electronic mail address; and
    c. A summary of each person's public oral or written comment or testimony.
4. The estimated impact on any business, person, or agency if the change is to occur, which must include:
    a. The adverse and beneficial effects;
    b. The positive or negative economic impact; and
    c. Cost savings to the state or agency.
5. In the event your agency has sufficient justification for an exemption to this Executive Order, as described below and in Section 5, please submit a list of requests for any such exemption to dktedford@gov.nv.gov. Qualifying purposes for an exemption include:
    a. Regulations that affect public health;
    b. Regulations that affect public safety and security;
    c. Regulations that are necessary in the pursuit of federal funds and certifications;
    d. Regulations that affect the application of powers, functions and duties essential to the operation of the executive branch agency, department, board or commission at issue;
    e. Regulations that affect pending judicial deadlines; and
    f. Regulations necessary to comply with federal law.

Section 2 – Regulation for Removal
As part of its report, every executive branch department, agency, board and commission shall provide a list of not less than ten (10) regulations recommended for removal, ranking them in descending order of priority.

The report must include for **each** of the ten (10) regulations recommended for removal (ranked in descending order of priority):

1. The citation of the regulation with matters to be omitted in red and bracketed.
2. A clear and concise explanation of the need for the elimination of the regulation.
3. Information for each public meeting held to discuss the proposed regulation elimination, as mandated by Section 3 of Executive Order 2023-003, which must include:
    a. The date of the meeting(s) and the number of persons who attended;
    b. Information for each person who provided public oral or written comment or testimony on the regulation:
        i. Name of person;
        ii. Name of entity or organization represented and address (if applicable);
        iii. Contact telephone number;
        iv. Electronic mail address; and
    c. A summary of each person's public oral or written comment or testimony.
4. The estimated impact on any business, person, or agency if the change is to occur, which must include:

a. The adverse and beneficial effects;
b. The positive or negative economic impact; and
c. Cost savings to the state or agency.

Section 3 - Mandatory Meeting and Report
Prior to submitting their respective reports, every executive branch department, agency, board and commission shall hold a public hearing, after having provided reasonable notice consistent with Chapter 233B of the Nevada Revised Statutes, to key industry stakeholders, to: (i) vet their recommended changes; (ii) solicit input as to the merits of those changes and (iii) identify other regulatory changes stakeholders feel are worthy of consideration. Stakeholder input shall be reflected in the summary of findings and recommendations included in each submitted report.

Executive Order 2023-03 – Template

Name of department, agency, board, or commission: _____
Address: _____
City: _____ Zip: _____ Telephone: _____
Name of Director: _____
Director Email: _____

Section 1 - Comprehensive Review of Regulations / Section 3 – Mandatory Meeting and Report

The above-named department, agency, board, or commission conducted a comprehensive review of the regulations subject to its enforcement that can be streamlined, clarified, reduced, or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth. The regulations identified for Section 1 of Executive Order 2023-03 are listed below with the information as required on page 1 of the instruction sheet on the following pages of the report:

Regulation/ Information as required on page 1	Page number
1.	
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Section 2 – Regulation for Removal / Section 3 – Mandatory Meeting and Report

The above-named department, agency, board or commission conducted a comprehensive review of the regulations subject to its enforcement and identified the following ten (10) or more regulations recommended for removal. The regulations identified for Section 2 of Executive Order 2023-03, ranked in descending order of priority, are listed below with the information as required on page 1 of the instruction sheet on the following pages of the report:

Regulation/Information as required on page 1	**Page number**
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Executive Order 2023-03 Supporting Document.

Section 1 and 2.

NAC 639.215 Application for license to operate pharmacy: Appearance of applicant before Board; execution on behalf of partnership or corporation; payment of expenses for special meeting of Board. (NRS 639.070, 639.231)

1. An applicant for a license to operate a pharmacy in the State of Nevada ~~must~~ may be required to appear before the Board in support of the application and must receive instructions relative to the pharmacy laws if the applicant:

(a) Is applying for a license to operate a pharmacy in this State for the first time;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency;

(c) Is applying for the licensure of a pharmacy located outside the State that will be shipping compounded parenteral products into this State; or

(d) Is requested to do so by the Board.

2. If an applicant who is required to appear before the Board is:

(a) A partnership, all partners must appear.

(b) A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application.

3. If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation. Documentation of the status of the person signing the application must be submitted with the application.

4. A special meeting of the Board will not be called for the purpose of considering an application for a license to operate a pharmacy until the applicant has paid the Executive Secretary sufficient money to defray all expenses of the meeting.

[Bd. of Pharmacy, § 639.045, eff. 6-26-80]—(NAC A 3-17-92; 10-1-93)

NAC 639.240 Requirements for registration of pharmaceutical technicians. (NRS 639.070, 639.1371)

1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

(a) Be 18 years of age or older;

~~(b) Be a high school graduate or the equivalent;~~

(c) Have complied with the requirements of subsection 4 of NRS 639.1371, as amended by section 6 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021 at page 1018;

(d) Have complied with one of the following requirements:

NAC 639.272 Requirements for registration certificate. (NRS 639.070, 639.1373)

1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices,

Ê must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. Each physician assistant who applies for a registration certificate pursuant to subsection 3 ~~must~~ may be required to :

(a) Personally appear before the Board for determination and assignment of the specific authority to be granted to the physician assistant if the physician assistant:

(1) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(2) Is requested to do so by the Board; and

(b) Pass an examination administered by the Board on the law relating to pharmacy.

5. Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

(Added to NAC by Bd. of Pharmacy, eff. 10-26-83; A 2-6-90; 9-10-90; 10-17-91; 10-1-93; 10-24-97; R006-01, 11-1-2001; R120-09, 1-28-2010)

NAC 639.403 Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy; exemption for pharmacists who administer immunizations. (NRS 639.070)

1. Except as otherwise provided in subsection 2, a registered pharmacist may apply to the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy by submitting an application on a form prescribed by the Board. An application must be approved before a pharmacist may commence any practice pursuant to this section. The application must include, without limitation:

(a) The name of the pharmacist;

(b) A description of the services that the pharmacist intends to provide at the site;

(c) The location at which the pharmacist will provide the services;

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;

(g) The days and hours during which the pharmacist intends to provide the services;

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and

(k) A description of the business plan for the services provided.

2. A registered pharmacist may not submit an application pursuant to subsection 1 if he or she provides services:

(a) Pursuant to the provisions of NAC 449.15347;

(b) Pursuant to the provisions of NAC 449.6138;
(c) Pursuant to the provisions of NAC 449.722;
(d) Pursuant to the provisions of NAC 449.74531;
(e) Pursuant to the provisions of NAC 449.9905 and 639.4996;
(f) Pursuant to the provisions of subsection 2 of NAC 639.465;
(g) Pursuant to the provisions of NAC 639.690;
(h) Voluntarily or without compensation, regardless of whether the services are provided individually or through an employer; or
(i) Pursuant to a medication therapy management program approved pursuant to 42 C.F.R. § 423.153(d).

3. A registered pharmacist who administers immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive, is not required to submit an application pursuant to this section for purposes of administering the immunizations at the authorized location.

(Added to NAC by Bd. of Pharmacy by R180-07, eff. 9-18-2008)

NAC 639.406 Hearing to approve or deny application from pharmacist. (NRS 639.070)

1. Upon submission of an application pursuant to NAC 639.403, the Board ~~will~~ may schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

(a) The information contained in the application;
(b) The education, experience and expertise of the applicant;
(c) The disciplinary history of the applicant, if any; and
(d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions under which the applicant may provide the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

(Added to NAC by Bd. of Pharmacy by R180-07, eff. 9-18-2008)

NAC 639.415 Hearing to approve or deny application from licensed pharmacy. (NRS 639.070)

1. Upon submission of an application pursuant to NAC 639.412, the Board ~~will~~ may schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

(a) The information contained in the application;

(b) The disciplinary history of the applicant, if any; and

(c) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify the application.

3. If the Board approves an application, the Board will provide the pharmacy whose application is approved with documentation indicating the approval and setting forth the terms and conditions under which the pharmacists employed by or under contract with the pharmacy may offer the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

(Added to NAC by Bd. of Pharmacy by R180-07, eff. 9-18-2008)

NAC 639.720 Mechanical devices: Use to furnish drugs and medicines for administration to registered patients in medical facility and to patients receiving treatment in emergency room of hospital. (NRS 639.070, 639.2655)

1. Except as otherwise provided in subsections 4 and 6, a mechanical device may be used to furnish drugs and medicines for administration to registered patients in a medical facility. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

2. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:

(a) The duties of all persons who are authorized to obtain access to the device; and

(b) The procedure for:

(1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;

(2) The preparation of an inventory of the drugs and medicines stored in the device; and

(3) Stocking the device with drugs and medicines.

3. A pharmacy which supplies drugs or medicines to a medical facility which uses a mechanical device to furnish drugs or medicines for administration to patients pursuant to subsection 1 shall provide written notice to the Board. The notice must include:

(a) A description of each mechanical device used by the medical facility to furnish drugs or medicines for administration to patients, including, without limitation, the name of the manufacturer of the device; and

(b) The address of the medical facility at which the mechanical device is located.

4. A pharmacy shall not stock a mechanical device with drugs or medicines and a mechanical device must not be used to furnish drugs or medicines for administration to patients until:

(a) The pharmacy has notified the Board as required by subsection 3; and

(b) The Board has issued a certificate to the pharmacy that authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:

(a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or

(b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by or contracted with the:

(1) Hospital in which the drug or medicine is furnished; or

(2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.

(b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered pharmacists employed by the hospital or the pharmacy that supplies the hospital.

(c) Use of the device to furnish a drug or medicine to a patient must be:

(1) By a practitioner who:

(I) Is authorized by law to prescribe controlled substances or dangerous drugs;

(II) Is employed by or who has privileges at the hospital;

(III) Prescribed the drug or medicine that is furnished to the patient;

(IV) Personally verifies the correctness of the prescription for the drug or medicine before he or she furnishes it to the patient; and

(V) Has offered to the patient the choice of being provided a prescription that may be filled at a pharmacy, which offer first must be declined by the patient before the prescription is transmitted to the mechanical device to fill and furnish the prescription; or

(2) By the patient where:

(I) The device requires from the patient a unique code known only to the patient to allow the patient to access the device; and

(II) The patient is notified by the device that he or she may choose not to purchase the drug or medicine from the device at any time before the device furnishes the drug or medicine.

(d) Each container of a drug or medicine dispensed by the device is labeled pursuant to NRS 639.2801.

(e) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for dispensing to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for dispensing to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which identifies that person.

(f) The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

(g) Before the device is used to furnish a drug or medicine directly to a patient pursuant to paragraph (c), the manufacturer of the device must appear before the Board for its approval of that use of the device and submit evidence satisfactory to the Board that the device:

(1) Furnishes drugs and medicines accurately; and

(2) Otherwise satisfies the provisions of this subsection.

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

[Bd. of Pharmacy, § 639.320, eff. 6-26-80]—(NAC A 12-21-95; 5-20-96; R017-03, 10-21-2003; R043-07, 10-31-2007)

NAC 639.757 Preparation and sale of compounded drugs by pharmacy or pharmacist: License as manufacturer not required under certain circumstances; unsafe or ineffective drug; restrictions on sale. (NRS 639.070)

1. A pharmacy or pharmacist is not required to obtain a license as a manufacturer to compound drugs if:

(a) The compounded drugs are prepared in a quantity that is:

(1) Necessary to fill a prescription or chart order; or

(2) Reasonably necessary to fill future prescriptions or chart orders based upon the previous history of practitioners and patients who regularly use the pharmacy;

(b) The compounded drugs are not sold or otherwise provided by the pharmacy or pharmacist to any person other than the ultimate user of the drugs, the agent of the ultimate user of the drugs or a practitioner who will be administering the drugs to a patient;

(c) The compounded drugs are dispensed pursuant to a prescription or chart order;

(d) Except as otherwise provided in paragraph (e) and subsection 2, the active ingredients used to compound the drugs:

(1) Have a monograph in and meet or exceed the standards of the *United States Pharmacopoeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670;

(2) Have been components of drugs approved by the Food and Drug Administration; or

(3) Are authorized to be used in pharmacy compounding pursuant to 21 U.S.C. § 353a(b)(1) or the regulations adopted pursuant thereto; and

(e) Except as otherwise provided in subsection 2, for an active ingredient used to compound the drugs that does not have a monograph in the *United States Pharmacopoeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670, the active ingredient is:

(1) Prepared by a manufacturer or distributed by a distributor registered with the Food and Drug Administration;

(2) Accompanied by a certificate of analysis provided by the manufacturer or distributor of the ingredient; and

(3) Prepared to a grade that, at a minimum, satisfies the requirements set forth in:

(I) The *Food Chemicals Codex*, as adopted by reference in paragraph (d) of subsection 1 of NAC 639.670; or

(II) *Reagent Chemicals: Specifications and Procedures*, as adopted by reference in paragraph (e) of subsection 1 of NAC 639.670, if the active ingredient is a certified analytical reagent, is for use in high pressure liquid chromatography, is for use in spectrophotometric applications or is a primary standard grade for use in standard solutions for analytical purposes.

2. In compounding a drug product, a pharmacy or pharmacist may use an active ingredient that does not satisfy the requirements of paragraphs (d) and (e) of subsection 1 if the pharmacy or pharmacist establishes the purity and safety of the ingredient by reasonable means, satisfactory to the Board, which include, without limitation, analysis of the lot in which the ingredient was packaged, the reputation of the manufacturer of the ingredient and the reliability of the source of the ingredient. A pharmacy shall make and maintain a record of the means that the pharmacy relied upon in determining that an ingredient was pure and safe pursuant to this subsection.

3. Except as otherwise provided in this subsection, a pharmacy or pharmacist shall not compound a drug that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective. A pharmacy or pharmacist may compound a drug for veterinary use that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective for use in humans if the drug remains available for veterinary use.

4. A pharmacy shall not sell or otherwise provide a compounded drug to a retail pharmacy or a practitioner., ~~except that a pharmacy may sell or otherwise provide a compounded drug to:~~

~~(a) A practitioner who will be administering the drug to a patient; or~~

~~(b) A practitioner or another pharmacy if the compounded drug is:~~

~~(1) A highly concentrated drug product that is not commercially available; or~~

~~(2) Needed to fill a particular prescription or chart order in the possession of the receiving pharmacy at the time the receiving pharmacy orders the compounded drug from the compounding pharmacy.~~

~~5. The quantity of a compounded drug that is sold or otherwise provided to a practitioner or pharmacy pursuant to subsection 4 must not exceed the amount necessary for the practitioner or pharmacy to serve the present needs of the patients of the practitioner or pharmacy.~~

(Added to NAC by Bd. of Pharmacy by R032-02, eff. 5-31-2002; A by R035-06, 9-18-2008)

NAC 639.850 Certificate of registration: Application; appearance before Board. (NRS 639.070, 639.2351)

1. The application of an advanced practice registered nurse for a certificate of registration to prescribe controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if the applicant is required to have a collaborating physician pursuant to NRS 632.237; and

(d) Any other information requested by the Board.

2. Each advanced practice registered nurse who applies for a certificate of registration may be required by the Board to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 10-17-86; 6-14-90; 10-17-91; 1-10-94; 11-9-95; R007-01 & R017-01, 11-1-2001; R012-02, 5-31-2002; R015-03, 10-21-2003; R118-13, 3-28-2014)

NAC 639.870 Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375)

1. The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if any;

(d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of $300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. Each advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, ~~must~~ may be required to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse if the advanced practice registered nurse:

(a) Will be operating in a practice not previously licensed by the Board;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(c) Is requested to do so by the Board.

~~4. Each advanced practice registered nurse to whom a certificate of registration is issued must be registered to a collaborating physician unless:~~

~~(a) The advanced practice registered nurse is not required to have a collaborating physician pursuant to subsection 3 of NRS 632.237; or~~

~~(b) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.~~

5. An advanced practice registered nurse who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 6-14-90; 10-17-91; 10-1-93; 1-10-94; R015-03, 10-21-2003; R122-09, 1-28-2010; R118-13, 3-28-2014)

Executive Order 2023-03 Supporting Document.

Section 3.

1. Continued work on Regulations relating to the practice of pharmacy outside of a pharmacy.
2. Regulations relating to providing pass medications and multiple use drug deliver item (inhalers) to patients upon discharge from an inpatient setting.

List of current Regulations in workshop;

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 13, 2021

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

AUTHORITY: NRS 639.070

A REGULATION relating to the practice of pharmacy; revising provisions governing the requirements for maintaining certification in basic cardiac life support for a pharmacist who administers immunization or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunization.

NAC 639.2973 is hereby amended to read as follows:

1. Before a pharmacist may administer an immunization pursuant to a written protocol or before an intern pharmacist acting under the direct and immediate supervision of a pharmacist may administer such immunizations, the pharmacist or intern pharmacist must be trained and certified to administer immunizations by completing a course approved by the Accreditation Council for Pharmacy Education *or its successor organization* that includes:

(a) Certification in life-saving techniques pursuant to the American Heart Association's Basic ***[***~~*Cardiac*~~***]*** Life Support for Health Care Providers, ***American Red Cross' Basic Life Support,*** or ***[***~~*its*~~***]*** ***an*** equivalent ***program approved by the Board***;

(b) Education and practical training, including, without limitation, written study materials regarding techniques for administering immunizations;

(c) Evaluation of the knowledge and technique of the pharmacist or intern pharmacist in administering immunizations;

(d) Instruction consistent with the current training guidelines of the Centers for Disease Control and Prevention; and

(e) Except as otherwise provided in subsection 2, a minimum of 20 hours of instruction and practical training concerning:

(1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices;

(2) Basic immunology, and vaccine and immunization protection;

(3) Diseases that are preventable through vaccination and immunization;

(4) Recommended immunization schedules;

(5) Vaccine and immunization storage and management;

(6) Informed consent;

(7) Physiology and techniques for administration of immunizations;

(8) Preimmunization and postimmunization assessment and counseling;

(9) Immunization reporting and records management; and

(10) Identification, response, documentation and reporting of adverse events.

2. In lieu of complying with the requirements of paragraph (e) of subsection 1, a pharmacist or an intern pharmacist who administers immunizations consisting exclusively of live attenuated influenza vaccine through the nasal passages of a person may complete a program of less than 20 hours of instruction which is accredited by the Accreditation Council for Pharmacy Education *or its successor organization* and includes instruction relating to:

(a) The epidemiology of influenza;

(b) The pathophysiology, clinical presentation, diagnosis, prevention and treatment of influenza;

(c) The administration, storage and handling of influenza vaccines; and

(d) The counseling of patients who will be immunized with the vaccine.

3. Before a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist may administer an immunization pursuant to a written protocol, the pharmaceutical technician must complete at least 1 hour of training related to vaccines, immunization and the administration of immunization provided by:

(a) Immunize Nevada or its successor organization;

(b) An entity approved by the Accreditation Council for Pharmacy Education or its successor organization;

(c) The owner or managing pharmacist of the pharmacy at which the pharmaceutical technician is employed; or

(d) Another entity approved by the Board.

NAC 639.2974 is hereby amended to read as follows:

1. A pharmacist who administers immunizations or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall:

(a) Maintain certification in basic cardiac life support from the American Heart Association*, the American Red Cross, or its successor organization, or an equivalent program approved by the Board;* and

(b) On or before October 31 of each year, complete:

(1) At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or

(2) A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization.

2. On or before October 31 of each year, a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist who administers immunizations shall complete at least 1 hour of continuing education related to vaccines, immunization and the administration of immunizations provided by an entity listed in subsection 3 of NAC 639.2973.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 13, 2022

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

AUTHORITY: NRS 453.221

A REGULATION relating to the registration of persons pursuant to NRS 453.226; and providing other matters properly relating thereto.

Sec. 1. NAC 453.310 is hereby amended to read as follows:

453.310 1. A person who is required to be registered:

(a) May apply for registration at any time.

(b) Shall not engage in any activity for which registration is required until***:***

(1) He or she is authorized to access the database of the program established pursuant to NRS 453.162;

(2) H~~h~~is or her application for registration is granted and a certificate of registration is issued to the person by the Board***; and***

(3) He or she is issued a registration by the Drug Enforcement Administration to dispense controlled substances in this State and has provided a copy of that registration to the Board.

2. A person who is registered may renew his or her registration biennially by***:***

(a) S~~s~~ubmitting an application for renewal***;***

(b) Presenting proof that he or she is registered with the Drug Enforcement Administration to dispense controlled substances in this State; and

(c) P~~p~~aying the renewal fee.

3. All registrations expire on October 31 of each even-numbered year.

Sec. 2 Chapter 453 of NAC is hereby amended by adding thereto the provisions set forth as section 3 of this regulation.

Sec 3. ***Registration pursuant to subsection 1 of NRS 453.226 is only valid to the extent the registrant holds a registration from the Drug Enforcement Administration to dispense controlled substances in this State.***

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R086-22

June 28, 2022

EXPLANATION – Matter in *italics* is new matter in brackets [~~omitted material~~] is material to be omitted

AUTHORITY: § 1, NRS 639.070 and 639.231; § 2, NRS 639.070 and 639.1373; § 3, NRS 639.070 and 639.1375.

A REGULATION relating to pharmacy; revising requirements for applicants for certain licenses and registrations to appear before the State Board of Pharmacy; removing certain requirements relating to advanced practice registered nurses that duplicate existing law; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires: (1) a physician assistant or advanced practice registered nurse who dispenses controlled substances, poisons, dangerous drugs and devices only to obtain a certificate of registration from the State Board of Pharmacy; and (2) the operator of a pharmacy to obtain a license from the Board. (NRS 639.1373, 639.1375, 639.230) Existing regulations require an applicant for such a certificate or license to appear before the Board under certain conditions, including when such an appearance is requested by the Board. (NAC 639.215, 639.272, 639.870) **Sections 1-3** of this regulation: (1) remove the requirements that an applicant for such a license or certificate must appear before the Board under certain conditions; and (2) instead provide that the Board may require such an applicant to appear before the Board for any reason.

Existing law authorizes an advanced practice registered nurse to prescribe controlled substances, poisons, dangerous drugs and devices only if he or she: (1) possesses certain experience; or (2) prescribes pursuant to a protocol approved by a collaborating physician. (NRS 632.237) **Section 3** of this regulation removes a duplicative requirement from existing regulations.

Section 1. NAC 639.215 is hereby amended to read as follows:

639.215 1. [~~An~~] *The Board may require an* applicant for a license to operate a pharmacy in the State of Nevada [~~must~~] *to* appear before the Board in support of the application [~~and must~~

~~receive instructions relative to the pharmacy laws if~~] *for any reason, including, without limitation, because* the applicant:

(a) Is applying for a license to operate a pharmacy in this State for the first time;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency; *or*

(c) Is applying for the licensure of a pharmacy located outside the State that will be shipping compounded parenteral products into this State . ~~[:or~~

~~(d) Is requested to do so by the Board.]~~

2. If an applicant who is required to appear before the Board is:

(a) A partnership, all partners must appear.

(b) A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application.

3. If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation. Documentation of the status of the person signing the application must be submitted with the application.

4. A special meeting of the Board will not be called for the purpose of considering an application for a license to operate a pharmacy until the applicant has paid the Executive Secretary sufficient money to defray all expenses of the meeting.

Sec. 2. NAC 639.272 is hereby amended to read as follows:

639.272 1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices, ↪ must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. ~~[Each]~~ *The Board may require a* physician assistant who applies for a registration certificate pursuant to subsection 3 ~~[must:~~

~~(a) Personally]~~ *to personally* appear before the Board for determination and assignment of the specific authority to be granted to the physician assistant ~~[if]~~ *for any reason, including, without limitation, because* the physician assistant ~~[:~~

~~(1) Responded]~~ *responded* affirmatively to any of the questions on the application regarding his or her character or competency . ~~[; or~~

~~(2) Is requested to do so by the Board; and~~

~~(b) Pass]~~

5. Each physician assistant who applies for a registration certificate pursuant to subsection 3 must pass an examination administered by the Board on the law relating to pharmacy.

~~[5.]~~ *6.* Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

Sec. 3. NAC 639.870 is hereby amended to read as follows:

639.870 1. The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if any;

(d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of $300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. ~~[Each]~~ *The Board may require an* advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, ~~[must]~~ *to* appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse ~~[if]~~ *for any reason, including, without limitation, because* the advanced practice registered nurse:

(a) Will be operating in a practice not previously licensed by the Board; *or*

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency . ~~[; or~~

~~(c) Is requested to do so by the Board.~~

~~4. Each advanced practice registered nurse to whom a certificate of registration is issued must be registered to a collaborating physician unless:~~

~~(a) The advanced practice registered nurse is not required to have a collaborating physician pursuant to subsection 3 of NRS 632.237; or~~

~~(b) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.~~

~~5.~~ *4.* An advanced practice registered nurse who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 2, 2022

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

AUTHORITY: NRS 639.016; NRS 639.070; NRS 639.500

A REGULATION relating to appearance before the Board for certain registrants and licensees.

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LEGISLATIVE COUNSEL'S DIGEST

Section. 1. NAC Chapter 639 of NAC is hereby amended by changing the following provisions:

NAC 639.870 Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375**)**

1. The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if any;

(d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of $300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. Each advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, ~~must~~ may be required to appear personally before the Board for a determination and an assignment of the

specific authority to be granted to the advanced practice registered nurse if the advanced practice registered nurse:

(a) Will be operating in a practice not previously licensed by the Board;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(c) Is requested to do so by the Board.

~~4. Each advanced practice registered nurse to whom a certificate of registration is issued must be registered to a collaborating physician unless:~~

~~(a) The advanced practice registered nurse is not required to have a collaborating physician pursuant to subsection 3 of NRS 632.237; or~~

~~(b) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.~~

5. An advanced practice registered nurse who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 6-14-90; 10-17-91; 10-1-93; 1-10-94; R015-03, 10-21-2003; R122-09, 1-28-2010; R118-13, 3-28-2014)

NAC 639.272 Requirements for registration certificate. (NRS 639.070, 639.1373)

1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices,

➥ must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. Each physician assistant who applies for a registration certificate pursuant to subsection 3 ~~must~~ may be required to:

(a) Personally appear before the Board for determination and assignment of the specific authority to be granted to the physician assistant if the physician assistant:

(1) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(2) Is requested to do so by the Board; ~~and~~

5. Each physician assistant who applies for a registration certificate pursuant to subsection 3 must~~(b) P~~ pass an examination administered by the Board on the law relating to pharmacy.

5. Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

(Added to NAC by Bd. of Pharmacy, eff. 10-26-83; A 2-6-90; 9-10-90; 10-17-91; 10-1-93; 10-24-97; R006-01, 11-1-2001; R120-09, 1-28-2010)

NAC 639.215 Application for license to operate pharmacy: Appearance of applicant before Board; execution on behalf of partnership or corporation; payment of expenses for special meeting of Board. (NRS 639.070, 639.231)

1. An applicant for a license to operate a pharmacy in the State of Nevada ~~must~~ may be required to appear before the Board in support of the application ~~and must receive instructions relative to the pharmacy laws~~ if the applicant:

(a) Is applying for a license to operate a pharmacy in this State for the first time;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency;

(c) Is applying for the licensure of a pharmacy located outside the State that will be shipping compounded parenteral products into this State; or

(d) Is requested to do so by the Board.

2. If an applicant who is required to appear before the Board is:

(a) A partnership, all partners must appear.

(b) A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application.

3. If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation. Documentation of the status of the person signing the application must be submitted with the application.

4. A special meeting of the Board will not be called for the purpose of considering an application for a license to operate a pharmacy until the applicant has paid the Executive Secretary sufficient money to defray all expenses of the meeting.

[Bd. of Pharmacy, § 639.045, eff. 6-26-80] — (NAC A 3-17-92; 10-1-93)

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop - October 13, 2022

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

AUTHORITY: NRS 453.221; NRS 639.070; NRS 639.2177

A REGULATION relating to the licensing requirements for facilities for treatment with narcotics; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. ***1. Each facility for treatment with narcotics shall apply to the Board for a license to administer opioid agonist treatment medication by submitting an application on a form prescribed by the Board. The Board will issue a license to administer opioid agonist treatment medication if the application for a license is approved and the requisite fee is paid.***

2. An applicant for registration pursuant to subsection 1 must:

(a) Hold a certification from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services to qualify under 21 U.S.C. 823(g)(1)) to dispense opioid agonist treatment medication pursuant to 42 C.F.R. Part 8;

(b) Hold a license from the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NAC 449.154-.15485, inclusive;

(c) Hold a certification from the Division as a Substance Abuse Prevention and Treatment Agency pursuant to NRS 458.025 and NAC 458.103-.138, inclusive; and

(d) Ensure that each practitioner who dispenses opioid agonist treatment medication is registered with the Board and the Drug Enforcement Administration of the U.S. Department of Justice to dispense controlled substances; and

3. A license granted pursuant to this section is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Sec. 3. *Each dispensing practitioner practicing at a facility for treatment with narcotics licensed pursuant to Section 2 shall, to the extent required by 42 CFR § 2.36, obtain informed consent to the reporting of information to the database of the computerized program established pursuant to NRS 453.162 from:*

(1) The patient, if the patient is 18 years of age or older or legally emancipated and has the capacity to give such consent;

(2) The parent or guardian of a patient who is less than 18 years of age and not legally emancipated; or

(3) The legal guardian of a patient of any age who has been adjudicated mentally incapacitated.

Sec. 4. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.

2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.

3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

6. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

7. "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No.R004-19.

9. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

10. ***"Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.***

11. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

[11.] *12.* "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (c) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

[12.] *13.* "Practitioner" has the meaning ascribed to it in NRS 639.0125.

[13.] *14.* "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

[14.] *15.* "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

16. "Reproductive healthcare center" means a health facility owned and operated by a non-profit corporation, or a public health center as defined in NRS 449.260(8), principally engaged in providing family planning services and reproductive healthcare, including the testing, diagnosis, treatment of, or medication to prevent a sexually transmitted infection or other infection of the urogenital system.

17. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

18. "Facility for treatment with narcotics" has the meaning ascribed to it in NAC 449.1542.

19. "Opioid agonist treatment medication" has the meaning ascribed to it in 42 CFR § 8.2.

January 27, 2023
Attn: Dave Wuest
Nevada Board of Pharmacy Executive Secretary

The Retail Association of Nevada and the members of the Chain Drug Committee would like to thank Governor Lombardo and you for giving the industry an opportunity to make recommendations to the Board of Pharmacy for changes within the Nevada Administrative Code. The pharmacy and pharmacists in Nevada have always been cognizant of the importance of assuring the citizens of Nevada are able to obtain medical assistance in a safe and timely manner. The suggestions we are submitting will still uphold this standard with no compromise to the patient. We believe this will also assist a pharmacist to work in a less stressful environment, again enabling the patient to receive their medications in a safe and timely manner.
Suggested changes:

1. **Pharmacy/Pharmacist licensure**

A. NAC 639. 403 (1) (a-if) Application required for pharmacists to engage in practice of pharmacy site other than licensed pharmacy:

Amend. Have a registered **pharmacy** (captured in NAC 639.412), rather than each **pharmacist,** apply for permission to operate an off-site pharmacy practice for pharmacists. Allow technicians and pharmacy interns to also practice at an off-site location. The out of state pharmacy is already licensed in Nevada but we are the only state requiring each pharmacist to be licensed in Nevada. That pharmacist (employed at a Nevada licensed out of state pharmacy) is already licensed in the state they are practicing in.

B. Remove the requirement for a physical signature requirement in: NAC 639.7145 Transfer of information between pharmacies and requirements for transfer by facsimile machine.

C. Consider the elimination of the MPJE (law examination). No other medical providers, doctors or nurses, are required to take this examination. The Schools of Pharmacy nationwide have issued an opinion that this is an unnecessary requirement and burden placed on the pharmacists.

D. Remove the antiquated requirement for a 5-foot barrier between the pharmacy and general areas in NAC 639.520.

E. Simplify the Central Fill rule (NAC 639.7125 Use of a fulfillment pharmacy by dispensing pharmacy). While not necessarily licensing in nature, this language can be simplified like what is in place across the country to provide clear expectations and direction for licensees. Better regulations could draw more pharmacies to place these large pharmacies in NV which may create more jobs at an entry level. This also holds true with NAC 639.92(Sharing of Information between pharmacies).

2. Pharmacy technicians

During the pandemic, the ratio for technicians working in a pharmacy increased, and there was no safety issue reported. The waiver was rescinded, and the board chose to go back to the previous requirement. This increased the workload for the pharmacist in some of the busiest pharmacies.

A. NAC 639.240 Requirements for registration of pharmaceutical technicians. (1)(b) strike out requirement to be a high school graduate or equivalent.

B. NAC 639.242 Registration of pharmaceutical technician in training.

C. NAC 639.250 Restrictions on supervision. Elimination of pharmacist technician ratio or at least return to pandemic level of allowance of 6 technicians with the pharmacist ability to determine their comfort level with supervision.

D. NAC 639.700 Performance of certain acts by pharmacists and pharmaceutical interns only. Allow technicians to take new orders for prescriptions or chart orders over the phone.

E. NAC 639.240 and 639.242:

1. 1500 hours of training and experience during a tech in training period is a lot for many techs especially if they do not work full-time. (This is approximately 9.5 months working full-time.
2. Remove the requirement for a PIC to file an affidavit to certify the hours completed by a technician.

If you should have any questions regarding the recommendations, please feel free to contact me.

Sincerely,

Liz MacMenamin

Retail Association of Nevada
Vice President, Government Affairs
410 South Minnesota Street
Carson City, Nv. 89703
lizm@rannv.org
Cell: 775-720-2528
Office: 775-882-1700

David Wuest

From: David Wuest
Sent: Friday, February 24, 2023 10:18 AM
To: Kristopher Mangosing
Subject: FW: Considerations for the Board of Pharmacy - NAC

Please add to the REGs item.

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: info@nevadapharmacyalliance.com <info@nevadapharmacyalliance.com>
Sent: Friday, February 24, 2023 10:10 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Cc: David Wuest <dwuest@pharmacy.nv.gov>; Yenh Long <ylong@pharmacy.nv.gov>
Subject: Considerations for the Board of Pharmacy - NAC

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

Nevada Board of Pharmacy,

Today I am contacting you regarding Governor Lombardo's Executive Orders 2023-003 and 2023-004. The Nevada Pharmacy Alliance discussed these orders in a regularly scheduled committee meeting and reached out to pharmacists in Nevada to procure suggestions. While we are aware that some of the discussion below may pertain to Nevada Revised Statutes and/or require the addition of language to existing Nevada Administrative Code, we nonetheless endeavor to share this with you with the hopes such will lead to further discussions on how to best improve patient care in Nevada.

These following topics were voted on and supported by the Nevada Pharmacy Alliance:

1. Modify NAC 639.403 and NAC 639.406 to allow any pharmacist, regardless of their employment status, to engage in the practice of pharmacy outside of a licensed pharmacy without having to appear in front of the Board of Pharmacy. The current regulation creates significant barriers for pharmacists to provide patient care in medical clinics, consulting, and other sites. The regulation reduces access to pharmacist-provided patient care.
2. Modify NAC 652.397(1) to include a pharmacist to serve as a director of an exempt laboratory (the language should **NOT** include a provision that the pharmacist is acting under a collaborative practice agreement).

The following topics have not been voted on by the Nevada Pharmacy Alliance yet, but members have brought them to our attention since our last meeting. We may vote on them and take an official stance at the next Board of Directors meeting:

3. Modify NAC 639.486(3) to allow records of controlled substances to be documented in a patient's medical record. Currently line #3 of the regulation states "Records maintained pursuant to this section must be maintained separately from the records of patients." According to the requestor, allowing controlled medication to be documented in the patient's medical chart would make it easier to audit total doses of controlled substances as well as anesthesia teams to clearly document their waste in the record.
4. Modify NAC 639.264 to allow any healthcare professional (RN, DO, MD, APRN, PA, etc.) to oversee a pharmacy intern to provide clinical services such as, but not limited to, immunizations, blood pressure, and cholesterol screenings. The medical professional must be trained on the clinical services that they are overseeing.

If you need clarification or would like to discuss any of these items, please feel free to reach out to me.

Ken Kunke of behalf of the Nevada Pharmacy Alliance.

Ken Kunke, PharmD
Nevada Pharmacy Alliance
Executive Secretary
11 Sunset Way, Henderson, NV 89014
Office: 702-714-1931
info@nevadapharmacyalliance.com

A Successful Alliance Begins With You!
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25

State of Nevada
Executive Department

EXECUTIVE ORDER 2023-004

Order Directing All Nevada Occupational and Professional Licensing Boards to Suspend the Issuance of Any New Regulations, Show Cause for All Occupational Licensing Requirements and to Provide a Recommended Pathway for Facilitating Licensure Reciprocity

WHEREAS, Nevada's economic growth and vitality is dependent upon the depth and quality of the State's workforce; and

WHEREAS, Nevada currently has 1.7 job openings for every unemployed person actively looking for work and there are acute shortages of employees in core sectors of the economy, including, without limitation, education, health care and technology; and

WHEREAS, Nevada has been identified nationally as having among the nation's most onerous occupational licensing requirements, and it is in the State's best long-term economic interest to have a fair, open, competitive and inclusive economy; and

WHEREAS, the Sunset Subcommittee of the Nevada State Legislature identified financial disparities and expressed concerns with practices of Nevada's occupational and professional licensing boards including, without limitation, those involving hearing officers, training, operating reserves, fines and fee structures, electronic access and payments, use of outside counsel and lobbyists and centralized coordination of expenditures; and

WHEREAS, The State Division of Internal Audits concluded that the current composition and actions of Nevada occupational and professional licensing Boards may expose the State to anti-trust liability; and

WHEREAS, it is in the best interest of Nevada that its occupational and professional licensing boards are seeking opportunities to attract and retain qualified workers to the State and not create unnecessary barriers to entry; and

WHEREAS, Nevada's occupational and professional licensing boards are subject to oversight by both the legislative and executive branch of government; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides: "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada."

NOW, THEREFORE, by the authority vested in me as Governor by the Constitution and laws of the State of Nevada and the United States, it is hereby ordered as follows:

SECTION 1:
Effective immediately and until the suspension of this order, all Nevada occupational and professional licensing boards shall suspend the creation of any new regulations that limit or otherwise impact the ability persons to enter any occupation or profession in Nevada.

SECTION 2:
Before April 1, 2023, all Nevada occupational and professional licensing boards shall provide a report to the Office of the Governor and the Director of the Legislative Counsel Bureau detailing all regulations that restrict entry into any occupation or profession regulated by the board. Section 1 of the report shall include, at a minimum, all pertinent regulations, fees and other costs, examinations and any other requirements for entry into any occupation or profession regulated by the board. Section 2 of the report shall include, at a minimum, the board's justification for the regulations, fees and other costs,

examinations and other requirements set forth in Section 1 of the report. Section 2 shall also include an analysis of the number of states that currently license

each profession or occupation regulated by the board. Section 3 of the report shall provide, at a minimum, any recommended revisions to the current regulatory construct that would expedite licensure for new workers. Finally, Section 4 of the report shall identify state compacts or any other pathways to professional licensure reciprocity that exist regionally, nationally or internationally. Section 4 shall also include a summary of states currently providing reciprocity for each profession or occupation regulated by the board to include those states that do not license the profession or occupation, and therefore, do not require reciprocity. To the extent Nevada does not currently participate in any identified reciprocity opportunity, the board's report shall provide a justification as to why Nevada does not currently participate and shall set forth an action plan should the state decide it should participate in such a reciprocity program.

SECTION 3:

To the extent an occupation or profession is currently licensed in Nevada but is not subject to licensure requirements in the majority of states (26 or more), licensure shall be presumed to be unnecessary and that board shall provide a recommendation for phasing out such a licensing requirement by July 1, 2023.

SECTION 4:

To the extent an occupation or profession that is currently licensed in Nevada allows for licensing reciprocity in the majority of states (26 or more), reciprocity shall be presumed to be possible and appropriate, and the board shall provide a recommendation for implementing a program for reciprocity participation by July 1, 2023.

SECTION 5:

Failure for any board to fully comply with the provisions of this order shall trigger an immediate operational and financial audit of the board by the Division of Internal Audits as well as recommendation to the Legislature that the board be subject to

Select Language ▼
Section 508 WCAG 2.0 ADA Compliance In Progress

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 12th day of January, in the year two thousand twenty-three.

Governor

Secretary of State

Deputy

26

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

If you will be working as a "dispensing technician" at a dispensing practitioner's office, DO NOT COMPLETE THIS APPLICATION. Complete the "Dispensing Technician" application at www.bop.nv.gov.

Approval of this application is required to request for a Pharmaceutical Technician (PT) registration. A PT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application to the address indicated above with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

To register as a PT, you must meet one of the qualifications and provide the required documents as indicated below (NAC 639.240):

1. The successful completion of an ASHP-approved PT school or training program.
    a. Provide a copy of certificate of completion of the program.
2. **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.
    a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing.
    b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy in that state.
3. The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.
    a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy in this state as a registered PTT.
4. The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.
    a. Provide a copy of certificate of completion of the program.

In addition to the requirements above, submit fingerprints for a background check by following the instructions at https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf. **ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371**

Please note:

- Applicants who do not qualify under one of the categories listed in NAC 639.240(2)(d) must apply as a pharmaceutical technician in training pursuant to NAC 639.242.
- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- Every registered pharmaceutical technician shall, within 10 days after changing his or her residence or place of practice, give written notice of the change to the Board. NAC 639.225
- All PT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City:_____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

DO NOT COMPLETE THIS APPLICATION if you will be working as a "dispensing technician" at a dispensing practitioner's office. Complete the "Dispensing Technician Trainee" application found at www.bop.nv.gov.

Approval of this application is required to request for a Pharmaceutical in Training (PTT) registration. A PTT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application along with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check, or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

A PTT registration is required for a person to perform the duties of a pharmaceutical technician (PT), under the supervision of a pharmacist, in a Nevada licensed pharmacy, to acquire the necessary hours of training and experience performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 to become a pharmaceutical technician (PT).

Please note:

- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- Hours of training and experience as a PTT may be accumulated from each Nevada licensed pharmacy in which you are receiving training and experience performing the duties set forth in paragraph (c) of subsection 3 or NRS 639.1371. NAC 639.242.
- Every registered pharmaceutical technician shall, within 10 days after changing his or her residence or place of practice, give written notice of the change to the Board. NAC 639.225
- All PTT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City:_____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

27

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Technician (TD) Application

Non-Refundable $50 fee

Rev (01/19/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

If you will be working as a "pharmaceutical technician" at a pharmacy, DO NOT COMPLETE THIS APPLICATION. Complete the "Pharmaceutical Technician" application at www.bop.nv.gov.

Approval of this application is required to request a Dispensing Technician (TD) registration. A TD registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application to the address indicated above with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

To register as a TD, you must meet one of the qualifications and provide the required documents as indicated below (NAC 639.7425):

1. The successful completion of at least 1,500 hours of training and experience as a registered dispensing technician in training (TDT) under the direct supervision of at least one dispensing practitioner providing the services set forth in NAC 639.742(4);
    a. Proof that you have satisfied this requirement MUST be provided on the **Dispensing Practitioner Certification of Training Hours for Dispensing Technician in Training (TDT)** form, which is attached to this application, and MUST be completed by the dispensing practitioner(s) who supervised and provided the training and experience.
2. Active registration and good standing as a pharmaceutical technician in this State.
    a. Provide your pharmaceutical technician (PT) registration number in section 1.

Please note:

- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- A TD shall notify the Board on a form prescribed by the Board within 10 days after changing or adding a location of practice; or a dispensing practitioner by whom the TD is being supervised. NAC 639.7435.
- All TD registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Technician (TD) Application

Non-Refundable $50 fee

Rev (01/19/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

TDT Registration # (if applicable):_____ Registration Expiration: _____

PT Registration # (if applicable): _____ Registration Expiration: _____

Section 2: Employment Information

Dispensing Practitioner Name: _____ Dispensing Practitioner Registration #: _____

Name of Dispensing Practitioner Site:_____

Dispensing Practice Site Address: _____

City: _____ State: _____ Zip: _____

Section 3: Age and Education Requirements (You do not qualify to be a TD if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City:_____ State: _____ Zip: _____

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Section 7: You MUST submit the documents below with your application base on your qualifications as a TD.	
Select your qualification as a TD (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of at least 1,500 hours of training and experience as a registered dispensing technician in training (TDT) under the direct supervision of at least one dispensing practitioner providing the services set forth in NAC 639.742(4).	a. Proof that you have satisfied this requirement MUST be provided on the **Dispensing Practitioner Certification of Training Hours for Dispensing Technician in Training (TDT)** form, which is attached to this application, and MUST be completed by the dispensing practitioner(s) who supervised and provided the training and experience.
☐ Active registration and good standing as a pharmaceutical technician in this State.	a. Provide your pharmaceutical technician registration number in section 1.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered dispensing technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Applicant Print Name

_____ _____

Applicant Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Practitioner Certification of Training Hours for Dispensing Technician in Training (TDT)

Rev (01/19/2023)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Certification of TDT (NAC 639.7425) MUST BE COMPLETED BY THE DISPENSING PRACTITIONER(S) WHO SUPERVISED AND PROVIDED THE TRAINING AND EXPERIENCE TO THE TDT. Please use and make copies of this page (if necessary).

Name of TDT: _____ TDT Registration #: _____

Dispensing Practitioner Name: _____ Dispensing Practitioner Registration #: _____

Name of Dispensing Practice Site:_____

Dispensing Practice Site Address: _____

City: _____ State: _____ Zip: _____

Time period TDT received training (mm/yy-mm/yy): _____

I certify to the Board that the above-named TDT has successfully completed _____ hours of training and experience performing the tasks listed in NAC 639.742(4). The specific training and experience completed is listed below:

Do you certify that the TDT is competent to perform the duties of a TD? ☐Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

_____

Print Name (First, Last)

_____ _____

Original Signature of Dispensing Practitioner, no copies or stamps accepted Date

Board Use Only	Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Technician in Training (TDT) Application

Non-Refundable $50 fee

Rev (01/19/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

If you will be working as a "pharmaceutical technician in training" at a pharmacy, DO NOT COMPLETE THIS APPLICATION. Complete the "Pharmaceutical Technician in Training" application at www.bop.nv.gov.

Approval of this application is required to request a Dispensing Technician in Training (TDT) registration. A TDT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

A TDT registration is required for an individual to participate and acquire the necessary experience and training, of at least **1,500 hours**, providing the services set forth in NAC 639.742(4), under the direct supervision of at least one dispensing practitioner, to become a dispensing technician (TD). **Alternatively**, if you have an active pharmaceutical technician registration, in good standing in this State, you may directly apply for a TD registration.

Print and mail the completed application to the address indicated above with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

Please note:

- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- A TDT shall notify the Board on a form prescribed by the Board within 10 days after changing or adding a location of practice; or a dispensing practitioner by whom the TDT is being supervised. NAC 639.7435.
- All TDT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Technician in Training (TDT) Application

Non-Refundable $50 fee

Rev (01/19/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Employment Information

Dispensing Practitioner Name: _____ Dispensing Practitioner Registration #: _____

Name of Dispensing Practitioner Site: _____

Dispensing Practice Site Address: _____

City: _____ State: _____ Zip: _____

Section 3: Age and Education Requirements (You do not qualify to be a TDT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered dispensing technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Applicant Print Name

_____ _____

Applicant Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

28

APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R164-20

Filed December 29, 2022

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: §§ 1-6 and 10, NRS 639.070; §§ 7-9, NRS 639.070, 639.071 and 639.072.

A REGULATION relating to pharmacy; prescribing requirements governing the practice of pharmacy outside the site of a licensed pharmacy; authorizing a registered pharmacist who is employed by or under contract with a licensed pharmacy to engage in the practice of pharmacy outside the site of a licensed pharmacy without additional approval by the State Board of Pharmacy; requiring certain registered pharmacists to obtain the approval of the Board in order to engage in the practice of pharmacy outside the site of a licensed pharmacy; revising provisions relating to the provision of remote chart order processing services to a hospital or correctional institution; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the practice of pharmacy, including the dispensing, sale, storage, handling, sanitation and security of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations prohibit a pharmacist from engaging in the practice of pharmacy except at the site of a licensed pharmacy unless the pharmacist is approved by the Board to engage in the practice of pharmacy outside such a site. (NAC 639.401, 639.403) **Section 3** of this regulation authorizes a registered pharmacist who is employed by or under contract with a pharmacy, other than an institutional pharmacy, or who is an employee of the State Government to engage in the practice of pharmacy outside the site of a licensed pharmacy without obtaining the approval of the Board. **Section 3** requires that a registered pharmacist engaging in the practice of pharmacy under those conditions have access to patient data maintained by the pharmacy for which the registered pharmacist serves as an employee or contractor. **Section 5** of this regulation requires a registered pharmacist who is not employed by or under contract with a pharmacy to apply for and obtain the approval of the Board in order to engage in the practice of pharmacy outside the site of a licensed pharmacy. **Section 2** of this regulation prescribes the requirements applicable to any registered pharmacist engaging in the practice of pharmacy outside the site of a licensed pharmacy, regardless of whether the registered pharmacist is employed by or under contract with a licensed pharmacy. Such requirements include certain limitations on the services that such a registered pharmacist is authorized to provide. **Sections 5 and 6** of this regulation clarify that the requirements of **section 2** apply to a registered pharmacist who is not employed by or under

contract with a licensed pharmacy. **Section 10** of this regulation repeals a requirement that a licensed pharmacy must obtain the approval of the Board before using the services of a registered pharmacist to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy and provisions relating to such approval. **Section 4** of this regulation removes a reference to a repealed section.

Existing regulations require certain pharmacies that are within a hospital or correctional institution to provide chart order processing services to the hospital or correctional institution by: (1) operating at all times; (2) employing a pharmacist who is available at all times that the pharmacy is not operating; or (3) contracting with an off-site pharmaceutical service provider that is available at all times that the pharmacy is not operating. (NAC 639.4915) Existing regulations prescribe qualifications and standards of practice for a pharmacist who is employed by an off-site pharmaceutical service provider to provide remote chart order processing services to a hospital or correctional institution. (NAC 639.4916) **Section 8** of this regulation removes specific provisions concerning the manner in which a pharmacy within a hospital or correctional institution is authorized to provide chart order processing services to the hospital or correctional institution. **Section 9** of this regulation makes the qualifications and standards of practice that currently exist for a pharmacist who is employed by an off-site pharmaceutical service provider to provide remote chart order processing services to a hospital or correctional institution applicable to any registered pharmacist who is employed by or under contract with a pharmacy in a hospital or correctional institution to provide such services. **Section 9** also makes certain revisions to those qualifications and standards of practice, including requiring such a registered pharmacist to comply with the requirements of **section 2** to the same extent as any other registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy. **Section 10** removes additional provisions governing off-site pharmaceutical service providers.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. ***1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation, a registered pharmacist may perform only:***

(a) The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 of NRS 639.0124, except for dispensing or administering drugs;

(b) The functions described in section 4 of LCB File No. R036-21, except for dispensing a self-administered hormonal contraceptive; and

(c) The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.

2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation shall:

(a) Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225;

(b) Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and

(c) Comply with all applicable federal and state laws and regulations, including, without limitation:

(1) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and

(2) Requirements relating to the maintenance of records.

3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation shall not maintain an inventory of drugs at that location.

4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation if he or she:

(a) Serves as a managing pharmacist; or

(b) Provides pharmaceutical services at:

(1) A facility for modified medical detoxification, as defined in NRS 449.00385;

(2) An independent center for emergency medical care, as defined in NRS 449.013;

(3) A facility for intermediate care, as defined in NRS 449.0038;

(4) A facility for skilled nursing, as defined in NRS 449.0039; or

(5) A surgical center for ambulatory patients, as defined in NRS 449.019.

Sec. 3. ***1. A registered pharmacist who is employed by or under contract with a pharmacy, other than an institutional pharmacy, or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy in accordance with this section and section 2 of this regulation.***

2. A registered pharmacist described in subsection 1 shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

(a) A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and

(b) Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

Sec. 4. NAC 639.401 is hereby amended to read as follows:

639.401 Except as otherwise provided in NAC 639.403 and ~~[639.412,]~~ ***section 3 of this regulation,*** a registered pharmacist may engage in the practice of pharmacy only at the site of a licensed pharmacy.

Sec. 5. NAC 639.403 is hereby amended to read as follows:

639.403 ~~[1. Except as otherwise provided in subsection 2, a]~~ ***A*** registered pharmacist ~~[may apply to]~~ ***who is not employed by or under contract with a pharmacy and who is not an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of*** the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy ***.*** ~~[by submitting]~~ ***To request such approval, the registered pharmacist must submit*** an application on a form prescribed by the Board. An application must be approved before a ***registered*** pharmacist may commence any practice pursuant to this section. The application must include, without limitation:

~~[(a)]~~ ***1.*** The name of the ***registered*** pharmacist;

~~[(b)]~~ ***2.*** A description of the services that the ***registered*** pharmacist intends to provide at the site ~~[;]~~ ***, which must not include services other than the services authorized by section 2 of this regulation to be performed at the site;***

~~[(c)]~~ ***3.*** The location at which the ***registered*** pharmacist will provide the services;

~~[(d)]~~ ***4.*** An identification of the types of patients or other persons to whom the ***registered*** pharmacist intends to provide the services;

~~[(e)]~~ ***5.*** An identification of the types of pharmacies or other entities to whom the ***registered*** pharmacist intends to provide the services;

~~[(f)]~~ ***6.*** A description of all resources, both paper and electronic, that will be available to the ***registered*** pharmacist in the course of providing the services;

~~[(g)]~~ ***7.*** The days and hours during which the ***registered*** pharmacist intends to provide the services;

~~[(h)]~~ ***8.*** An explanation of the policy of the ***registered*** pharmacist for users of the services when the ***registered*** pharmacist is unavailable;

~~[(i)]~~ ***9.*** An explanation of the policy of the ***registered*** pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

~~[(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and~~

~~(k)]~~ ***10. The identity of the business under which the services will be performed, as registered with the Secretary of State pursuant to chapter 76 of NRS; and***

11. A description of the business plan for the services provided.

~~[2. A registered pharmacist may not submit an application pursuant to subsection 1 if he or she provides services:~~

~~(a) Pursuant to the provisions of NAC 449.15347;~~

~~(b) Pursuant to the provisions of NAC 449.6138;~~

~~(c) Pursuant to the provisions of NAC 449.722;~~

~~(d) Pursuant to the provisions of NAC 449.74531;~~

~~(e) Pursuant to the provisions of NAC 449.9905 and 639.4996;~~

~~(f) Pursuant to the provisions of subsection 2 of NAC 639.465;~~

~~(g) Pursuant to the provisions of NAC 639.690;~~

~~(h) Voluntarily or without compensation, regardless of whether the services are provided individually or through an employer; or~~

~~(i) Pursuant to a medication therapy management program approved pursuant to 42 C.F.R. § 423.153(d).~~

~~3. A registered pharmacist who administers immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive, is not required to submit an application pursuant to this section for purposes of administering the immunizations at the authorized location.]~~

Sec. 6. NAC 639.406 is hereby amended to read as follows:

639.406 1. Upon submission of an application pursuant to NAC 639.403, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

(a) The information contained in the application;

(b) The education, experience and expertise of the applicant;

(c) The disciplinary history of the applicant, if any; and

(d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions ***, in addition to those prescribed by section 2 of this regulation,*** under which the applicant may provide the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

Sec. 7. NAC 639.491 is hereby amended to read as follows:

639.491 As used in NAC 639.491 to ~~[639.4917,]~~ ***639.4916,*** inclusive, unless the context otherwise requires, the words and terms defined in NAC 639.4911 to 639.4914, inclusive, have the meanings ascribed to them in those sections.

Sec. 8. NAC 639.4915 is hereby amended to read as follows:

639.4915 A pharmacy located within a hospital or correctional institution that is required to have a full-time managing pharmacist pursuant to NAC 639.465 shall provide chart order processing services to the hospital or correctional institution ~~[. The pharmacy shall provide the chart order processing services by:~~

~~1. Operating]~~ at all times **.** ~~[; or~~

~~2. Employing a pharmacist who is on duty at all times that the pharmacy is operating and either:~~

~~(a) Employing a pharmacist who is available at all times that the pharmacy is not operating; or~~

~~(b) Contracting with an off-site pharmaceutical service provider that is available at all times that the pharmacy is not operating.]~~

Sec. 9. NAC 639.4916 is hereby amended to read as follows:

639.4916 1. A ***registered*** pharmacist who is employed by ~~[an off-site pharmaceutical service provider]~~ ***or under contract with a pharmacy located within a hospital or correctional institution*** to provide ***the*** remote chart order processing services to ~~[a]~~ ***the*** hospital or correctional institution ~~[pursuant to]~~ ***that the pharmacy is required by*** NAC 639.4915 ***to provide*** must:

(a) ~~[Be licensed to practice in Nevada;~~

~~(b)]~~ Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the ***registered*** pharmacist must comply, including, without limitation, the provision of pharmaceutical services, security and confidentiality of patient records;

~~[(c) Except as otherwise provided in subsection 3, be]~~ ***and***

(b) Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a ***registered*** pharmacist employed by the pharmacy located within the hospital or correctional institution, including, without limitation:

(1) The height, weight and age of the patient and any allergies that the patient may have;

(2) The medical records regarding any medications prescribed to the patient;

(3) The results of any relevant laboratory tests ***;*** ~~[, to the extent that those results are available in the computerized system of the hospital or correctional institution;]~~

(4) The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;

(5) Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;

(6) A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and

(7) Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the ***registered*** pharmacist to provide pharmaceutical services ***.*** ~~[; and~~

~~(d) Demonstrate to the off-site pharmaceutical service provider that the pharmacist is competent and knowledgeable in the use of the computerized system of the hospital or correctional institution and in providing pharmaceutical services in a hospital or correctional institution.]~~

2. Before a ***registered*** pharmacist who is employed by ~~[an off-site pharmaceutical service provider]~~ ***or under contract with a pharmacy located within a hospital or correctional institution*** provides remote chart order processing services to ~~[a]~~ ***the*** hospital or correctional institution, the ***registered*** pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The ***registered*** pharmacist must, before approving a chart order to be filled, evaluate:

(a) The overutilization or underutilization of a medication;

(b) Therapeutic duplication;

(c) The appropriateness of the prescribed dosage and route of administration;

(d) The appropriateness of the directions for use of the medication;

(e) The appropriateness of the duration of the treatment with the prescribed medication;

(f) Any contraindications of the medication and a particular disease, ailment or allergy of the patient;

(g) Any contraindications or interactions between multiple medications prescribed for the patient; and

(h) The potential abuse or misuse of a medication.

3. ***A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution shall comply with the requirements of section 2 of***

this regulation to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation.

4. In an emergency, a ***registered*** pharmacist ***who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution*** may render remote chart order processing services without being provided with all of the information required by paragraph ~~[(c)]~~ ***(b)*** of subsection 1 if the ***registered*** pharmacist believes, in his or her professional judgment, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.

~~[4.]~~ ***5.*** A ***registered*** pharmacist who is employed by ~~[an off-site pharmaceutical service provider]~~ ***or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution*** may refuse to approve the filling of a chart order if, in the judgment of the ***registered*** pharmacist, the chart order is not safe or reasonable for the patient. A ***registered*** pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.

~~[5.]~~ ***6.*** Each time that a ***registered*** pharmacist who is employed by ~~[an off-site pharmaceutical service provider]~~ ***or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution*** provides remote chart order processing services pursuant to this section,

the ***registered*** pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

(a) The name or other identifier of the ***registered*** pharmacist;

(b) The date and time that the ***registered*** pharmacist provided the services and, if applicable, approved the filling of a chart order; and

(c) The specific services provided by the ***registered*** pharmacist.

~~[6.]~~ ***7.*** The managing pharmacist of a pharmacy ~~[that has a contract with or is owned by the same entity as an off-site pharmaceutical service provider]~~ ***located within a hospital or correctional institution*** may limit the remote chart order processing services provided ~~[by a pharmacist employed by the off-site pharmaceutical service provider.]~~ ***pursuant to this section.***

Sec. 10. NAC 639.412, 639.415, 639.418, 639.4913 and 639.4917 are hereby repealed.

TEXT OF REPEALED SECTIONS

639.412 Application for licensed pharmacy to use services of one or more pharmacists at site other than licensed pharmacy. (NRS 639.070)

1. Except as otherwise provided in subsection 2, a licensed pharmacy may apply to the Board to use the services of one or more registered pharmacists, including, without limitation, pharmacists employed by or under contract with the pharmacy, to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy by submitting an application on a form prescribed by the Board. The application must include, without limitation:

(a) The name of the pharmacy;

(b) A description of the services that the pharmacy intends to provide at the site;

(c) The location at which the pharmacy will provide the services;

(d) An identification of the types of patients or other persons or entities to whom the pharmacy intends to provide the services;

(e) A description of all resources, both paper and electronic, that will be available to the pharmacy in the course of providing the services;

(f) The days and hours during which the pharmacy intends to provide the services;

(g) An explanation of the policy of the pharmacy for users of the service when a pharmacist is unavailable;

(h) An explanation of the policy of the pharmacy regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records; and

(i) A description of the business plan for the services provided.

2. A pharmacy may not submit an application pursuant to subsection 1 to use the services of a registered pharmacist who is prohibited from submitting an application pursuant to subsection 2 of NAC 639.403.

639.415 Hearing to approve or deny application from licensed pharmacy. (NRS 639.070)

1. Upon submission of an application pursuant to NAC 639.412, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare

of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

(a) The information contained in the application;

(b) The disciplinary history of the applicant, if any; and

(c) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify the application.

3. If the Board approves an application, the Board will provide the pharmacy whose application is approved with documentation indicating the approval and setting forth the terms and conditions under which the pharmacists employed by or under contract with the pharmacy may offer the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

639.418 Grounds for revocation, suspension or placement of restrictions on approval granted to licensed pharmacy to use services of one or more pharmacists at site other than licensed pharmacy. (NRS 639.070, 639.210) The Board may revoke, suspend or place restrictions on the approval granted to a licensed pharmacy to use the services of one or more registered pharmacists to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy pursuant to NAC 639.415 based upon proof that:

1. The pharmacy has violated the terms and conditions under which the pharmacy was approved by the Board to provide the services; or

2. During the course of providing the services approved by the Board, the pharmacy has committed one or more acts that are grounds for disciplinary action pursuant to this chapter or chapter 639 of NRS.

639.4913 "Off-site pharmaceutical service provider" defined. (NRS 639.070) "Off-site pharmaceutical service provider" means a pharmacy that provides remote chart order processing services to a hospital or correctional institution that is owned by the same entity as the pharmacy or with which the pharmacy has contracted to provide remote chart order processing services.

639.4917 Policies and procedures of off-site pharmaceutical service providers. (NRS 639.070) Each off-site pharmaceutical service provider shall establish and follow policies and procedures for:

1. Protecting the confidentiality and integrity of patient information;

2. Assuring that pharmacists employed by the off-site pharmaceutical service provider comply with the provisions of NAC 639.4916;

3. Complying with all applicable state and federal statutes, regulations and rules, including, without limitation, maintaining records;

4. Ensuring that its records are made readily accessible to members of the Board and employees, agents and designees of the Board;

5. Conducting an ongoing program for the improvement of the provision of pharmaceutical services that is designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, improve patient care and resolve problems identified by the program;

6. Performing an annual review of the program conducted pursuant to subsection 5;

7. Assuring that the pharmacists employed by the off-site pharmaceutical service provider are able to communicate with identified employees of the hospital or correctional institution as necessary to provide pharmaceutical services, including, without limitation, communicating with pharmacists employed by the hospital or correctional institution; and

8. The provision of pharmaceutical services at times when the off-site pharmaceutical service provider temporarily or permanently cannot provide such services.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (02/07/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**

☐ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**

Section 2: General Information

First: _____ Middle: _____ Last: _____

NV Pharmacist Registration # _____

Telephone: _____ Email: _____

Section 3: Nevada Licensed Pharmacy or Nevada State Government Entity Information

Pharmacy/State Government Entity Name:_____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

_____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.
1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.
2. Provide the identification of the types of patients or other persons to whom you intend to provide services.
3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.
4. Provide an explanation of the policy for users of the services when you are unavailable.
5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.
6. Provide a description of the business plan for the services provided.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ For applicants who marked box 1 or 3 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 2 in Section 1: Executive staff to review, place on consent agenda.

29

APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R007-22

Filed December 29, 2022

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1-7 and 10-12, NRS 453B.080 and 453B.120; § 8, NRS 453B.080, 453B.110 and 453B.120; § 9, NRS 453B.080, 453B.100 and 453B.120.

A REGULATION relating to prescription drugs; establishing requirements governing participating in or receiving prescription drugs through the Prescription Drug Donation Program; providing that a participating pharmacy, medical facility, health clinic or provider of health care is not required to accept a donated prescription drug; repealing certain definitions; and providing other matters properly relating thereto.

Legislative Counsel's Digest

Senate Bill No. 91 of the 2017 Legislative Session: (1) combined the HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program; and (2) expanded the combined program to create the Prescription Drug Donation Program. (Chapter 153, Statutes of Nevada 2017, at page 684) Under existing law, the Prescription Drug Donation Program provides for: (1) the donation of any prescription drug, with certain exceptions, through a participating pharmacy, medical facility, health clinic or provider of health care; and (2) the dispensing of donated prescription drugs by pharmacists. (NRS 453B.080, 453B.100) **Sections 2-6 and 8-11** of this regulation revise existing regulations governing the Cancer Drug Donation Program to apply instead to the Prescription Drug Donation Program. **Sections 5, 9 and 12** of this regulation remove the requirement that a person must be approved by the State Board of Pharmacy to receive a drug through the Program, thereby authorizing any resident of this State with a valid prescription to receive such a drug.

Existing regulations prescribe criteria for a pharmacy, medical facility, health clinic or provider of health care to participate in the Program. (NAC 453B.080) **Section 6** of this regulation adds to these eligibility criteria requirements that: (1) a pharmacy must be in good standing with the Board; and (2) a pharmacy, medical facility, health clinic or provider of health care must establish procedures for receiving, inspecting, storing and disposing of donated prescription drugs, keeping records and verifying the eligibility of patients to receive donated prescription drugs through the Program.

Existing regulations require a pharmacy, medical facility, health clinic or provider of health care that wishes to participate in the Program to apply to the Board. (NAC 453B.085) **Section 7** of this regulation requires the Executive Secretary of the Board, rather than the Board, to review such applications. **Section 7** also authorizes a pharmacy, medical facility, health clinic

or provider of health care that is aggrieved by the denial of an application by the Executive Secretary to appeal that denial to the Board. **Section 9** provides that a participating pharmacy, medical facility, health clinic or provider of health care is not required to accept a prescription drug for donation. **Section 12** repeals certain unnecessary definitions and a provision concerning recordkeeping that is duplicative of existing law. **Section 1** of this regulation makes a conforming change to remove references to repealed sections.

Section 1. NAC 453B.010 is hereby amended to read as follows:

453B.010 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC ~~[453B.015 to 453B.055, inclusive,]~~ ***453B.020, 453B.030 and 453B.035*** have the meanings ascribed to them in those sections.

Sec. 2. NAC 453B.020 is hereby amended to read as follows:

453B.020 ~~[“Cancer]~~ ***“Donated prescription*** drug” ~~[has the meaning ascribed to it in NRS 453B.160.]~~ ***means a drug that has been donated to the Program.***

Sec. 3. NAC 453B.030 is hereby amended to read as follows:

453B.030 “Distribute” means to deliver, other than by administering or dispensing, a ~~[cancer]~~ ***donated prescription*** drug.

Sec. 4. NAC 453B.035 is hereby amended to read as follows:

453B.035 “Health clinic” means a facility which provides, as a regular course of practice, medical services and goods ~~[to persons with cancer]~~ and is operated by a physician who is licensed pursuant to chapter 630 or 633 of NRS.

Sec. 5. NAC 453B.070 is hereby amended to read as follows:

453B.070 A person who wishes to receive a ~~[cancer]~~ ***donated prescription*** drug dispensed pursuant to the Program must be ~~[:~~

~~1. A]~~ ***a*** resident of this State **.** ~~[;~~

~~2. Diagnosed as having cancer; and~~

~~3. Approved to participate in the Program pursuant to NAC 453B.075.]~~

Sec. 6. NAC 453B.080 is hereby amended to read as follows:

453B.080 ***1.*** To be eligible to participate in the Program:

~~[1.]~~ ***(a)*** A pharmacy must ~~[be:~~

~~(a) Licensed]~~ ***:***

(1) Be licensed in this State; ~~[and~~

~~(b) Approved]~~

(2) Have established the procedures required by subsection 2;

(3) Be approved to participate in the Program pursuant to NAC 453B.085 ~~[.]~~ ***; and***

(4) Be in good standing with the Board.

~~[2.]~~ ***(b)*** A medical facility must:

~~[(a)]~~ ***(1)*** Be licensed in this State;

~~[(b) Provide, as a regular course of practice, medical services and goods to persons with cancer; and~~

~~(c)]~~ ***(2) Have established the procedures required by subsection 2; and***

(3) Be approved to participate in the Program pursuant to NAC 453B.085.

~~[3.]~~ ***(c)*** A health clinic must ~~[be]~~ ***:***

(1) Have established the procedures required by subsection 2; and

(2) Be approved to participate in the Program pursuant to NAC 453B.085.

~~[4.]~~ ***(d)*** A provider of health care must:

~~[(a)]~~ ***(1)*** Be licensed in this State;

~~[(b)]~~ ***(2)*** Provide, as a regular course of practice, medical services and goods ~~[to persons with cancer; and~~

~~(c)]~~ ***;***

(3) Have established the procedures required by subsection 2; and

(4) Be approved to participate in the Program pursuant to NAC 453B.085.

2. To be eligible to participate in the Program, a pharmacy, medical facility, health clinic or provider of health care must have established procedures for:

(a) Receiving, inspecting and storing donated prescription drugs in accordance with NAC 453B.105.

(b) Keeping the records required by NRS 453B.090.

(c) Verifying and recording verification that each person who receives a donated prescription drug:

(1) Meets the requirements of NAC 453B.070;

(2) Has been issued a prescription as required by NRS 453B.100; and

(3) Has signed the waiver of liability required by NRS 453B.130.

(d) Disposing of donated prescription drugs.

Sec. 7. NAC 453B.085 is hereby amended to read as follows:

453B.085 1. A pharmacy, medical facility, health clinic or provider of health care that wishes to participate in the Program must submit an application to the Board on a form prescribed by the Board.

2. The ***Executive Secretary of the*** Board ~~[will]~~ ***shall*** review the application and determine if the pharmacy, medical facility, health clinic or provider of health care is qualified to participate in the Program.

3. If the ~~[Board]~~ ***Executive Secretary*** approves a pharmacy, medical facility, health clinic or provider of health care for participation in the Program, the ~~[Board will]~~ ***Executive Secretary shall*** provide written notice of ~~[its]~~ ***his or her*** approval of the application to the pharmacy,

medical facility, health clinic or provider of health care not later than 30 days after ~~[its]~~ ***his or her*** decision.

4. If the ~~[Board]~~ ***Executive Secretary*** denies a pharmacy, medical facility, health clinic or provider of health care from participating in the Program, the ~~[Board will]~~ ***Executive Secretary shall*** provide written notice of ~~[its]~~ ***his or her*** denial of the application to the pharmacy, medical facility, health clinic or provider of health care not later than 30 days after ~~[its]~~ ***his or her*** decision.

5. A pharmacy, medical facility, health clinic or provider of health care that is aggrieved by a decision of the Executive Secretary to deny participation in the Program may appeal that decision by submitting a written notice of appeal to the Board not later than 30 days after receiving notice of the decision pursuant to subsection 4.

Sec. 8. NAC 453B.090 is hereby amended to read as follows:

453B.090 A pharmacy, medical facility, health clinic or provider of health care that participates in the Program ~~[must]~~ ***shall*** comply with all applicable federal and state laws and regulations when accepting, distributing and dispensing a ~~[cancer]~~ ***donated prescription*** drug pursuant to the Program.

Sec. 9. NAC 453B.105 is hereby amended to read as follows:

453B.105 1. ~~[Except as otherwise required for the storage of cancer drugs pursuant to subsection 3, a]~~ ***A*** pharmacy, medical facility, health clinic or provider of health care ~~[shall not limit the amount of cancer drugs that a person may donate to]~~ ***that participates in*** the Program ~~[.]~~ ***is not required to accept a prescription drug for donation.***

2. In addition to the requirements of NRS ~~[453B.210,]~~ ***453B.100 and 453B.130 and NAC 453B.110,*** a pharmacist may dispense a ~~[cancer]~~ ***donated prescription*** drug to a person ~~[who is participating in the Program]~~ if:

(a) The pharmacist has inspected the packaging of the ~~[cancer]~~ ***donated prescription*** drug to determine if the ~~[cancer]~~ ***donated prescription*** drug meets the requirements of subsection ~~[4]~~ ***6*** of NRS ~~[453B.200;]~~ ***453B.080; and***

(b) ~~[The person requesting the cancer drug presents to the pharmacist the written notice of approval from the Board which states that the person is approved to participate in the Program; and~~

~~(c)]~~ The person requesting the ~~[cancer]~~ ***donated prescription*** drug presents to the pharmacist ~~[a]~~ ***:***

(1) Proof that the person meets the requirements of NAC 453B.070; and

(2) A prescription written by a person who is authorized to write prescriptions.

3. A pharmacy, medical facility, health clinic or provider of health care shall store a ~~[cancer]~~ ***donated prescription*** drug ***:*** ~~[that is donated to the Program:]~~

(a) Pursuant to the recommendations of the manufacturer of the ~~[cancer]~~ ***donated prescription*** drug concerning the storage conditions;

(b) Separately from all other drugs; and

(c) In a locked storage area.

4. If a ~~[cancer]~~ ***donated prescription*** drug ~~[that is donated to the Program]~~ expires before it is dispensed, the pharmacy, medical facility, health clinic or provider of health care shall destroy the ~~[cancer]~~ ***donated prescription*** drug.

Sec. 10. NAC 453B.110 is hereby amended to read as follows:

453B.110 1. In addition to the requirements of NRS ~~[453B.200,]~~ ***453B.080,*** a ~~[cancer]~~ ***donated prescription*** drug ***:*** ~~[that is donated to the Program:]~~

(a) Must not be a controlled substance.

(b) Must not be a compounded drug product.

(c) Must not be dispensed by a pharmacist if the pharmacist suspects that the ~~[cancer]~~ ***prescription*** drug is adulterated or misbranded.

(d) Must not be dispensed by a pharmacist if, in the professional judgment of the pharmacist, there is a reasonable concern relating to the safety or efficacy of the ~~[cancer]~~ ***prescription*** drug.

(e) Must not require refrigeration or freezing or other temperature requirements that are not a controlled room temperature.

(f) Must not be a ~~[cancer]~~ ***prescription*** drug for which a program of restrictive distribution has been established by the manufacturer of the ~~[cancer]~~ ***prescription*** drug.

(g) Must not be a ~~[cancer]~~ ***prescription*** drug for which an ongoing clinical trial or study is being conducted.

(h) Must be a ~~[cancer]~~ ***prescription*** drug that was ***originally*** dispensed pursuant to ~~[an original]~~ ***a*** prescription by a pharmacy licensed pursuant to chapter 639 of NRS.

2. As used in this section, "program of restrictive distribution" means a program that is developed in collaboration with the United States Food and Drug Administration by a manufacturer of a drug to reduce the risks associated with that drug by limiting the persons who can prescribe the drug and who can receive the drug.

Sec. 11. NAC 453B.120 is hereby amended to read as follows:

453B.120 A pharmacy, medical facility, health clinic or provider of health care may charge a handling fee of not more than $10 for distributing or dispensing a ~~[cancer]~~ ***donated prescription*** drug **.** ~~[that is donated to the Program.]~~

Sec. 12. NAC 453B.015, 453B.025, 453B.040, 453B.045, 453B.050, 453B.055, 453B.075 and 453B.115 are hereby repealed.

TEXT OF REPEALED SECTIONS

453B.015 “Board” defined.

“Board” means the State Board of Pharmacy.

453B.025 “Dispense” defined.

“Dispense” has the meaning ascribed to it in NRS 639.0065.

453B.040 “Medical facility” defined.

“Medical facility” has the meaning ascribed to it in NRS 449.0151.

453B.045 “Pharmacy” defined.

“Pharmacy” has the meaning ascribed to it in NRS 639.012.

453B.050 “Program” defined.

“Program” has the meaning ascribed to it in NRS 453B.180.

453B.055 “Provider of health care” defined.

“Provider of health care” has the meaning ascribed to it in NRS 629.031.

453B.075 Submission of application to participate; written notice of approval or denial by Board.

1. A person who wishes to participate in the Program must submit an application to the Board on a form prescribed by the Board.

2. The Board will review the application and determine if the person is qualified to participate in the Program.

3. If the Board approves a person to participate in the Program, the Board will provide written notice of its approval of the application to the person not later than 30 days after its decision.

4. If the Board denies a person from participating in the Program, the Board will provide written notice of its denial of the application to the person not later than 30 days after its decision.

453B.115 Maintenance of records by pharmacy, medical facility, health clinic or provider of health care that participates in Program.

1. In addition to the requirements of NRS 639.2801 and NAC 639.708, a pharmacy, medical facility, health clinic or provider of health care that participates in the Program shall maintain records for a cancer drug that is donated to the Program. The records must include, without limitation:

(a) The date the pharmacy, medical facility, health clinic or provider of health care received the cancer drug;

(b) The date the cancer drug was dispensed pursuant to the original prescription;

(c) The original prescription number of the cancer drug;

(d) The name of the cancer drug;

(e) The dosage of the cancer drug;

(f) The quantity of the cancer drug that is donated;

(g) The date of expiration of the cancer drug;

(h) The name, address and telephone number of the person who originally dispensed the cancer drug;

(i) The name, address and telephone number of the person who is donating the cancer drug; and

(j) The lot number of the cancer drug.

2. A pharmacy, medical facility, health clinic or provider of health care shall maintain records of a cancer drug that is distributed to another pharmacy, medical facility, health clinic or provider of health care that is participating in the Program. The records must include, without limitation:

(a) The information required pursuant to subsection 1;

(b) The name, address and telephone number of the pharmacy, medical facility, health clinic or provider of health care that is distributing the cancer drug;

(c) The quantity of the cancer drug that is being distributed; and

(d) The name and address of the pharmacy, medical facility, health clinic or provider of health care to which the cancer drug is distributed.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Prescription Drug Donation Program Application

Rev (02/14/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

To participate in the Prescription Drug Donation Program, a pharmacy must submit this application to the Board for approval. Print and mail the completed application to the address indicated above.

Section 1: Managing Pharmacist Information

First: _____ Middle: _____ Last: _____

NV Pharmacist Registration #: _____

Section 2: Pharmacy where prescription drug donations will be accepted and dispensed.

Pharmacy Name: _____ NV Pharmacy License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Provide a copy of the Pharmacy's policies and procedures as required in NAC 453B.080 (2) with the application.

Section 3: Laws pertaining to the Prescription Drug Donation Program. By signing this application, you attest you have read and understand the components in this section.

NAC 453B.020 "Donated prescription drug" means a drug that has been donated to the Program.
NAC 453B.030 "Distribute" means to deliver, other than by administering or dispensing, a donated prescription drug.
NAC 453B.070 A person who wishes to receive a donated prescription drug dispensed pursuant to the Program must be a resident of the state.
NAC 453B.080

1. To be eligible to participate in the Program:
    a. A pharmacy must:
        i. Be licensed in this State:
        ii. Have established the procedures required by subsection 2;
        iii. Be approved to participate in the Program pursuant to NAC 453B.085; and
        iv. Be in good standing with the Board.
2. To be eligible to participate in the Program, a pharmacy must have established procedures for:
    a. Receiving, inspecting and storing donated prescription drugs in accordance with NAC 453B.105
    b. Keeping the records required by NRS 453B.090.
    c. Verifying and recording verification that each person who receives a donated prescription drug:
        i. Meets the requirements of NAC 453B.070;
        ii. Has been issued a prescription as required by NRS 453B.100; and
        iii. Has signed the waiver of liability required by NRS 453B.130.
    d. Disposing of donated prescription drugs.

NAC 453B.090 A pharmacy shall comply with all applicable federal and state laws and regulations when accepting, distributing and dispensing a donated prescription drug pursuant to the Program.
NAC 453B.105

1. A pharmacy that participates in the Program is not required to accept a prescription drug for donation.
2. In addition to the requirements of NRS 453B.100 and 453B.130 and NAC 453B.110, a pharmacist may dispense a donated prescription drug to a person if:
    a. The pharmacist has inspected the packaging of the donated prescription drug to determine if the donated prescription drug meets the requirements of subsection 6 of NRS 453B.080; and
    b. The person requesting the donated prescription drug presents to the pharmacist:
        i. Proof that the person meets the requirements of NAC 453B.070; and

ii. A prescription written by a person who is authorized to write prescriptions

3. A pharmacy shall store a donated prescription drug:
    a. Pursuant to the recommendations of the manufacturer of the donated prescription drug concerning the storage conditions;
    b. Separately from all other drugs: and
    c. In a locked storage area
4. If a donated prescription drug expires before it is dispensed, the pharmacy shall destroy the donated prescription drug.

NAC 453B.110

1. In addition to the requirements of NRS 453B.080, a donated prescription drug:
    a. Must not be a controlled substance.
    b. Must not be a compounded drug product.
    c. Must not be dispensed by a pharmacist if the pharmacist suspects that the prescription drug is adulterated or misbranded.
    d. Must not be dispensed by a pharmacist if, in the professional judgement of the pharmacist, there is a reasonable concern relating to the safety or efficacy of the prescription drug.
    e. Must not require refrigeration or freezing or other temperature requirements that are not a controlled room temperature.
    f. Must not be a prescription drug for which a program of restrictive distribution has been established by the manufacturer of the prescription drug.
    g. Must not be a prescription drug for which an ongoing clinical trial or study is being conducted.
    h. Must be a prescription drug that was originally dispensed pursuant to a prescription by a pharmacy licensed pursuant to chapter 639 of NRS.

NAC 453B.120 A pharmacy may charge a handling fee of not more than $10 for distributing or dispensing a donated prescription drug.

NRS 453B.080 Establishment of Program; handling fee; conditions for acceptance, distribution and dispensing of donated drugs; certain restrictions; prescription drug without lot number deemed recalled.

1. The Board shall establish and maintain the Prescription Drug Donation Program to accept, distribute and dispense prescription drugs donated to the Program.
2. Except as otherwise provided in this section, a person or governmental entity may donate any prescription drug to the Program.
3. A prescription drug may be donated to the Program at a pharmacy that participates in the Program.
4. A pharmacy that participates in the Program may charge a patient who receives a donated prescription drug a handling fee in accordance with the regulations adopted by the Board pursuant to NRS 453B.120.
5. A pharmacy that participates in the Program must establish written procedures for receiving and inspecting donated prescription drugs.
6. A prescription drug may be accepted, distributed or dispensed pursuant to the Program only if the drug:
    a. Is in its original, unopened, sealed and tamper-evident unit dose packaging or, if packaged in single-unit doses, the single-unit dose packaging is unopened;
    b. Is not adulterated or misbranded; and
    c. Bears an expiration date that is 60 days or more after the date on which the drug is donated.
7. A prescription drug donated to the Program may not be:
    a. Resold; or
    b. Designated by the donor for a specific person.
8. The provisions of this section do not require a pharmacy to participate in the Program.
9. Marijuana, as defined in NRS 453.096, or any drug that may only be dispensed to a patient registered with the manufacturer of the drug pursuant to requirements of the United States Food and Drug Administration may not be donated, accepted, distributed or dispensed pursuant to the Program.
10. A prescription drug donated to the Program that does not include a lot number shall be deemed to have been recalled if the prescription drug has the same National Drug Code assigned by the United States Food and Drug Administration as a recalled prescription drug.

NRS 453B.090 Maintenance and content of records; storage of drugs. A pharmacy that participates in the Program shall:

1. Maintain the records for any prescription drug that is donated to the Program separate from all other records kept by the pharmacy. Records for any prescription drug donated to the Program must include, without limitation:
    a. The date the pharmacy received the drug;
    b. If donated by the person for whom the drug was prescribed, the date the drug was dispensed pursuant to the original prescription;
    c. If donated by the person for whom the drug was prescribed, the original prescription number of the drug;
    d. The name of the drug;

e. The dosage of the drug;
f. The quantity of the drug that is donated;
g. The date of expiration of the drug;
h. If donated by the person for whom the drug was prescribed, the name, address and telephone number of the person who originally dispensed the drug;
i. The name, address and telephone number of the person who donated the drug; and
j. The lot number of the drug.

2. Maintain the record of a donated prescription drug that is distributed to another pharmacy which is participating in the Program separate from all other records kept by the pharmacy. The records for any donated prescription drug distributed to another pharmacy must include, without limitation:
   a. The information required by subsection 1;
   b. The name, address and telephone number of the pharmacy that is distributing the drug;
   c. The quantity of the drug that is being distributed; and
   d. The name, address and telephone number of the pharmacy which the drug is distributed.
3. Record and retain the name and telephone number of any person to whom a donated prescription drug is dispensed.
4. Store a prescription drug that is donated to the Program:
   a. Pursuant to the recommendations of the manufacturer of the drug concerning the storage conditions;
   b. Separate from all other drugs; and
   c. In a locked storage area.

NRS 453B.100 Dispensing of donated drug. A prescription drug donated for use in the Program may only be dispensed:

1. By a pharmacist who is registered pursuant to chapter 639 of NRS;
2. Pursuant to a prescription written by a person who is authorized to write prescriptions; and
3. To a person who is eligible to receive prescription drugs dispensed pursuant to the Program.

NRS 453B.130 Limitation on civil and criminal liability; limitation on disciplinary action by professional licensing board; waiver of liability.

1. A person who exercises reasonable care in the donation of a prescription drug in accordance with the provisions of this chapter and the regulations adopted pursuant thereto is not subject to any civil or criminal liability or disciplinary action by a professional licensing board for any loss, injury or death that results from the donation of the prescription drug.
2. A pharmacy which participates in the Program and which exercises reasonable care in the acceptance, distribution or dispensation of a prescription drug donated to the Program is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any loss, injury or death that results from the acceptance, distribution or dispensation of the prescription drug.
3. A manufacturer of a prescription drug donated to the Program is not subject to civil or criminal liability for any claim or injury arising from the donation, acceptance, distribution or dispensation of the prescription drug pursuant to this chapter and the regulations adopted pursuant thereto.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Managing Pharmacist Print Name (First, Last)

_____ _____

Managing Pharmacist Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ NAC 453B.085 The Executive Secretary shall provide written notice of his or her approval of the application to the pharmacy not later than 30 days after his or her decision. ☐ Approved ☐ Denied Executive Secretary Signature: _____Date: _____

30

APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R013-21

Filed June 13, 2022

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: § 1, NRS 639.070; §§ 2-5, NRS 639.070 and 639.2655.

A REGULATION relating to pharmacy; requiring a license to distribute drugs through certain mechanical means; prescribing fees for such licensure; proscribing requirements governing the use of such mechanical means to distribute drugs; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) relating to the practice of pharmacy as necessary for the protection of the public; and (2) governing the dispensing, recordkeeping, storage and handling of drugs. Additionally, existing law authorizes the Board to charge and collect fees for any incidental service the Board provides. (NRS 639.070) Existing law further authorizes the use of computerized mechanical equipment to perform work that a pharmacist is authorized to perform by law in accordance with the regulations adopted by the Board. (NRS 639.2655)

Existing regulations authorize pharmacies and medical facilities to use mechanical devices to dispense drugs to a patient. (NAC 639.718, 639.720) **Section 3** of this regulation: (1) requires a pharmacy that uses an automated drug dispensing system to obtain a license from the Board; and (2) establishes certain requirements that a pharmacy must follow when using an automated drug dispensing system. **Section 3** requires an automated drug dispensing system to track who uses the system, what drugs are in the system, the temperature of the system and other information to ensure that the drugs in the system are safely stored and only dispensed to a person authorized to receive the dispensed drug. **Section 2** of this regulation prohibits the sale, offer for sale or dispensing of a controlled substance, medication, chemical or poison through an automated drug dispensing system that is unlicensed or otherwise does not comply with the requirements of **section 3**. **Section 5** of this regulation provides that an automated drug dispensing system is not a computerized system to fill prescriptions, and is thus not subject to requirements governing such a computerized system.

Section 4 of this regulation requires a pharmacy to obtain a license to operate a mechanical device, other than an automated drug dispensing system, to furnish drugs and medications for administration to patients in a medical facility. **Section 4:** (1) authorizes the use of such a mechanical device only for drugs that will be administered to patients at the medical

facility; and (2) removes provisions authorizing the use of such a mechanical device to dispense drugs directly to patients at a medical facility.

Existing regulations prescribe a schedule of fees for certain applications, licenses and registrations issued by the Board. (NAC 639.220) **Section 1** of this regulation prescribes fees for the issuance and renewal of a license to operate: (1) an automated drug dispensing system; and (2) a mechanical device to furnish drugs and medications for administration to patients in a medical facility. **Section 1** also removes a reference to a previously deleted fee.

Section 1. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy	500
For the biennial renewal of a license to conduct a retail pharmacy	500
For the investigation or issuance of an original license to conduct an institutional pharmacy	500
For the biennial renewal of a license to conduct an institutional pharmacy	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution	500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution 500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician or pharmaceutical technician in training 50

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances..... 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances..... 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler 500

For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler..... 500

For the investigation or issuance of an original license to a manufacturer or wholesaler..... 500

For the biennial renewal of a license for a manufacturer or wholesaler 500

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon..... 50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption..... 300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption..... 300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption..... 150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption..... 150

For the investigation or issuance of an original license for an automated drug dispensing system..... 500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility..... 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility..... 250

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. ~~[A health center:~~

~~(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and~~

~~(b) Which is not a medical facility as defined in NRS 449.0151,~~

~~➥ is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.~~

~~6.]~~ A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

~~[7.]~~ ***6.*** A practitioner who is exempt from the payment of a fee pursuant to subsection ~~[6]~~ ***5*** shall notify the Board in writing of each change of address or additional address, or both.

~~[8.]~~ ***7.*** In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

Sec. 2. NAC 639.715 is hereby amended to read as follows:

639.715 No drug, controlled substance, medicine, chemical or poison, as those terms are defined in chapters 453, 454 and 639 of NRS, may be sold or offered for sale or dispensed by means of any ***automated drug dispensing system or other*** mechanical device except as otherwise provided in NAC 639.718 and 639.720.

Sec. 3. NAC 639.718 is hereby amended to read as follows:

639.718 1. Except as otherwise provided in this section, a pharmacy may use ~~[a mechanical device to furnish]~~ ***an automated drug dispensing system to dispense*** a prescription drug to a patient ***if the pharmacy obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.***

2. The Board will provide to a pharmacy an application for a license for an automated drug dispensing system upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and other otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a designated location; and

(b) Posted on the system so that the license is visible to the public.

3. The ~~[device]~~ ***automated drug dispensing system*** must conform to all of the following provisions:

(a) The ~~[device]~~ ***system*** must contain only prescription drugs:

(1) ~~[For which counseling is not required pursuant to NAC 639.707;]~~ ***Approved for use in the system by a registered pharmacist employed by the pharmacy;*** and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The ~~[device]~~ ***system*** must not contain ~~[controlled]~~ ***:***

(1) Controlled substances included in schedule II ~~[.]~~ ***; or***

(2) Controlled substances included in schedules III, IV and V, unless authorized by the Drug Enforcement Administration of the United States Department of Justice to dispense such substances.

(c) The ~~[device]~~ ***system*** must ***:*** ~~[be designed to ensure that the device:]~~

(1) ~~[Is located such that access to the device:~~

~~(I) For]~~ ***Control and track access to the system for*** stocking, cleaning, maintenance or any other purpose ***to ensure that access to the system*** can be obtained only by a ***registered*** pharmacist ~~[or a member of the staff of the pharmacy from within a secured area of]~~ ***,*** ***pharmaceutical technician, or intern pharmacist employed by*** the pharmacy ~~[; and~~

~~(II) Is]~~ ***using user-based access technology.***

(2) Be secure from unauthorized access to and removal of prescription drugs ***.*** ~~[from the device.~~

~~(2) Records the name of each person at the pharmacy who authorizes access to the device.~~

~~(3) Cannot be used by a patient:~~

~~(I) Outside the physical location of the pharmacy.~~

~~(II) Unless the patient]~~

(3) Be owned or leased by the pharmacy that holds the license for the system and operated under the supervision and control of that pharmacy.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the pharmacy of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who previously ~~[has]~~ ***have*** indicated to the pharmacy ~~[that the patient desires that his or her]~~ ***their desire to have their*** prescription drugs ~~[be furnished]~~ ***dispensed*** by the ~~[mechanical device.~~

~~(4) Provides]~~ ***system.***

(7) Provide a method to identify the patient and ~~[furnishes]~~ ***dispense*** a prescription drug only to the patient or to an authorized agent of the patient.

~~[(5) Can furnish]~~

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the ~~[device.~~

~~(6) Records]~~ ***system.***

(9) Record the date and time that the patient removes the prescription drugs from the ~~[device.~~

~~(7) Informs]~~ ***system.***

(10) Inform a patient:

(I) ~~[That a prescription drug is not available to be furnished by the device if the pharmacist wishes to counsel the patient regarding the prescription drug.~~

~~(II)]~~ If the patient is using the ~~[device]~~ ***system*** at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy ~~[~~.

~~(III)]~~ ***or through the user-based access technology described in subparagraph (14).***

(II) If the patient is using the ~~[device]~~ ***system*** at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug ~~[using a toll-free telephone number at which a pharmacist at a pharmacy licensed by the Board will respond at all hours when the pharmacy at which the device is located is closed. A pharmacist who responds to questions or concerns pursuant to this sub-subparagraph must have access by computer to the same information regarding the patient that a pharmacist would have using the computer system of the pharmacy at which the device is located.~~

~~2. A pharmacy shall not use a mechanical device to furnish a prescription drug to a patient until the pharmacy has notified the Board in writing of:~~

~~(a) The type of device that will be used; and~~

~~(b) The anticipated date that the device will first be used.~~

~~3.]~~ ***through the user-based access technology described in subparagraph (14).***

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location and any attempts to obtain access to the system without authorization are visible to the pharmacist of the pharmacy, either through the system being in view of the pharmacist or by real-time audio-visual communication technology or audio-visual recording technology.

(13) Be located in a:

(I) Pharmacy;

(II) Medical facility, as defined in NRS 449.0151, other than a mobile unit; or

(III) Practice site of one or more practitioners of medicine.

(14) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a registered pharmacist who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A pharmacy that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A pharmacy that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state

recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that pharmacy.

7. The Board may prohibit a pharmacy from using ~~[a mechanical device]~~ ***an automated drug dispensing system*** to furnish a prescription drug to a patient if the Board determines that the ~~[device]~~ ***system*** or the pharmacy's use of the ~~[device]~~ ***system*** does not comply with this section.

~~[4.]~~ ***8.*** The provisions of this section do not prohibit the use of ~~[a mechanical device]~~ ***an automated drug dispensing system*** to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the ~~[mechanical device]~~ ***system*** is otherwise authorized to use the ~~[mechanical device]~~ ***system*** pursuant to this section.

9. As used in this section:

(a) "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

(b) "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 4. NAC 639.720 is hereby amended to read as follows:

639.720 1. Except as otherwise provided in ~~[subsections 4 and 6,]~~ ***this section,*** a mechanical device***, other than an automated drug dispensing system licensed pursuant to NAC 639.718,*** may be used to furnish drugs and medicines for administration to registered patients in a medical facility ***if the pharmacy which supplies drugs and medicines to the medical facility has obtained a license from the Board for a mechanical device pursuant to subsection 4. A license is not required for a mechanical device that meets the requirements of this section and is located inside a hospital licensed pursuant to chapter 449 of NRS***.

2. The ***mechanical*** device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

~~[2.]~~ ***3.*** A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:

(a) The duties of all persons who are authorized to obtain access to the device; and

(b) The procedure for:

(1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;

(2) The preparation of an inventory of the drugs and medicines stored in the device; and

(3) Stocking the device with drugs and medicines.

~~[3. A pharmacy which supplies drugs or medicines to a medical facility which uses a mechanical device to furnish drugs or medicines for administration to patients pursuant to subsection 1 shall provide written notice to the Board. The notice must include:~~

~~(a) A description of each mechanical device used by the medical facility to furnish drugs or medicines for administration to patients, including, without limitation, the name of the manufacturer of the device; and~~

~~(b) The address of the medical facility at which the mechanical device is located.]~~

4. ~~[A pharmacy shall not stock]~~ ***The Board will issue a license for*** a mechanical device ~~[with drugs or medicines and a mechanical device must not be used to furnish drugs or medicines for administration to patients until:~~

~~(a) The pharmacy has notified the Board as required by subsection 3; and~~

~~(b) The Board has issued a certificate to the pharmacy that]~~ ***if the Board determines that the mechanical device meets the requirements of this section and the fee required by NAC 639.220 is paid. A license*** authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:

(a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or

(b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for ***administration to*** a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by or contracted with the:

(1) Hospital in which the drug or medicine is furnished; or

(2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.

(b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered pharmacists employed by the hospital or the pharmacy that supplies the hospital.

(c) ~~[Use of the device to furnish a drug or medicine to a patient must be:~~

~~(1) By a practitioner who:~~

~~(I) Is authorized by law to prescribe controlled substances or dangerous drugs;~~

~~(II) Is employed by or who has privileges at the hospital;~~

~~(III) Prescribed the drug or medicine that is furnished to the patient;~~

~~(IV) Personally verifies the correctness of the prescription for the drug or medicine before he or she furnishes it to the patient; and~~

~~(V) Has offered to the patient the choice of being provided a prescription that may be filled at a pharmacy, which offer first must be declined by the patient before the prescription is transmitted to the mechanical device to fill and furnish the prescription; or~~

~~(2) By the patient where:~~

~~(I) The device requires from the patient a unique code known only to the patient to allow the patient to access the device; and~~

~~(II) The patient is notified by the device that he or she may choose not to purchase the drug or medicine from the device at any time before the device furnishes the drug or medicine.~~

~~(d) Each container of a drug or medicine dispensed by the device is labeled pursuant to NRS 639.2801.~~

~~(e)~~] The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for ~~[dispensing]~~ ***administration*** to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for ~~[dispensing]~~ ***administration*** to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which identifies that person.

~~[(f)]~~ ***(d)*** The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

~~[(g) Before the device is used to furnish a drug or medicine directly to a patient pursuant to paragraph (c), the manufacturer of the device must appear before the Board for its approval of that use of the device and submit evidence satisfactory to the Board that the device:~~

~~(1) Furnishes drugs and medicines accurately; and~~

~~(2) Otherwise satisfies the provisions of this subsection.]~~

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 5. NAC 639.940 is hereby amended to read as follows:

639.940 As used in NAC 639.940 to 639.943, inclusive, "computerized system to fill prescriptions" means an automated device operated by a computer which is used to prepare and package specified dosage units of drugs for dispensing to patients or ultimate users. The term does not include ***an automated drug dispensing system,*** a mechanical device or mechanical counting device governed by NAC 639.718, 639.720 or 639.725.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Automated Drug Dispensing System License Application – For Pharmacies

Non-Refundable $500 fee

Rev (02/15/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required for a pharmacy to use an automated drug dispensing system (System) to dispense a prescription drug to a patient. A license to use a System is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.718

NAC 639.718 "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

Instructions:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $500.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

2. Once the completed application with fee is submitted, the System and the proposed location for the System MUST be inspected by a Board inspector before a license may be issued. You will receive an email to schedule your inspection.

3. After the System and location receives a satisfactory pre-inspection and the application is approved, you will receive your license via email. Please check your spam or junk mail if necessary. The license must be posted on the System so that the license is visible to the public. NAC 639.718 (2)(b).

Please Note:

- A separate application and fee are required for each System at a designated location.
- A new application with payment of fee is required for any change in location of a System. A satisfactory inspection of the new location will be required before a new Automated Drug Dispensing System license will be issued and before any dispensing can take place from the new location.
- Controlled substances and compounded drug products are not permitted to be dispensed from a System.
- A System license must be renewed in October of each even numbered year regardless of when the original license was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Automated Drug Dispensing System License Application – For Pharmacies

Non-Refundable $500 fee

Rev (02/15/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Section 1: Pharmacy Information

Pharmacy Name: _____ License #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Managing Pharmacist Name:_____

Managing Pharmacy Phone #: _____ Email: _____

Section 2: Automated Drug Dispensing System (System) Information

Name of System: _____

Make: _____ Model/MFG #:_____

Serial #: _____

MFG Name: _____

Section 3: Location for the System

Where will the system be located (NAC 639.718 (3)(13))? Check the applicable box below:

☐ Pharmacy (License #: _____);

☐ Medical facility, as defined NRS 449.0151, other than a mobile unit (provide a copy of facility license with this application);

☐ Practice site of one or more practitioners of medicine; or

☐ Site operated by the Division of Public and Behavioral Health of the Department of Health and Human Services or a district, county or city health department. The system may only be located at such a site if the pharmacy that operates the system is owned by the same governmental agency that operates the site.

Name of location: _____

Address of location: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of contact person for the location: _____

Section 3: Laws pertaining to the use of an automated drug dispensing system by a pharmacy. By signing this application, you attest you have read and understand the components in this section.

1. The automated drug dispensing system must conform to all of the following provisions:
    a. The system must contain only prescription drugs:
        i. Approved for use in the system by a registered pharmacist employed by the pharmacy; and
        ii. For which the prescription has been processed, verified, and completed in the same manner as a prescription for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.
    b. The system must not contain:
        i. Controlled substances included in schedule II; or
        ii. Controlled substances included in schedules III, IV, and V unless authorized by the Drug Enforcement Administration of the United States Department of Justice to dispense such substances.
    c. The system must:
        i. Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a registered pharmacist, pharmaceutical technician, or intern pharmacist employed by the pharmacy using user-based access technology.
        ii. Be secure from unauthorized access to and removal of prescription drugs.
        iii. Be owned or leased by the pharmacy that holds the license for the system and operated under the supervision and control of that pharmacy.
        iv. Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the pharmacy of the temperature change.
        v. Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:
            1. The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;
            2. Each day and time the system is accessed;
            3. An inventory of the prescription drugs stored in the system; and
            4. The identity of each person who accesses the system.
        vi. Authorize access only to patients who previously have indicated to the pharmacy their desire to have their prescription drugs dispensed by the system.
        vii. Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.
        viii. Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.
        ix. Record the date and time that the patient removes the prescription drugs from the system.
        x. Inform a patient:
            1. If the patient is using the system at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy or through the user-based access technology described in subparagraph (14).
            2. If the patient is using the system at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (14).
            3. That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.
        xi. Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.
        xii. Be installed in such a place and manner that a person is unable to remove the system from its location and any attempts to obtain access to the system without authorization are visible to the pharmacist of the pharmacy, either through the system being in view of the pharmacist or by real-time audio-visual communication technology or audio-visual recording technology.
        xiii. Be located in a:
            1. Pharmacy;
            2. Medical facility, as defined in NRS 449.0151, other than a mobile unit;
            3. Practice site of one or more practitioners of medicine; or

4. Site operated by the Division of Public and Behavioral Health of the Department of Health and Human Services or a district, county or city health department. The system may only be located at such a site if the pharmacy that operates the system is owned by the same governmental agency that operates the site.

xiv. Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a registered pharmacist who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and NAC 639.708.

2. A pharmacy that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:
   a. The duties of all persons who are authorized to access the system; and
   b. The procedures for:
      i. Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;
      ii. The preparation of an inventory of the prescription drugs stored in the system; and
      iii. Stocking the system with prescription drugs.
3. A pharmacy that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.
4. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that pharmacy.
5. The Board may prohibit a pharmacy from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system or the pharmacy's use of the system does not comply with the law.
6. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the system is otherwise authorized to use the system pursuant to this section.
7. As used in this section:
   a. "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.
   b. "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Managing Pharmacist Print Name (First, Last)

_____ _____

Managing Pharmacist Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** — — — — — — — — — — — — — — — —	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

31

APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R180-22

Filed December 29, 2022

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: §§ 1-5 and 7-11, NRS 639.070 and 639.0727; § 6, NRS 639.070.

A REGULATION relating to pharmacy; authorizing a reproductive healthcare center to obtain a license to distribute certain drugs using an automated drug dispensing system; prescribing requirements governing the use of such a system; requiring a dispensing practitioner to provide certain information to a patient to whom a drug is dispensed and maintain certain records; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations: (1) relating to the practice of pharmacy as necessary for the protection of the public; and (2) governing the dispensing, recordkeeping, storage and handling of drugs. (NRS 639.070) Existing law further requires the Board to adopt regulations setting forth the powers and duties of a dispensing practitioner. (NRS 639.0727) Existing regulations define the term "dispensing practitioner" to mean a practitioner to whom the Board has issued a certificate of registration to dispense controlled substances or dangerous drugs. (NAC 639.010) Lastly, existing regulations: (1) authorize a pharmacy to operate an automated drug dispensing system if the pharmacy has obtained a license for the system from the Board; and (2) establish the requirements governing the operation of an automated drug dispensing system. (NAC 639.718)

Section 1 of this regulation: (1) authorizes a reproductive healthcare center to obtain a license to use an automated drug dispensing system to dispense prescription drugs related to reproductive health care; and (2) establishes requirements that a reproductive healthcare center must follow when using such an automated drug dispensing system, which are similar to those that currently apply to a pharmacy. **Section 1** requires an automated drug dispensing system to track: (1) who uses the system; (2) what drugs are in the system; (3) the temperature of the system; and (4) other information to ensure that the drugs in the system are safely stored and only dispensed to a person authorized to receive the dispensed drug. **Sections 2 and 6** of this regulation make conforming changes to ensure that certain terms used in **section 1** are defined in the same manner throughout chapter 639 of NAC. **Sections 5, 7 and 8** of this regulation make conforming changes to ensure that certain provisions of existing regulations are not read to conflict with the provisions of **section 1**.

Existing regulations: (1) require a pharmacist to provide certain information to a patient concerning a drug being dispensed to the patient by the pharmacist; (2) require a pharmacist to

consider the therapeutic appropriateness of dispensing the drug to the patient; (3) prescribe requirements concerning the documentation of counseling of a patient by a pharmacist; and (4) prescribe procedures for the maintenance of such records by a pharmacy. (NAC 639.707, 639.708) **Sections 3 and 4** of this regulation expand applicability of these requirements to also apply to a dispensing practitioner. **Sections 9 and 10** of this regulation make conforming changes to reflect the expanded applicability of a requirement concerning a determination of the therapeutic appropriateness of a prescription.

Section 11 of this regulation provides that an automated drug dispensing system licensed to a reproductive healthcare center is not a computerized system to fill prescriptions, and is thus not subject to requirements governing such a computerized system. (NAC 639.940)

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

1. Except as otherwise provided in this section, one or more dispensing practitioners practicing at a reproductive healthcare center may use an automated drug dispensing system and maintain a shared inventory in the automated drug dispensing system to dispense a prescription drug to a patient if the reproductive healthcare center obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.

2. The Board will provide an application for a license for an automated drug dispensing system to a reproductive healthcare center upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a reproductive healthcare center; and

(b) Posted on the system so that the license is visible to the public.

3. The automated drug dispensing system must conform to all the following provisions:

(a) Except as otherwise provided in subsection 8, the system must contain only dangerous drugs, excluding compound drug products, for treatment in reproductive health care:

(1) Approved for use in the system by a dispensing practitioner; and

(2) For which the prescription has been processed, verified and completed in the same manner as a prescription for drugs that are delivered manually by a dispensing practitioner pursuant to NAC 639.742 and 639.745, except that the requirements of paragraph (e) of subsection 3 of NAC 639.742 do not apply.

(b) The system must:

(1) Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a dispensing practitioner practicing at the reproductive healthcare center.

(2) Be secure from unauthorized access to and removal of prescription drugs.

(3) Be owned or leased by the reproductive healthcare center that obtained the license for the system and operated under the supervision and control of that reproductive healthcare center.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the reproductive healthcare center of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who have previously indicated to the dispensing practitioner who prescribed the drug their desire to have their prescription drugs dispensed by the system.

(7) Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.

(9) Record the date and time that the patient removes the prescription drugs from the system.

(10) Inform a patient:

(I) If the patient is using the system at the time that the reproductive healthcare center is open, that the patient may discuss questions and concerns regarding the prescription drug with the dispensing practitioner in person, if available, or through user-based access technology described in subparagraph (13).

(II) If the patient is using the system at the time that the reproductive healthcare center is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (13).

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location or obtain access to the system without authorization. The system must be monitored by real-time audio-visual technology or audio-visual recording technology.

(13) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a dispensing practitioner who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A reproductive healthcare center that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A dispensing practitioner practicing at a reproductive healthcare center that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other medical records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of each dispensing

practitioner that uses the automated drug dispensing system at the reproductive healthcare center that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that dispensing practitioner or those dispensing practitioners, as applicable.

7. The Board may prohibit a reproductive healthcare center from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system, or one or more dispensing practitioners' use of the system, does not comply with this section.

8. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the reproductive healthcare center using the system is otherwise authorized to use the system pursuant to this section.

9. As used in this section, "reproductive healthcare center" means a health care facility that is:

(a) Owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260; and

(b) Principally engaged in providing family planning services and reproductive health care, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent sexually transmitted infections or other infections of the urogenital system.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. ***"Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.***

2. "Board" means the State Board of Pharmacy.

~~[2.]~~ ***3.*** "Controlled substances" has the meaning ascribed to it in NRS 0.031.

~~[3.]~~ ***4.*** "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

~~[4.]~~ ***5.*** "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

~~[5.]~~ ***6.*** "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

~~[6.]~~ ***7.*** "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

~~[7.]~~ ***8.*** "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

~~[8.]~~ ***9.*** "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No. R004-19.

~~[9.]~~ ***10.*** "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

~~[10.]~~ ***11.*** "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

~~[11.]~~ ***12.*** "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~[12.]~~ ***13.*** "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

~~[13.]~~ ***14.*** "Practitioner" has the meaning ascribed to it in NRS 639.0125.

~~[14.]~~ ***15.*** "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

~~[15.]~~ ***16.*** "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~[16.]~~ ***17.*** "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

18. "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 3. NAC 639.707 is hereby amended to read as follows:

639.707 1. Except as otherwise provided in this section, a pharmacist **,** ~~[or]~~ an intern pharmacist under the supervision of a pharmacist ***or a dispensing practitioner*** shall verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient that:

(a) Has not been previously dispensed to the patient from that pharmacy ~~[;]~~ ***or dispensing practitioner, as applicable;*** or

(b) Has been previously dispensed to the patient from that pharmacy ~~[,]~~ ***or dispensing practitioner, as applicable,*** including, without limitation, a prescription drug or a device that is being refilled, if, in the professional judgment of the pharmacist **,** ~~[or]~~ intern pharmacist ~~[:]~~ ***or dispensing practitioner:***

(1) The information would further or improve the drug therapy of the patient; or

(2) A reasonable concern relating to the safety or efficacy of the drug therapy of the patient was raised by the review of the patient's record that the pharmacist **,** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** conducted pursuant to subsection 4.

2. The information provided by the pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** pursuant to subsection 1 may include, without limitation:

(a) The name and a description of the drug;

(b) The form of dosage, dose, route of administration and duration of drug therapy;

(c) The intended use of the drug or device and expected responses from that use;

(d) Any special directions and precautions for the preparation, administration and use of the drug or device by the patient;

(e) Any common severe side effects, interactions and contraindications that may occur, recommendations to avoid these side effects, interactions or contraindications, and the action required if they occur;

(f) Techniques for the patient or the person caring for the patient to monitor the drug therapy;

(g) Proper storage of the drug or device;

(h) Information about refilling the prescription;

(i) Actions to be taken in the event of a missed dose;

(j) Any relevant information contained in the record of medication of the patient; and

(k) Any other information which, in the professional judgment of the pharmacist ***,*** ~~[or]~~ intern pharmacist ~~[,]~~ ***or dispensing practitioner,*** is necessary to ensure the safe and effective use of the drug or device by the patient.

3. The pharmacist or intern pharmacist shall provide the information required pursuant to subsections 1 and 2 in written form to the patient if a drug or device will be distributed to the patient outside the confines of the pharmacy by mail or any other delivery service. A pharmacist or intern pharmacist is not required to provide written information pursuant to this subsection if

the drug or device is being delivered to a patient who is in a licensed medical facility where other licensed health care professionals are authorized to administer drugs.

4. The pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and, in making that determination, may consider, without limitation:

(a) Overutilization of the drug and drug abuse;

(b) Underutilization of the drug;

(c) Therapeutic duplications, contraindications and any warning labels or other information included with the drug;

(d) Interactions between the drug and any:

(1) Other drugs which the patient is taking or has recently taken;

(2) Diseases which the patient has, including any stages of that disease; and

(3) Allergies that the patient may have; and

(e) Incorrect dosage or duration of treatment.

5. A pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** is not required to counsel a patient pursuant to this section if the patient or a person caring for the patient refuses to accept the counseling.

6. Except as otherwise provided in subsection 7, the pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** shall, at the time that counseling is provided or refused:

(a) Initial a written document that is maintained at the pharmacy ***or at the primary place of business of the dispensing practitioner*** to record whether counseling was provided to or refused by a patient or the person caring for the patient; or

(b) Enter, pursuant to NAC 639.751, initials onto a record in a computerized system used by the pharmacy ***or dispensing practitioner, as applicable,*** for recording information concerning prescriptions to indicate whether counseling was provided to or refused by a patient or the person caring for the patient.

7. The pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** is not required to comply with the provisions of subsection 6 if the prescription drug or device dispensed to the patient is being refilled.

Sec. 4. NAC 639.708 is hereby amended to read as follows:

639.708 To facilitate counseling regarding a prescription, a pharmacy ***or dispensing practitioner*** shall:

1. Maintain a record of medication for each patient to whom a prescription has been dispensed by that pharmacy ~~[.]~~ ***or dispensing practitioner, as applicable.*** The record must:

(a) Be retrievable for use by the pharmacist ~~[;]~~ ***or dispensing practitioner;***

(b) Be maintained for at least 2 years after the most recent entry;

(c) List all prescriptions dispensed to the patient at that pharmacy ~~[;]~~ ***or by the dispensing practitioner;*** and

(d) Include all data required to be placed on the prescription.

2. Make a reasonable effort to obtain and retain in the record of medication the:

(a) Telephone number or numbers, if any, of the patient;

(b) Gender of the patient;

(c) Age or date of birth of the patient;

(d) History of the patient, including allergies, reactions to particular drugs and any medications or medical devices used by the patient; and

(e) Any comments relevant to the drug therapy of the patient, including any other information which is specific to the patient or drug.

3. Ensure that a pharmacist ***or dispensing practitioner who has access to the medical records of the patient*** is available by telephone during business hours and, ~~[if the]~~ ***for a*** pharmacy ***that*** routinely delivers prescriptions outside of the trade area covered by local telephone service, provide a toll-free telephone number.

4. Include with each prescription container ***of a pharmacy that is*** delivered or distributed by a public carrier:

(a) The local, and if applicable toll-free, telephone numbers of the pharmacy;

(b) The hours during which the patient may contact the pharmacy by telephone; and

(c) A written notice in substantially the following form:

> Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available between the hours of ..... and ..... to answer your questions.

5. Maintain the confidentiality of each patient's records, including prescriptions, pursuant to NRS ***449A.112 or*** 639.238 ~~[.]~~ ***, as applicable.*** A pharmacist ***or dispensing practitioner*** shall not divulge the contents of a patient's records, except as authorized by NRS 639.238 ~~[.]~~ ***or any other applicable provision of law.***

6. Make available to a practitioner, upon request, all information relating to a prescription that is provided to a patient of that practitioner by the pharmacist ***,*** ~~[or]~~ an intern pharmacist ~~[.]~~ ***or a dispensing practitioner.***

7. Ensure that counseling is conducted in a confidential manner to prevent disclosure of information to any person other than the patient or the person caring for the patient.

Sec. 5. NAC 639.715 is hereby amended to read as follows:

639.715 No drug, controlled substance, medicine, chemical or poison, as those terms are defined in chapters 453, 454 and 639 of NRS, may be sold or offered for sale or dispensed by means of any mechanical device except as otherwise provided in NAC 639.718 and 639.720 ~~[.]~~ ***and section 1 of this regulation.***

Sec. 6. NAC 639.718 is hereby amended to read as follows:

639.718 1. Except as otherwise provided in this section, a pharmacy may use an automated drug dispensing system to dispense a prescription drug to a patient if the pharmacy obtains a license from the Board for the automated drug dispensing system pursuant to subsection 2.

2. The Board will provide to a pharmacy an application for a license for an automated drug dispensing system upon request. The Board will issue a license for an automated drug dispensing system if the Board determines that the system dispenses prescription drugs accurately and ~~[other]~~ otherwise meets the requirements of this section and the fee prescribed by NAC 639.220 is paid. A license must be:

(a) Issued for each automated drug dispensing system at a designated location; and

(b) Posted on the system so that the license is visible to the public.

3. The automated drug dispensing system must conform to all of the following provisions:

(a) The system must contain only prescription drugs:

(1) Approved for use in the system by a registered pharmacist employed by the pharmacy; and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The system must not contain:

(1) Controlled substances included in schedule II; or

(2) Controlled substances included in schedules III, IV and V, unless authorized by the Drug Enforcement Administration of the United States Department of Justice to dispense such substances.

(c) The system must:

(1) Control and track access to the system for stocking, cleaning, maintenance or any other purpose to ensure that access to the system can be obtained only by a registered pharmacist, pharmaceutical technician, or intern pharmacist employed by the pharmacy using user-based access technology.

(2) Be secure from unauthorized access to and removal of prescription drugs.

(3) Be owned or leased by the pharmacy that holds the license for the system and operated under the supervision and control of that pharmacy.

(4) Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the

proper storage of a prescription drug and a method to notify the pharmacy of the temperature change.

(5) Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:

(I) The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;

(II) Each day and time the system is accessed;

(III) An inventory of the prescription drugs stored in the system; and

(IV) The identity of each person who accesses the system.

(6) Authorize access only to patients who previously have indicated to the pharmacy their desire to have their prescription drugs dispensed by the system.

(7) Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.

(8) Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.

(9) Record the date and time that the patient removes the prescription drugs from the system.

(10) Inform a patient:

(I) If the patient is using the system at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy or through the user-based access technology described in subparagraph (14).

(II) If the patient is using the system at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (14).

(III) That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.

(11) Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.

(12) Be installed in such a place and manner that a person is unable to remove the system from its location and any attempts to obtain access to the system without authorization are visible to the pharmacist of the pharmacy, either through the system being in view of the pharmacist or by real-time audio-visual communication technology or audio-visual recording technology.

(13) Be located in a:

(I) Pharmacy;

(II) Medical facility, as defined in NRS 449.0151, other than a mobile unit; or

(III) Practice site of one or more practitioners of medicine.

(14) Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a registered pharmacist who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and 639.708.

4. A pharmacy that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:

(a) The duties of all persons who are authorized to access the system; and

(b) The procedures for:

(1) Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;

(2) The preparation of an inventory of the prescription drugs stored in the system; and

(3) Stocking the system with prescription drugs.

5. A pharmacy that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other pharmacy records.

6. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of the pharmacy that holds the license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that pharmacy.

7. The Board may prohibit a pharmacy from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system or the pharmacy's use of the system does not comply with this section.

8. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the system is otherwise authorized to use the system pursuant to this section.

~~[9. As used in this section:~~

~~(a) "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.~~

~~(b) "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.]~~

Sec. 7. NAC 639.720 is hereby amended to read as follows:

639.720 1. Except as otherwise provided in this section, a mechanical device, other than an automated drug dispensing system licensed pursuant to NAC 639.718 ~~[,]~~ ***or section 1 of this regulation,*** may be used to furnish drugs and medicines for administration to registered patients in a medical facility if the pharmacy which supplies drugs and medicines to the medical facility has obtained a license from the Board for a mechanical device pursuant to subsection 4. A license is not required for a mechanical device that meets the requirements of this section and is located inside a hospital licensed pursuant to chapter 449 of NRS.

2. The mechanical device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

3. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:

(a) The duties of all persons who are authorized to obtain access to the device; and

(b) The procedure for:

(1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;

(2) The preparation of an inventory of the drugs and medicines stored in the device; and

(3) Stocking the device with drugs and medicines.

4. The Board will issue a license for a mechanical device if the Board determines that the mechanical device meets the requirements of this section and the fee required by NAC 639.220 is paid. A license authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:

(a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or

(b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for administration to a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by or contracted with the:

(1) Hospital in which the drug or medicine is furnished; or

(2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.

(b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered pharmacists employed by the hospital or the pharmacy that supplies the hospital.

(c) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

(III) If a drug or medicine is removed for administration to a patient, the name of the patient;

(IV) An inventory of the drugs and medicines stored in the device; and

(V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which identifies that person.

(d) The device must be located in such a place and manner that a person is unable to remove it from the hospital, and that attempts to obtain access to the device without authorization are visible to employees of the hospital.

7. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

Sec. 8. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply

to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423 and section 3 of LCB File No. R004-19, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648 and 639.7423 ~~[,]~~ ***and section 1 of this regulation,*** the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health care center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423 ~~[,]~~ ***and section 1 of this regulation,*** with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of section 1 of LCB File No. R007-21, the dispensing practitioners of an oncology group practice registered pursuant to section 1 of LCB File No. R007-21 are jointly responsible for ensuring that the requirements prescribed by subsection 3 are met.

Sec. 9. NAC 639.910 is hereby amended to read as follows:

639.910 1. Any computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides:

(a) A readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription;

(b) The original prescription number;

(c) The prescribing practitioner's name, address and the registration number issued to him or her by the Drug Enforcement Administration if the prescribing practitioner is registered with that agency;

(d) The full name and address of the patient;

(e) The date on which the original prescription was filled, if it is different from the date prescribed;

(f) The name, strength, form, dosage, quantity and directions for use of the drug prescribed;

(g) The name or common abbreviation of the manufacturer, packer or distributor or the National Drug Code number of the drug dispensed to the patient;

(h) The total number of refills authorized by the prescriber;

(i) The date and quantity of each refill of a drug dispensed to a patient;

(j) The total number of refills of a drug dispensed to a patient;

(k) The quantity dispensed, if that is different from the quantity prescribed;

(l) At the time a prescription is filled or refilled, an automatic notice of the information the pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** considered pursuant to subsection 4 of NAC 639.707; and

(m) A procedure that may be conducted at least once each day to ensure that the information which is recorded in the system is not lost or destroyed.

2. The managing pharmacist of a pharmacy that uses a computerized system for recording information concerning prescriptions shall ensure that a procedure is conducted upon the computerized system that ensures that the information which is recorded in the system is not lost or destroyed.

3. As used in this section, "National Drug Code number" means the number assigned to a drug by the Food and Drug Administration.

Sec. 10. NAC 639.938 is hereby amended to read as follows:

639.938 If the computerized system is not functioning, the pharmacy must have an auxiliary procedure to document the dispensing of an original or refilled prescription. The auxiliary procedure must ensure that:

1. The information concerning a prescription which is filled or refilled during the period the system is not functioning is retained and entered into the system as soon as it is functioning again.

2. The information that is required for:

(a) The pharmacist ***,*** ~~[or]~~ intern pharmacist ***or dispensing practitioner*** who dispenses the drug to the patient to comply with the provisions of NAC 639.707; and

(b) The pharmacy to comply with the provisions of NAC 639.708,

➥ is readily available.

Sec. 11. NAC 639.940 is hereby amended to read as follows:

639.940 As used in NAC 639.940 to 639.943, inclusive, "computerized system to fill prescriptions" means an automated device operated by a computer which is used to prepare and package specified dosage units of drugs for dispensing to patients or ultimate users. The term does not include an automated drug dispensing system, a mechanical device or mechanical counting device governed by NAC 639.718, 639.720 or 639.725 ~~[.]~~ ***or section 1 of this regulation.***

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Automated Drug Dispensing System License Application – For Reproductive Healthcare Centers

Non-Refundable $500 fee

Rev (02/15/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required for a reproductive healthcare center to use an automated drug dispensing system (System) and maintain a shared inventory in the System to dispense a prescription drug to a patient. A license to use a System is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

"Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

A "reproductive healthcare center" means a health care facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive health care, including, without limitation, the testing, diagnosis, and treatment of, or providing of medication to prevent sexually transmitted infections or other infections of the urogenital system.

Instructions:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $500.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

2. Once the completed application with fee is submitted, the System and the proposed location for the System MUST be inspected by a Board inspector before a license may be issued. You will receive an email to schedule your inspection.

3. After the System and location receive a satisfactory pre-inspection and the application approved, you will receive your license via email. Please check your spam or junk mail if necessary. The license must be posted on the System so that the license is visible to the public.

Please Note:

- A separate application and fee are required for each System at a designated location.
- A new application with payment of fee is required for any change in location of a System. A satisfactory inspection of the new location will be required before a new Automated Drug Dispensing System license will be issued and before any dispensing can take place from the new location.
- Controlled substances and compounded drug products are not permitted to be dispensed from a System.
- A System license must be renewed in October of each even numbered year regardless of when the original license was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Automated Drug Dispensing System License Application – Reproductive Healthcare Centers

Non-Refundable $500 fee

Rev (02/15/2023)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Section 1: Reproductive Healthcare Center Information

Facility Name: _____

Nevada Business License # (and provide a copy with your application):_____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Medical Director Name: _____

Medical Director Phone #:_____ Medical Director Email: _____

Section 2: Automated Drug Dispensing System (System) Information

Name of System: _____

Serial #: _____

Make: _____ Model/MFG #:_____

MFG Name: _____

Section 3: List all registered dispensing practitioners that will be dispensing from the automated drug dispensing system in which a shared inventory is maintained. (Use a separate piece of paper if additional space is needed.)

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

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Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Name: _____ Dispensing Practitioner Registration #: _____

Section 4: Laws pertaining to the use of an automated drug dispensing system by a reproductive healthcare center. By signing this application, you attest you have read and understand the components in this section.

1. The automated drug dispensing system must conform to all of the following provisions:
    a. The system must contain only dangerous drugs, excluding compound drug products, for treatment in reproductive health care:
        i. Approved for use in the system by a dispensing practitioner; and
        ii. For which the prescription has been processed, verified, and completed in the same manner as a prescription for drugs that are delivered manually by a dispensing practitioner pursuant to NAC 639.742 and 639.745, except that the requirements of paragraph (e) of subsection 3 of NAC 639.742 do not apply.
    b. The system must:
        i. Control and track access to the system for stocking, cleaning, maintenance, or any other purpose to ensure that access to the system can be obtained only by a dispensing practitioner practicing at the reproductive healthcare center.
        ii. Be secure from unauthorized access to and removal of prescription drugs.
        iii. Be owned or leased by the reproductive healthcare center that obtained the license for the system and operated under the supervision and control of that reproductive healthcare center.
        iv. Monitor the temperature of the system or be able to have a device installed to monitor the temperature of the system. Such monitoring must include, without limitation, an alarm that records when the temperature of the system reaches a level outside the range compatible with the proper storage of a prescription drug and a method to notify the reproductive healthcare center of the temperature change.
        v. Create and maintain a complete, accurate and readily retrievable record of all transactions. The record must include, without limitation:
            1. The name, strength, quantity and form of dosage of each prescription drug stocked, inventoried, removed or dispensed from the system;
            2. Each day and time the system is accessed;
            3. An inventory of the prescription drugs stored in the system; and
            4. The identity of each person who accesses the system.
        vi. Authorize access only to patients who previously have indicated to the dispensing practitioner who prescribed the drug their desire to have their prescription drugs dispensed by the system.
        vii. Provide a method to identify the patient and dispense a prescription drug only to the patient or to an authorized agent of the patient.
        viii. Dispense one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the system.
        ix. Record the date and time that the patient removes the prescription drugs from the system.
        x. Inform a patient:
            1. If the patient is using the system at the time that the reproductive healthcare center is open, that the patient may discuss questions and concerns regarding the prescription drug with the dispensing practitioner in person, if available, or through the user-based access technology described in subparagraph (13).
            2. If the patient is using the system at the time that the reproductive healthcare center is closed, that the patient may discuss questions and concerns regarding the prescription drug through the user-based access technology described in subparagraph (13).
            3. That the patient may choose not to purchase the prescription drug from the system at any time before the system dispenses the prescription drug.
        xi. Dispense all prescription drugs in containers labeled in conformance with NRS 639.2801.
        xii. Be installed in such a place and manner that a person is unable to remove the system from its location or obtain access to the system without authorization. The system must be monitored by real-time audio-visual technology or audio-visual recording technology.
        xiii. Be equipped with user-based access technology that includes, without limitation, an audio-visual function that allows the patient to communicate, in real time, with a dispensing practitioner who has access to any patient record necessary for counseling the patient in compliance with NAC 639.707 and NAC 639.708.
2. A reproductive healthcare center that dispenses prescription drugs by an automated drug dispensing system pursuant to this section shall maintain a written policy that sets forth:
    a. The duties of all persons who are authorized to access the system; and
    b. The procedures for:

i. Maintaining the security of the prescription drugs stored in the system during the maintenance and repair of the system;
ii. The preparation of an inventory of the prescription drugs stored in the system; and
iii. Stocking the system with prescription drugs.

3. A dispensing practitioner practicing at a reproductive healthcare center that dispenses prescription drugs through an automated drug dispensing system pursuant to this section shall comply with all applicable federal and state recordkeeping requirements and shall maintain those records in a readily retrievable manner separate from other medical records.
4. Prescription drugs stored in an automated drug dispensing system pursuant to this section shall be deemed part of the inventory and the responsibility of each dispensing practitioner that uses the automated drug dispensing system at the reproductive healthcare center that holds a license for the system. Prescription drugs dispensed from the system shall be deemed to have been dispensed by that dispensing practitioner or those dispensing practitioners, as applicable.
5. The Board may prohibit a reproductive healthcare center from using an automated drug dispensing system to furnish a prescription drug to a patient if the Board determines that the system, or one or more dispensing practitioners' use of the system, does not comply with the law.
6. The provisions of this section do not prohibit the use of an automated drug dispensing system to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the reproductive healthcare center using the system is otherwise authorized to use the system pursuant to the law.
7. If a license is issued for the automated drug dispensing system, the license must be posted on the system so that the license is visible to the public.
8. As used in this section:
    a. "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.
    b. "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Medical Director Print Name (First, Last)

_____ _____

Medical Director Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** — — — — — — — — — — — — — — — —	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

32

APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R181-22

Filed December 29, 2022

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1-3, NRS 639.070.

A REGULATION relating to pharmacy; establishing the requirements for a group of practitioners practicing at a reproductive healthcare center to obtain a certificate of registration from the State Board of Pharmacy to maintain a single inventory of dangerous drugs received at a site of practice; prescribing certain powers and duties of dispensing practitioners of a registered group of practitioners practicing at a reproductive healthcare center; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes an exclusive list of persons, including practitioners, to possess and administer a dangerous drug in this State. (NRS 454.213) Existing law authorizes the State Board of Pharmacy to adopt regulations governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations require a practitioner who wishes to dispense dangerous drugs to obtain a certificate of registration from the Board and require a practitioner who is registered with the Board to perform certain duties relating to the dispensing of dangerous drugs. (NAC 639.742, 639.745)

Existing regulations authorize an oncology group practice to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice if the oncology group practice applies to the Board for a certificate of registration and submits the applicable fee. The certificate: (1) entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of the oncology group practice; and (2) is a revocable privilege. Existing regulations additionally prescribe the procedure for renewing such a certificate and require an oncology group practice registered with the Board to notify the Board of the addition or removal of a dispensing practitioner of the practice. Existing regulations: (1) authorize a dispensing practitioner of an oncology group practice registered with the Board to maintain a single inventory of dangerous drugs at the site of the oncology group practice; and (2) require such a dispensing practitioner to maintain separate records of each dangerous drug dispensed by him or her. (Section 1 of Adopted Reg. of the State Bd. of Pharm., LCB File No. R007-21)

Section 3 of this regulation similarly authorizes a group of practitioners practicing at a reproductive healthcare center to obtain a certificate of registration authorizing: (1) the group to maintain a single inventory of dangerous drugs received at a site of practice; and (2) a dispensing

practitioner who is a member of the group to dispense any dangerous drug accounted for in the inventory of the group. **Section 3** prescribes: (1) the same procedure for the issuance and renewal of such a certificate as that for a certificate for an oncology group practice; and (2) similar authority and duties for a registered group of practitioners practicing at a reproductive healthcare center as currently apply to an oncology group practice. **Section 1** of this regulation defines the term "reproductive healthcare center."

Finally, existing regulations provide that the dispensing practitioners of an oncology group practice registered with the Board are jointly responsible for ensuring compliance with certain requirements relating to the dispensing of dangerous drugs. (NAC 639.742) **Section 2** of this regulation similarly provides that a group of practitioners practicing at a reproductive healthcare center is jointly responsible for ensuring compliance with such requirements.

Section 1. NAC 639.010 is hereby amended to read as follows:

As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.

2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.

3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

6. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

7. "Federally-qualified health center "has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No. R004-19.

9. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

10. "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

11. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

12. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

13. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

14. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

15. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

16. ***"Reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.***

17. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

Sec. 2. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or

dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423 and section 3 of LCB File No. R004-19, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of section 1 of LCB File No. R007-21, the dispensing practitioners of an oncology group practice ***or a group of practitioners practicing at***

a reproductive healthcare center registered pursuant to section 1 of LCB File No. R007-21 are jointly responsible for ensuring that the requirements of subsection 3 are met.

Sec. 3. Section 1 of LCB File No. R007-21 is hereby amended to read as follows:

1. An oncology group practice ***or a group of practitioners practicing at a reproductive healthcare center*** that wishes to maintain a single inventory of dangerous drugs, excluding compounded drug products, received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice ***or group of practitioners practicing at a reproductive healthcare center, as applicable,*** must apply to the Board on an application provided by the Board for a certificate of registration and submit the fee prescribed in NAC 639.220 for authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs. An oncology group practice ***or group of practitioners practicing at a reproductive healthcare center*** must submit a separate application and fee for each site of practice at which the oncology group practice ***or group of practitioners practicing at a reproductive healthcare center, as applicable,*** wishes to maintain a single inventory of dangerous drugs, excluding compounded drug products.

2. Upon receipt of a fee and approval of an application, the Board will issue a certificate of registration to an oncology group practice ~~[.]~~ ***or group of practitioners practicing at a reproductive healthcare center, as applicable.***

3. To renew a certificate of registration, an oncology group practice ***or group of practitioners practicing at a reproductive healthcare center*** must submit to the Board another completed application and the fee prescribed in NAC 639.220 for biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs.

4. A certificate of registration issued pursuant to this section:

(a) Entitles the oncology group practice ***or group of practitioners practicing at a reproductive healthcare center, as applicable,*** to maintain a single inventory of dangerous drugs, excluding compounded drug products, at the site of practice for which the oncology group practice ***or group of practitioners practicing at a reproductive healthcare center*** received certification.

(b) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

5. An oncology group practice ***or group of practitioners practicing at a reproductive healthcare center*** registered pursuant to this section shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the oncology group practice ***or group of practitioners practicing at a reproductive healthcare center, as applicable,*** not later than 15 days after the addition or removal, as applicable.

6. A dispensing practitioner of an oncology group practice ***or group of practitioners practicing at a reproductive healthcare center*** registered pursuant to this section:

(a) May dispense any dangerous drug accounted for in the single inventory of the oncology group practice ~~.~~ ***or group of practitioners practicing at a reproductive healthcare center, as applicable.***

(b) Shall ensure that he or she complies with the requirements prescribed by NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by him or her.

7. As used in this section:

(a) "Compounded" has the meaning ascribed to "compound" and "compounding" in NAC 639.6625.

(b) “Drug product” has the meaning ascribed to it in NAC 639.6631.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Reproductive Healthcare Center – Dispensing Practitioner Shared Inventory Registration Application

Non-Refundable $300.00 Fee

Rev (02/14/2023)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Approval of this application is required for a reproductive healthcare center to maintain a single inventory of ***dangerous drugs***, excluding compounded drug products, received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the reproductive healthcare center. A dispensing practitioner cannot maintain a shared inventory with other dispensing practitioners or dispense from a Shared Inventory Site before this application is approved and a certificate of registration is issued. A Reproductive Healthcare Center - Dispensing Practitioner Shared Inventory Certificate of Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.742 - 639.745.

A "reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive health care, including, without limitation, the testing, diagnosis, and treatment of, or providing of medication to prevent sexually transmitted infection or other infection of the urogenital system.

Instructions:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $300.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.
2. Once a completed application and fee is submitted and reviewed by the Board, the Shared Inventory Site MUST be inspected by a Board inspector before a certificate of registration may be issued. You will receive an email to schedule your inspection.
3. Once an application is approved, the Shared Inventory Site receives a satisfactory pre-inspection, and all other requirements have been completed, you will receive your Reproductive Healthcare Center - Dispensing Practitioner Shared Inventory Certificate of Registration in your email. Please check your spam or junk mail.

Please note:

- A separate Certificate of Registration is required for each Shared Inventory Site.
- A change in Shared Inventory Site location requires a new application with payment of a registration fee. A satisfactory inspection of the new location will be required before a new Reproductive Healthcare Center - Dispensing Practitioner Shared Inventory Certificate of Registration will be issued and before any dispensing can take place from the new Shared Inventory Site location.
- Each practitioner who will be dispensing from the shared inventory must have a Dispensing Practitioner Registration. NAC 639.742. Please locate the Dispensing Practitioner Registration application here: https://bop.nv.gov/Services/newapps/Practitioners/
- **A practitioner MUST have a dispensing registration at all sites Dangerous Drugs will be stored and dispensed. This includes Shared Inventory Sites and other practice sites where Dangerous Drugs are stored and dispensed.**
- Controlled substances and compounded drug products cannot be maintained in the shared inventory.
- The reproductive healthcare center shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the Reproductive Healthcare Center Dispensing Practitioner Shared Inventory Site not later than 15 days after the addition or removal.
- Each practitioner who dispenses from the shared inventory shall comply with the requirements of NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by that practitioner.
- Every dispensing practitioner who dispenses from the shared inventory is jointly responsible for ensuring that the requirements of NAC 639.742(3) are met.
- The Certificate of Registration must be renewed in **October of even numbered years** despite when the original certificate was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Reproductive Healthcare Center – Dispensing Practitioner Shared Inventory Registration Application

Non-Refundable $300.00 Fee

Rev (02/14/2023)

Type of Application

☐ New Shared Inventory Site Location
☐ Shared Inventory Site Location Change (Provide current Shared Inventory Site License #: _____)
☐ Changes in Dispensing Practitioners sharing inventory (Provide current Shared Inventory Site License #: _____)
(Application fee is not required for this change) (DO NOT SUBMIT A FEE)

Section 1: General Information

Reproductive Healthcare Center Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____ Contact Email: _____

Nevada Business License # (and provide a copy with your application):_____

Medical Director Name: _____

Section 2: Shared Inventory Site

Physical Address: _____

City: _____ State: _____ Zip: _____

Contact Person Name:_____

Contact Telephone: _____ Contact Email: _____

Section 3: List all registered dispensing practitioners that will be dispensing from the Shared Inventory Site. (Use a separate piece of paper if additional space is needed.)

Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____
Name: _____ Dispensing Practitioner Registration #: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Medical Director Print Name (First, Last)

Medical Director Original Signature (electronic, copies or stamps not accepted)

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

33

34

EXECUTIVE SECRETARY REPORT
March 8-9, 2023

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 639.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - DEA Registration Update

March 2023 Temporary Licenses since the last Board Meeting

John Dover	Pharmacist
CLARISSA MUNOZ	Pharmacist
Joseph Dangidang	Pharmacist
OCTAVIO AYALA	Pharmaceutical Technician
Jill Barton	Pharmacist
Teresa Baker	Pharmacist
Alexis Kuzel	Pharmacist
John Mills	Pharmacist
Ralph Riggle	Pharmacist
Rachel Maalouf	Pharmacist
Janeys Leyva	Pharmacist
Ka Zoua Moua	Pharmacist
Steven Mack	Pharmacist
Brandon Lee	Pharmacist
Lynette Stone	Pharmacist
Behnam Pouya	Pharmacist
Robin Fernandez	Pharmacist
Steven Hill	Pharmacist
Shmuel Winzelberg	Pharmacist
Garrett Faucette	Pharmacist
Wesley Skalak	Pharmacist
Alanna Cline	Pharmacist
Michael Hicks	Pharmacist
April Nagel	Pharmacist
Michele Langis	Pharmacist
Mobin Nikfekr	Pharmacist
Shavonda Leakes	Pharmacist
Son Nguyen	Pharmacist
Rheagan Wills	Pharmacist
Chantelle Israel	Pharmacist
Peter Hanna	Pharmacist
Richard Lavosky	Pharmacist
Kristen Melchior	Pharmacist
Jordyn Collins	Pharmacist
Lea Posa	Pharmacist
Paul Dang	Pharmacist
Eric Williams	Pharmacist
Nilay Vadsola	Pharmacist
Jesselyn Gifford	Pharmacist
Natalie Denish	Pharmacist
Elaine Bivins	Pharmacist
Saif Hoss	Pharmacist
Elizabeth Maxfield	Pharmacist
Susan Bigelow	Pharmacist
Kellie Zahller	Pharmacist
David Jourabchi	Pharmacist

Brigita Kelsey	Pharmacist
Samantha Manzano	Pharmacist
Kay Heimbouch	Pharmacist
Meyyappan Ramanathan	Pharmacist
Griselda Noris	Pharmacist
Gloria Sung	Pharmacist
Quan Tran	Pharmacist
Latasha Ealy	Pharmacist
Basma Salman	Pharmacist
Ally Nguyen	Pharmacist
Marissa McInnis	Pharmacist
Joanne Kim	Pharmacist
Svetlana Murphy	Pharmacist
Christopher Antypas	Pharmacist
Sheri Gordon	Pharmacist
Robert Benedict	Pharmacist
Yvonne Ingabire	Pharmacist
Michael Church	Pharmacist
Maha Elserafi	Pharmacist
Joseph Furrer	Pharmacist
Jodie Becker	Pharmacist
Nicholas Assif	Pharmacist
Leslie Ruelas	Pharmaceutical Technician
Jennifer Weissmann	Pharmacist
Mahmoud El-Rouby	Pharmacist
Brett Riddle	Pharmacist
Samuel Wilde	Pharmacist
Hale Dimetry	Pharmacist
Sin-yi Huang	Pharmacist
Sandra Marie Toselli	Pharmacist
Micah Thames	Pharmacist
Kennedy Fan	Pharmacist
Megan Yaffee	Pharmacist
Leon Owusu	Pharmacist
Maureen Logue	Pharmacist
C-A-L Ranch Stores	Veterinary Drug Supplier
Nephron Pharmaceuticals Corporation	Wholesaler

2023 - NVBOP Business Address Change Only

Date of Request	Business Name	License Number	New Location Address
2/7/2023	Winona Pharmacy	PH04436	5080 Robert J Mathews Pkwy Ste 170, El Dorado Hills, CA 95762
1/26/2023	UBC Pharmacy	PH04016	600 Emerson Road Ste 300 Creve Coeur, MO 63141

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising			

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
					(Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Brett	11/08/22	12/08/22	*12/28/22 Leg Comm*	12/29/22
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	06/13/22
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
euthanasia technician. (Senate Bill 408)								
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22 07/14/22	04/27/22 06/10/22- Pulled by Leg Com Scheduled for 07/14/22 Public Hearing To LCB 07/20/22	9/27/22 Leg Comm – Failed

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22	08/17/22 *9/27/22 Leg Comm*	09/28/22
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh	04/27/22	06/02/22	07/05/22 *9/27/22 Leg Comm*	09/28/22

Regulation Tracking Log

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NAC 453.510: Schedule I – Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh	08/05/22	09/08/22	*9/27/22 Leg Comm*	09/28/22
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	07/20/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22	10/19/22	12/29/22

Regulation Tracking Log

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							12/28/22 Leg Comm	
NAC 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22 07/05/22: under Dave review				
NAC 639: Dispensing Technicians	07/14/22	08/03/22	R178-22	9/29/22 Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under review by Dave LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh.	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22

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NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22	07/14/22 – Dave revising language. To LCB 08/03/22	R181-22	8/29/22: Under review by Dave	08/31/22	10/13/22	10/19/22 *12/28/22 Leg Comm*	12/29/22
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Narcotic Treatment Program	10/13/22	10/19/22	R196-22					
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22					
NAC 639.2973 & NAC 639.2974: Basic Life Support Certification	10/13/22	10/19/22	R198-22					

35

36

37